

Annual Report



Birmingham Community Healthcare NHS Foundation Trust

Annual Report and Accounts 2019/20

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



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Message from Dr Barry Henley, Chair

My first year as Trust Chair has coincided with the greatest public health crisis faced by our society for a century.

At the time of writing we are still in the midst of the pandemic. This report provides me with an opportunity to take stock and reflect upon the incredible commitment made by our colleagues across the health and social care sector. The Trust Board is extremely proud of the ways in which people across Birmingham Community Healthcare NHS Foundation Trust (BCHC) have worked tirelessly, often in unfamiliar roles, and our thanks to everyone who has played a part.

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There is much which is uncertain about the future with regard to healthcare provision once we emerge from the crisis. Prior to COVID-19 we were already changing the way we work with much closer co-operation between ourselves in community care, our GP (General Practitioner) and mental health colleagues, and our local authority partners. The Board can already see benefits for our communities through the closer working between the NHS and local authorities in our sustainability and transformation partnerships in Birmingham and Solihull and in the Black Country.

For the greater part of the year I was enjoying immensely the opportunity to get to know BCHC's range of services, and the people who provide them.

My thanks and congratulations go to those who have played a part in helping us deliver more than 2.1 million patient interactions in the year and also in delivering our financial, performance and quality improvement targets.

I have been impressed throughout by how open and welcoming all our colleagues have been, eager to share the work they do and to seek ways in which they can continuously improve in the interests of our service users and stakeholders.

Much of my time has been spent out and about to meet with teams in every division and directorate, and I must thank all who have spent their valuable time to educate me in their work and to tell me the things they need to support them.

I am most grateful for the commitment and support of BCHC's Board of Directors. This year we have welcomed Salma Ali, a former managing director of NHS community services, as non-executive director, bringing us fully up-to-strength. Members of our Council of Governors have also played a significant role in helping us through the year and my thanks go also to them. Full details of all our Board members and Governors follow in the Accountability Report.

I would also like to thank the many colleagues with whom I have met in partner organisations across the city and region, within healthcare and other sectors. Collaboration will be vital to our future and I am pleased to have such constructive engagement with so many other organisations.

Thank you for your interest in our Trust and our areas of work and I hope you will find our Annual Report interesting and informative.



Dr Barry Henley
Chair
Birmingham Community
Healthcare NHS Foundation
Trust

Barry Henley



Message from Richard Kirby, Chief Executive Officer

I write this introduction to our Annual Report for 2019/20 whilst we are still in the midst of our response to the COVID-19 pandemic. The pandemic has created, arguably, the biggest challenge faced by our NHS in its 72-year life. The ways in which colleagues within our Trust, the wider NHS, and the whole health and social care sector have responded to the crisis, have been truly remarkable.

Many of the communities with whom we work and in which we live have been hard hit by the effects of the virus, and we are keenly aware of the depth of its impact. It is important therefore that BCHC has been able to play its part within the wider system response. We have worked hard to keep our patients and service users safe, deliver our contribution to creating the capacity needed by the NHS and ensure that our colleagues are safe and supported. As we head into the summer we are entering the next phase of our response - adapting our services and plans for the year to the situation in which we now find ourselves.

I have the utmost admiration for, and give my heartfelt thanks to, all my colleagues for the ways in which they have responded to this huge and ongoing challenge.

For most of 2019/20, the year covered in this Annual Report, we were focussed on our vision of "Best Care: Healthy Communities" and what this means in practice for the people we care for and our colleagues in Team BCHC. We launched our vision, values and strategy towards the end of 2018/19 and the year 2019/20 was therefore the first full year of a 3-4 year journey to bring that vision to life through our Fit for 2022 Improvement Programme.

"I have the utmost admiration for, and give my heartfelt thanks to, all my colleagues for the ways in which they have responded to this huge and ongoing challenge"

During the year, our 4,500 colleagues have once again delivered more than 2.1 million patient interactions, across more than 100 different services from about 300 different locations. At the same time and working with our partners in the wider health and social care system, we got off to a good start on our journey making progress across four strategic objectives.

- **Safe, High Quality Care.** We have kept a focus on good care with 98% harm-free care in the Safety Thermometer. We have also worked hard to improve services for children by doubling our health visitor training programme and securing investment to reduce waiting times for specialist services.
- **A Great Place to Work.** We introduced Care First as an employee-assistance programme, relaunched our Freedom to Speak Up Guardians and committed to action to improve the experience of Black & Minority Ethnic colleagues.
- **Integrated Care in Communities.** We launched new Early Intervention Community Teams to support people at home on discharge from hospital and to help avoid emergency admissions.
- **Good Use of Resources.** We maintained our track record of financial delivery and delivered the first steps in our new Digital Strategy.

I am particularly pleased to be able to report that progress in the first year of our journey was recognised in our 2019 Staff Survey results. We improved in 10 of the 11 themes in the national survey with significant improvement in 8.

"I am particularly pleased to be able to report that progress in the first year of our journey was recognised in our 2019 Staff Survey results"

So, 2019/20 saw us get off to a good start on our journey to become Fit for 2022. There remains, of course, much to do and looking forward to 2020/21 we will continue to work to:

- see through the improvements in Children's services commenced in 2019/20;
- deliver integrated neighbourhood teams to support older people at home;
- support our line managers to lead a culture consistent with our values;
- accelerate improvement in the use of digital technology;
- roll out our new Trust quality improvement approach.

During the year our new team of executive directors came together to provide leadership for the organisation. I am also grateful for the support we receive from Barry Henley, in his first year as Trust Chair, and his fellow non-executive directors.

I believe that together we have a strong team able to provide the right direction and focus for the organisation.

I am pleased that we have also increased our engagement with many of the communities we serve, and I welcome the greater involvement of individuals and organisations from a wide range of perspectives and look forward to continuing to build stronger partnerships into the future.

I finish with a huge thank you to all of my BCHC colleagues for the hard work and dedication they display on a daily basis - our colleagues, across clinical and supporting roles, are focused upon providing the care that people in our communities need, and I thank you all.



Richard Kirby
Chief Executive
Birmingham Community
Healthcare NHS Foundation
Trust

Part One... Annual Report

Section 1: Performance Report

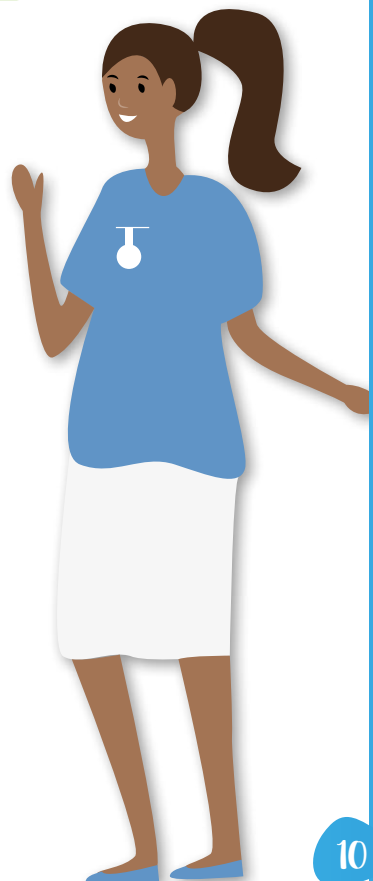
The purpose of the Performance Report is to provide a fair, balanced and understandable analysis of Birmingham Community Healthcare NHS Foundation Trusts' performance during the period April 2019 to March 2020. The Report is prepared in accordance with the requirements of sections 414A, 414C and 414D of the Companies Act 2006.

1.1. Overview

The purpose of this overview is to provide the reader with sufficient information to gain an understanding of Birmingham Community Healthcare NHS Foundation Trust, our purpose, the key risks to the achievement of our objectives and how we have performed during financial year 2019/20.

Birmingham Community Healthcare NHS Foundation Trust was formally authorised as a Foundation Trust on 1st April 2016. We are one of the largest specialist providers of community health services in the NHS with over 4,500 colleagues and an annual turnover of £303.1 million in 2019/20. We deliver services to the 1.2 million residents of Birmingham, as well as some services in the Black Country and the wider West Midlands from five main clinical divisions:

- Adult Community Services – including community nursing and therapy services, Early Intervention intermediate care teams and specialist community services for people with a long-term condition;
- Adult Specialist and Rehabilitation Services – including 300 intermediate care beds, regional rehabilitation services and prison healthcare;
- Children and Families – including universal and specialist community children's services for Birmingham;
- Learning Disabilities – services for adults with learning disabilities in Birmingham;
- Dental – tertiary and secondary dental services at the Birmingham Dental Hospital and community dental services for Birmingham, Sandwell, Dudley and Walsall.



Birmingham Community Healthcare NHS Foundation Trust operates from over 300 sites across Birmingham and the West Midlands providing care for people throughout their lives from the new-born and their families to the frail elderly and their carers. The services we provide 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. All of this is delivered with a commitment to integrated, personalised care to meet the needs of our diverse local communities.

We have a strong track record of providing safe, high quality care. Over the past year, over 85% of our patients have told us they would recommend the care we provide to their family and friends. 80% of staff said that they were satisfied with the quality of care they gave and 89% of staff reported feeling their role made a difference. Five of our six core services are rated as “good” by the Care Quality Commission (CQC).

“Over the past year, over 85% of our patients have told us they would recommend the care we provide to their family and friends”

The CQC inspected the organisation in 2018 and we were rated “Requires Improvement” overall; our children’s services were rated “Inadequate”. In August 2018, the CQC issued a Section 29A Warning Notice advising us of five areas in which significant improvements were required.

We have made significant progress in four of the five areas (governance and oversight, infection control, transition and safeguarding). However, further improvement is required in the fifth area relating to staffing levels, caseloads and the risk to children as a result.

The CQC carried out a focused inspection of our health visiting service in June 2019 as a follow up to their 2018 inspection. Following the visit, the CQC issued a Section 31 notice to the trust which is an ‘urgent notice of decision to impose conditions on their registration as a service provider in respect of a regulated activity’. This requires us to deliver our agreed action plan to improve recruitment and retention in health visiting and reduce caseloads as a result. This work is progressing as planned and we have doubled our health visitor training capacity but we do not expect to be able to approach full establishment until financial year 2020/21.

During January and February 2020, the CQC undertook a Well-Led Inspection and an inspection of a number of core services including End of Life Care, Children and Young People’s Services, Adult Community and Specialist Services and Learning Disability Services. The Trusts’ CQC Inspection Report was published on 27th May 2020 and the outcome of the inspection can be seen in the ratings grid below.

In summary, the Trust remains Requires Improvement overall with 30 out of 36 services rated as Good or Outstanding. We have been rated overall Outstanding for Caring. 5 of our 6 core services are rated Good, and our children’s services rating has improved to Requires Improvement. Our one remaining Inadequate rating (in the responsive domain for children’s services) applies to long waiting times for specialist children’s services (including neuro-developmental assessments), which it is recognised we are working to address.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement → ← April 2020	Good → ← April 2020	Outstanding ↑ April 2020	Requires improvement ↓ April 2020	Requires improvement → ← April 2020	Requires improvement → ← April 2020

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good → ← April 2020	Good → ← April 2020	Outstanding ↑ April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020
Community health services for children and young people	Requires improvement ↑ April 2020	Requires improvement → ← April 2020	Good → ← April 2020	Inadequate ↓ Sept 2018	Requires improvement ↑ April 2020	Requires improvement ↑ April 2020
Community health inpatient services	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community end of life care	Good → ← April 2020	Good → ← April 2020	Outstanding → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disabilities services	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020

Our full CQC report can be accessed via the following link: <https://www.cqc.org.uk/provider/RYW>



In our most recent staff survey, our scores have improved in 10 out of 11 themes, with significant improvement in 8 of them. We also showed improvement in 77 out of 97 questions.

The largest improvements have been in those areas we identified as priorities following last year’s survey. These include:

- **Senior managers act on staff feedback** +8 percentage points
- **We act on concerns from patients** +6 percentage points
- **Communication between staff and senior managers is effective** +6 percentage points
- **We treat staff involved in incidents fairly** +6 percentage points
- **Recommend us as place to work** +6 percentage points

We have a strong track record of financial stability. The table below illustrates our key financial metrics for 2019/20 and the previous two financial years.

	2019/20	2018/19	2017/18
Surplus/(Deficit) £000s	(11,028)	1,850	7,115
Closing cash position £000s	32,289	39,432	34,612
Capital expenditure £000s	6,156	6,198	6,431
Use of Resources Rating	1	1	1

Although a deficit of £11.0 million was reported in 2019/20, this was driven by a technical adjustment in relation to the revaluation of the Trust’s estate that increased the reported expenditure by £15.1 million. Excluding this ‘below the line’ adjustment, the Trust ended the year with a surplus of £4.1 million in line with its financial plan and control total. The Trust’s cash position remains strong, and we continue to report a Use of Resources Rating of 1 - which is the highest category.

Based on the performance detailed in the financial statements and the financial plan for 2020/21, including the expected impact of COVID-19 on income from commissioners and operating expenditure, 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 organisation has adequate resources to continue in operational existence for the foreseeable future. For this reason, the ‘going concern’ basis is adopted in preparing the Trust’s accounts.

Impact of COVID-19 on Operational Performance

Due to the impact of COVID-19, our operational performance was adversely affected in the last two weeks of the financial year, and this is described in detail in the Performance Analysis section of this report. In particular, key operational metrics such as Referral to Treatment (RTT), and those measures in relation to our staff (such as sickness and appraisals) notably declined in March 2020.

A deterioration in some of these operational standards will inevitably continue for the early part of the new financial year, and the Trust will address these through a restoration and recovery phase over the course of 2020/21. Key performance targets have been set for the new financial year, and these will be monitored through the Trust’s established governance processes.

The overall financial performance of the Trust was not adversely affected in 2019/20. Additional costs incurred in relation to COVID-19 have been fully recovered from NHS England and Improvement (NHSE&I), and all healthcare contracts have been settled with commissioners - leaving no income risk to the Trust at the year end.

Financial arrangements for the year ahead will be subject to a new national block payment and reimbursement system, and we have put in place local measures to ensure that the financial impacts of COVID-19 are tracked, understood and recovered. The Trust has a financial plan in place, and performance against this will be monitored at Board and sub-committee level.



Our Vision and Values and Strategy

During 2018/19, we developed a new vision, set of values and strategic objectives which were co-produced with our local population, colleagues from across the organisation and partner organisations. These were also informed by the Care Quality Commission (CQC) Local System Reviews, the CQC Core Service Inspection (2018) of our Trust, the Independent Equality & Diversity Review (commissioned by the Trust) and the Independent Well-Led Review undertaken by Deloitte (commissioned by the Trust). 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. 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.

Our Vision



Best Care
Healthy Communities

Our vision is “Best Care: Healthy Communities”. We believe passionately that BCHC 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 and to support our local population to live physically and mentally well within Healthy Communities. This guides everything that we do as an organisation.

Our Values

Our values were developed through an extensive colleague-led engagement process during 2018; the values chosen are:

Our Vision

Best Care: Healthy Communities

Our Values

Caring

Open

Respectful

Responsible

Inclusive

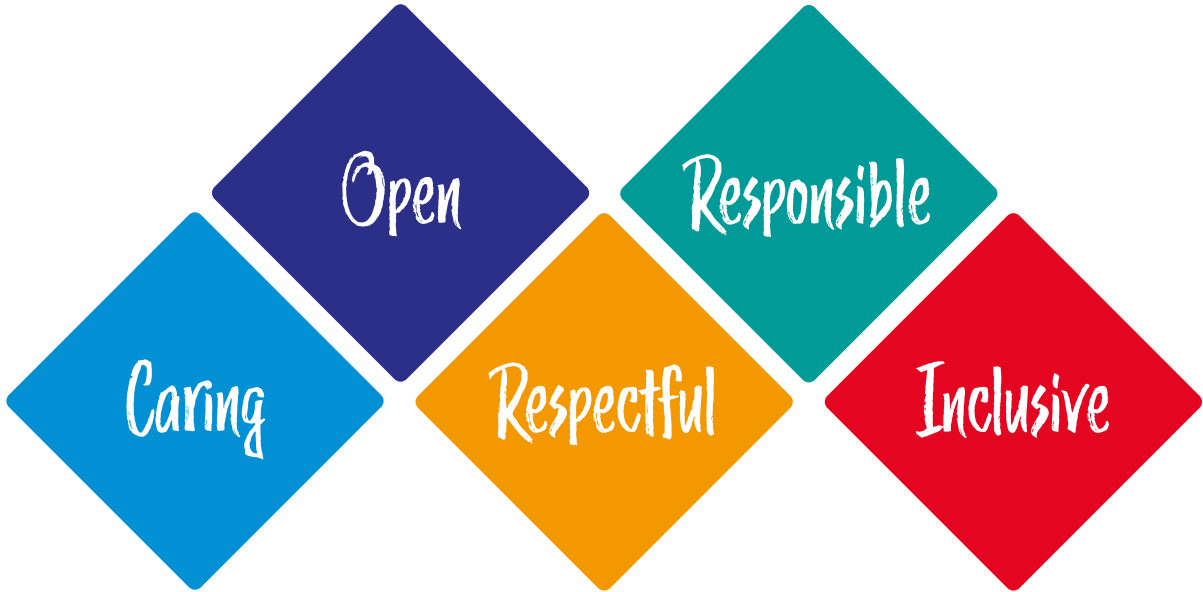
Our Strategic Objectives

Safe, High Quality Care

A Great Place to Work

Integrated Care in Communities

Making Good Use of Resources



During 2019, we developed a collection of leadership behaviours that set out what our colleagues expect to see to demonstrate that we are living our values.

Our Strategic Objectives

Based on our “Best Care: Healthy Communities” vision, our strategy is to concentrate on the provision of high quality, holistic community health services, where we have demonstrable clinical expertise, delivering these across our local STP footprints of Birmingham and Solihull, Sandwell and West Birmingham and the wider West Midlands.

Our strategy reflects the two local STPs’ emphasis on the promotion of health and wellbeing to keep people healthy and happy for longer, with a particular focus on supporting the most disadvantaged in our communities. We are committed to working with our system partners to continuously improve the quality and safety of care we provide, whilst maximising efficiency in how we use public resources.

To ensure that we make progress towards our vision of Best Care: Healthy Communities, we have identified four strategic objectives that set our strategic direction.

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 include:

- Embedding a strong safety culture within the trust
- Developing and embedding a BCHC improvement methodology
- Working with partners to improve community services for children;
- Improving end of life care pathways for children and adults
- Defining and delivering 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 include:

- 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
- Engaging colleagues in the delivery of changes outlined in our Fit for 2022 improvement plan



Integrated Care in Communities: Working with our partners to support people to live healthy in their communities. Our priorities include:

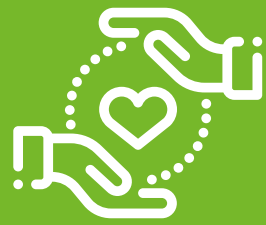



- Establishing integrated neighbourhood teams working with GPs, social care and mental health professionals
- Re-development of our intermediate care services to provide alternatives to hospital admission and support for discharge based on 5 localities across Birmingham
- Improved support for residents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



Making Good Use of Resources: Getting the best from our people, technology, information, estates and money. Our priorities include:

- Transforming our use of technology to support the delivery of safe, effective and efficient care
- Continuing to deliver small annual financial surpluses.
- 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.



Strategic Objective	Delivery Priority	Progress during 2019/21
Safe, High Quality Care 	Improving our children's services	<ul style="list-style-type: none"> Waiting times in children's therapy services reduced Health Visiting training capacity has been doubled
	Embed our approach to quality and service improvement	<ul style="list-style-type: none"> 30 teams used Listening into Action to deliver practical local improvements in the care they provide A further cohort of our Patient Safety Ambassador programme has been completed First internally delivered Quality Service Improvement and Redesign (QSIR) Practitioner Programme commenced
Great Place to Work 	Improve colleague health and well-being	<ul style="list-style-type: none"> Employee assistance programme launched Freedom to Speak Up Guardians appointed
	Strengthen our approach to equality and diversity	<ul style="list-style-type: none"> Anti-racism campaign launched Launched BME, LGBTQ+, Disability & Neuro-diversity, Women's, Multi-faith and Carers staff networks
	Embed our values supported by our leadership development programme	<ul style="list-style-type: none"> BCHC Leadership Offer developed
Integrated Care in Communities 	Establish integrated neighbourhood teams	<ul style="list-style-type: none"> Plans are in place to align our District Nursing teams to the Primary Care Networks
	Deliver a new 'early intervention' model for older adults	<ul style="list-style-type: none"> Launch of 5 Early Intervention Community Teams (EICT) involving health and social care to support older adults across Birmingham
Making Good Use of Resources 	Accelerate the use of digital technology	<ul style="list-style-type: none"> 700 staff now using Total Mobile software which allows them to access clinical records anywhere Patient and Public Wi-Fi in place at all our sites
	Deliver the first stage of our £22m savings target for the next 3 years	<ul style="list-style-type: none"> Delivered our financial plan for 2019/21

Our Fit for 2022 Improvement Programme

The Fit for 2022 Improvement Programme is the response we have taken to ensure we can bring our vision to life by 2022. The Fit for 2022 Improvement Programme first phase operated from November 2018 through to March 2020 and therefore sets the framework for our annual plan objectives for 2020/21. The Fit for 2022 Improvement Programme includes actions to progress our four strategic objectives and responds to external reviews and recommendations such as the Equality Diversity and Human Rights Independent Review (2018), the Well-Led Independent Review (2018 and 2019) and the CQC Inspection (2018 and 2019).

Further information is available via our intranet:

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



1. 2. Performance Analysis 2019/20

How We Measure Performance

Performance in the Trust is reported each month through Balanced Scorecards. The scorecards report Key Performance Indicators (KPIs) at Trust and Divisional levels. These reports are supported by disaggregated performance and activity information at Team and Business Unit levels via the 'One Vision' platform. Each KPI has an executive lead with responsibility for performance in that area and the overall executive lead for Performance is the Chief Finance Officer.

Scrutiny of the Balanced Scorecards is supported by a governance structure of meetings and escalation principles to ensure issues are identified and managed at the appropriate level and in a timely manner. All KPIs which are rated red on a divisional scorecard require a narrative to explain the causes of the breach and the actions which are being taken to resolve it.

Development of the Balanced Scorecards

The Performance Team lead an annual review of scorecards with Executive and Divisional leads to ensure that KPIs are relevant and that the definition of performance measures is clearly defined. The review process is informed by relevant guidance on national reporting requirements and contractual quality and performance agreements made with commissioners.

Benchmarking data is used to inform target setting enabling the Trust to compare its own performance with other Providers of care and the setting of targets is informed by local and historic performance, commissioners' requirements and national guidance.

Structure of the Balanced Scorecard

Scorecards are developed in four key domains in line with the Trust's strategic objectives.

These are:

- 1) Safe, High Quality Care;
- 2) Integrated Care in Communities;
- 3) A Great Place to Work; and
- 4) 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

The Trust aims to develop KPIs which are supported by robust data quality and which are clearly defined and understood by services. The Performance Team are developing a 'sandbox' approach for 2020/21 which will allow us to scope, test and report performance for newer or experimental KPIs before reporting on the Trust and Divisional scorecards. This approach will allow flexibility and focus on areas of development whilst allowing time for data quality improvement work and reviews of processes to take place.



Domain	Key Performance Indicators for 2019/20
Safe, High Quality Care 	<ul style="list-style-type: none"> • Patient Safety Thermometer (harm-free care – New Harms Only) • Patient Safety Thermometer (new and old harms) • Essential Care Indicators - Community Nursing (aggregated measure) • Essential Care Indicators - Inpatients (aggregated measure) • Essential Care Indicators - Dental Services • Essential Care Indicators - Combined Learning Disability inpatient & Community • Essential Care Indicators - Health Visiting • Friends and Family Test • Infection Prevention & Control Audit • Falls with severe injury or death (cumulative) • Pressure Ulcers - Community • Pressure Ulcers - Inpatients • Total Number of Preventable Inpatient Deaths (1 month in arrears) • Number of Never Events • Safe Staffing - % fill rate versus establishment • IMT Safe Staffing • Falls with Harm per 1,000 OBDs • Number of Serious Incidents • Health Visitor WTE in post average caseload • Written Complaints Rate (per 100 WTE Staff) • Average Response Time to Complaints • WHO Surgical Checklist compliance
A Great Place to Work 	<ul style="list-style-type: none"> • Mandatory Training Compliance (Core Skills) • Percentage of vacancies • % sickness absence • % staff appraised (12 month rolling average) • Average length of time to recruit in days (date advertised to offer) • Agency as a percentage of WTE • Bank as a percentage of WTE • WRES - Relative likelihood BME staff entering formal disciplinary • WRES - % of staff at bands 8A+ who are BME (excluding Medical & Dental) • Staff Friends & Family - % that would recommend this organisation as a place to work • Staff Friends & Family - % that would recommend this organisation if they needed care or treatment

Integrated Care in Communities



- 18 week pathway consultant led services (incomplete pathways)
- Zero tolerance RTT waits over 52 weeks
- Rapid response cases requiring onward admission to acute hospital
- Open Referrals over 52 weeks with no contact
- Open pathways with more than 52 weeks since last contact
- TCP Discharges (variance from plan)
- TCP Actual Discharges
- Health Visitor antenatal contacts as % of referrals received
- Health Visitors - New Birth Contact
- Health Visitors - 6 to 8 reviews
- Health Visitors - 12 month review
- Health Visitors - 2.5 year review
- Total Delayed Transfer days as % of OBDs
- Delayed transfer days as % of OBDs - NHS reasons
- Average length of stay

Making Good use of Resources



- DNA rates (clinical appointments)
- Agency spend - YTD Total (cumulative) (£000)
- Net income and expenditure (£000)
- Cost Improvement Plans - in month delivery against plans
- Cash balance (£m)
- Capital programme - % achievement of plan
- Contractual - RAP/financial penalty or Activity Management Plan
- % compliance with CQUINS (forecast)
- Patient Cancellations
- DNA's - Count of Non Face to Face (telephone) contacts
- DNA's - Count of Home Visits
- DNA's - Count of Clinic/Community Contacts
- DNA's - Count of Contact type not defined
- Cancellations - Appointment Wasted
- Un-outcomed activity in year
- Estates - compliance with statutory requirements for freehold property

Performance Management in Divisions

Divisional 'Confirm and Challenge' sessions take place each month where senior managers and service leads meet with relevant support service colleagues and review the latest scorecards. Red flagged KPIs which have breached targets and 'amber' KPIs which have been outside of tolerance for 3 or more months require Recovery Plans.

These plans are then submitted to the monthly Performance and Programme Management Executive (PPME) where senior managers from the services meet with executive leads and agree appropriate response to challenges.

A corporate Confirm and Challenge also takes place each month and heads of corporate departments are also requested to attend the meeting and give updates on challenges within their own areas.

Performance Management at Trust Level

The Performance and Programmes Management Executive (PPME) is chaired by the Chief Finance Officer and meets each month to review scorecards and seek assurance or offer support to divisional recovery plans. The panel test and seek assurance from divisional senior management teams relating to areas of concern, agree action plans and can commit resources including corporate support to divisional action plans. The panel also have escalation routes which link into wider Trust governance processes.

A further improvement this year has been the development of Statistical Process Control (SPC) monitoring of KPIs following some national support documents created by NHS Improvement and NHS England. The SPC tool highlights where performance has varied from the normal range to a degree which is statistically significant – implying that something unusual and worth further investigation has happened that month. All KPIs reported at divisional and trust level are now assessed for SPC breaches and divisions receive a report prior to their monthly Management Board which highlights any areas which require further investigation as a result of this analysis. Both positive and negative deviations are flagged, enabling us to focus on good news stories as well as more traditional breaches for underperformance or failure to achieve targets.

For 2020/21 the terms of reference for the group have been updated. These changes will result in monthly attendance for each division with more time allocated for detailed investigation and scrutiny of recovery plans, with a greater focus on recovery trajectories.

Links to wider Trust Governance

The PPME panel also identifies interdependencies between indicators and can escalate issues to senior committees where this additional support and scrutiny is needed due to the risk of a divisional issue or where a Trust wide response is needed.

In addition to the monthly Board report the PPME Chair also produces a monthly escalation report to the Finance and Performance Committee, which also review a copy of the Quality and Performance Report.

This year we established a Workforce and Organisational Development Committee, which has been reviewing Trust wide issues such as those relating to sickness and recruitment. We also re-launched our Equality Delivery and Human Rights Steering Group which has been reviewing data relating to the racial equality in the workforce.

Quality and Performance Report

Each month a Quality and Performance Report is written following PPME and is presented to the Board by the Chief Finance Officer. This report includes narrative for each breach identified on the Trust Balanced Scorecard and a range of supporting information, graphs and statistical process control charts providing assurance to the Board. The Quality and Performance Report is published on the Trust's public internet site and shared with the Trust's main Commissioners each month.

Safe, High Quality Care Domain

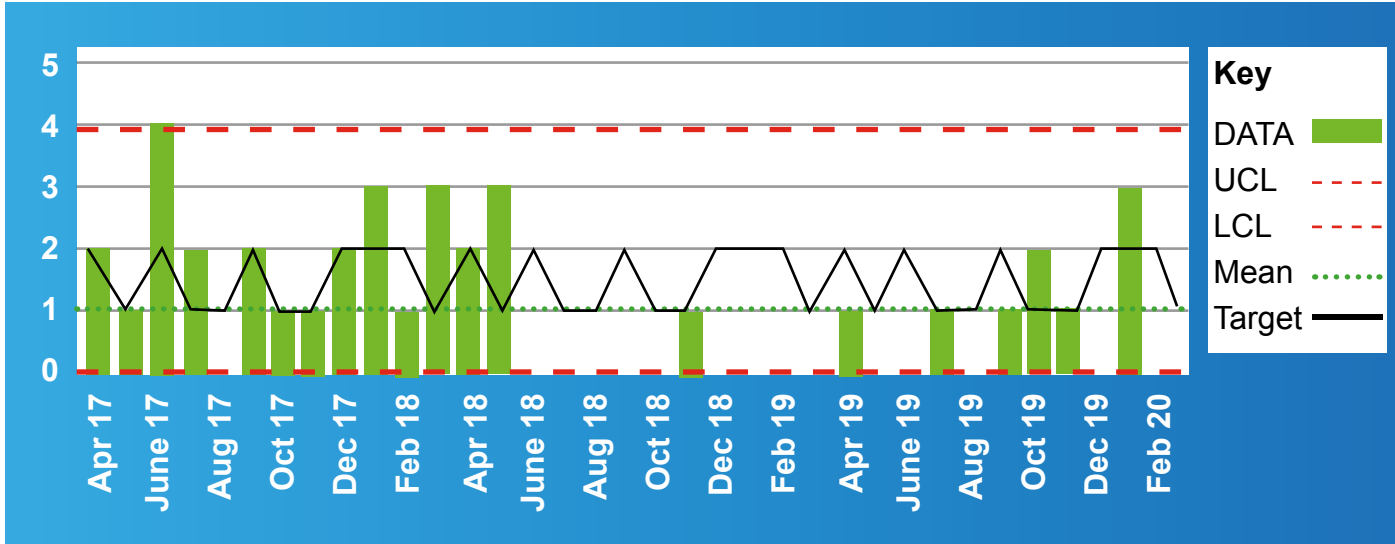
The Safe, High Quality Care Domain has maintained strong performance throughout 2019/20. In particular we are proud to report:

- Our Patient Safety Thermometer showed over 99% of patients surveyed had no new harms for each month of the year;
- Strong Friends and Family test scores with at least 93% of patients each month saying that they would be 'likely' or 'very likely' to recommend the trust to friends and family;
- Continued strong performance with managing falls with harm with just nine such falls reported by the end of the year;
- A strong focus on avoiding patients developing pressure ulcers;
- No preventable inpatient deaths; and
- No 'Never Events'.

One of the key challenges for the Trust has been to maintain the low levels of falls with severe harm throughout 2019/20 following significant improvements made in 2018/19. As demonstrated in the graph below, we began to demonstrate a marked reduction in the numbers of falls with severe harm in our inpatient units during the summer of 2018. A variety of actions to reduce falls were began at this point as part of an increased focus on falls by the patient safety team including 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.

The Trust has largely been successful in maintaining this reduction in falls throughout 19/20 although with this low level of falls fluctuations in the actual numbers each year are inevitable. In 2017/18 a total of 22 falls with severe harm were sustained. This reduced to just 6 in 2018/19 and has increased to 9 for 2019/20. The Trust seeks to identify learning from all falls resulting in a severe harm and conducts detailed root cause analyses into every event.

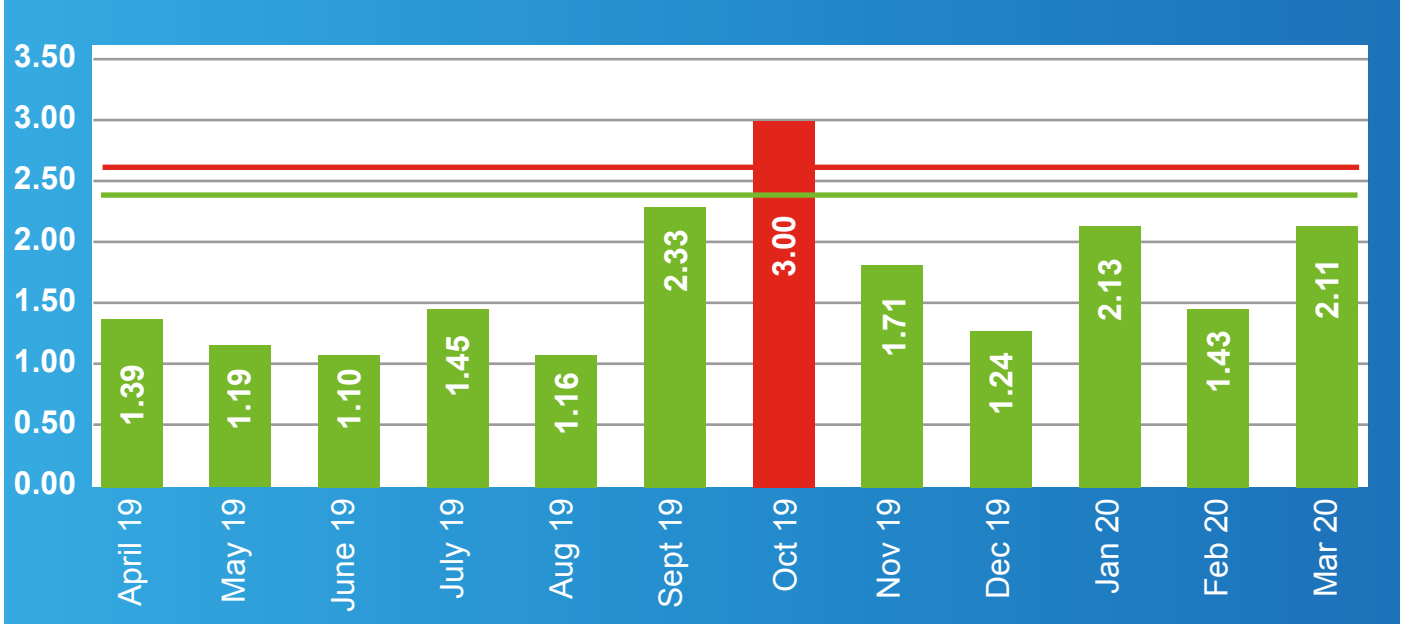
BCHC Falls with severe injury or death



The Trust continues to carefully monitor falls in our inpatient units and each month the Board reviews the rate or likelihood of a patient experiencing a fall resulting in harm. This is reported as the number of falls with any harm for every 1,000 days a patient spends in one of our beds. The scorecard also reports any event where a patient has had a fall which resulted in a severe injury such as a bone fracture.

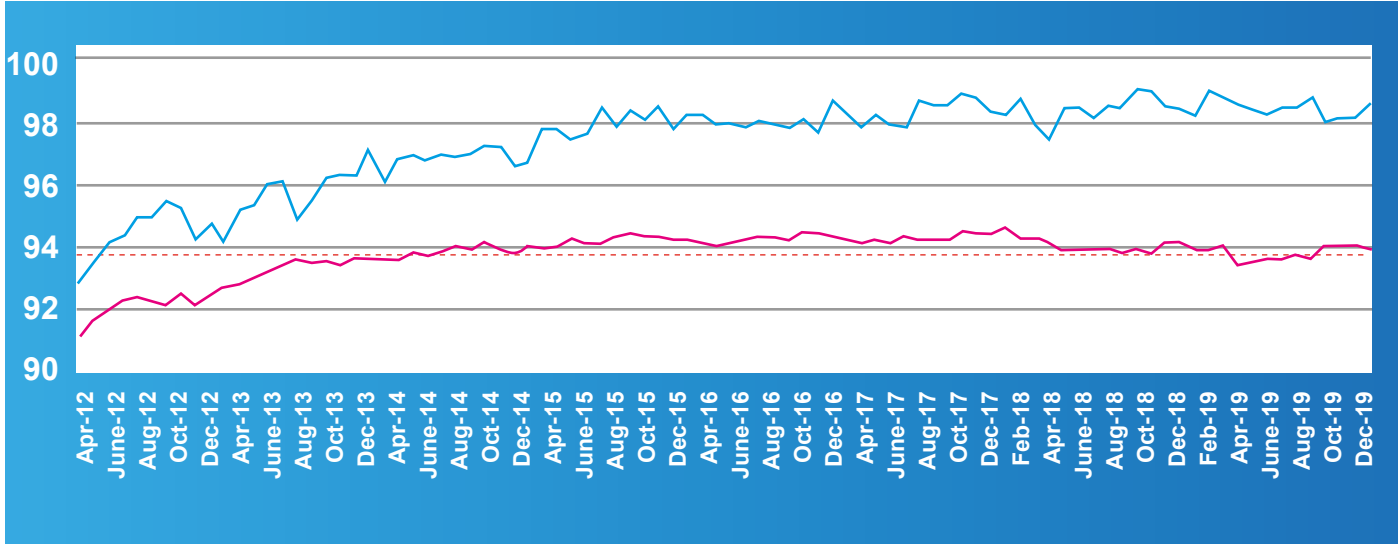
We started the year from a good position as shown in the graph above with no falls at all in Q4 of the previous year and a generally low rate of falls overall. The teams have shown great success in managing to go months with no severe falls and have maintained the key changes seen as having driven the improvement in the falls rate. These include regular 'safety huddles' at the point where shifts change to discuss key concerns and changes on the previous shift. An increased focus on Datix reporting and detailed and disaggregated information to wards on time and location of falls and other key contributing factors has also been developed. However it is notable that from September 2019 there is an increase in falls with severe harm and in February 2020 in particular we reported 3 such falls. 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. On that basis we set a target of no more than 2.4 falls with any harm for every 1,000 days spent in one of our beds. As shown in the graph below performance has remained below that benchmark for every month but October 2019. For 2020/21 we have reviewed the national benchmarks which show a slightly improving national position and as a result this target will be tightened to allow no more than 2.1 such falls for every 1,000 occupied bed days. Essential Care Indicators continue to report falls risk assessments and reviews of patients who do fall to give additional assurance that patients are being individually assessed and managed on personalised pathways

BCHC Falls with Harm per 1,000 Occupied Bed Days



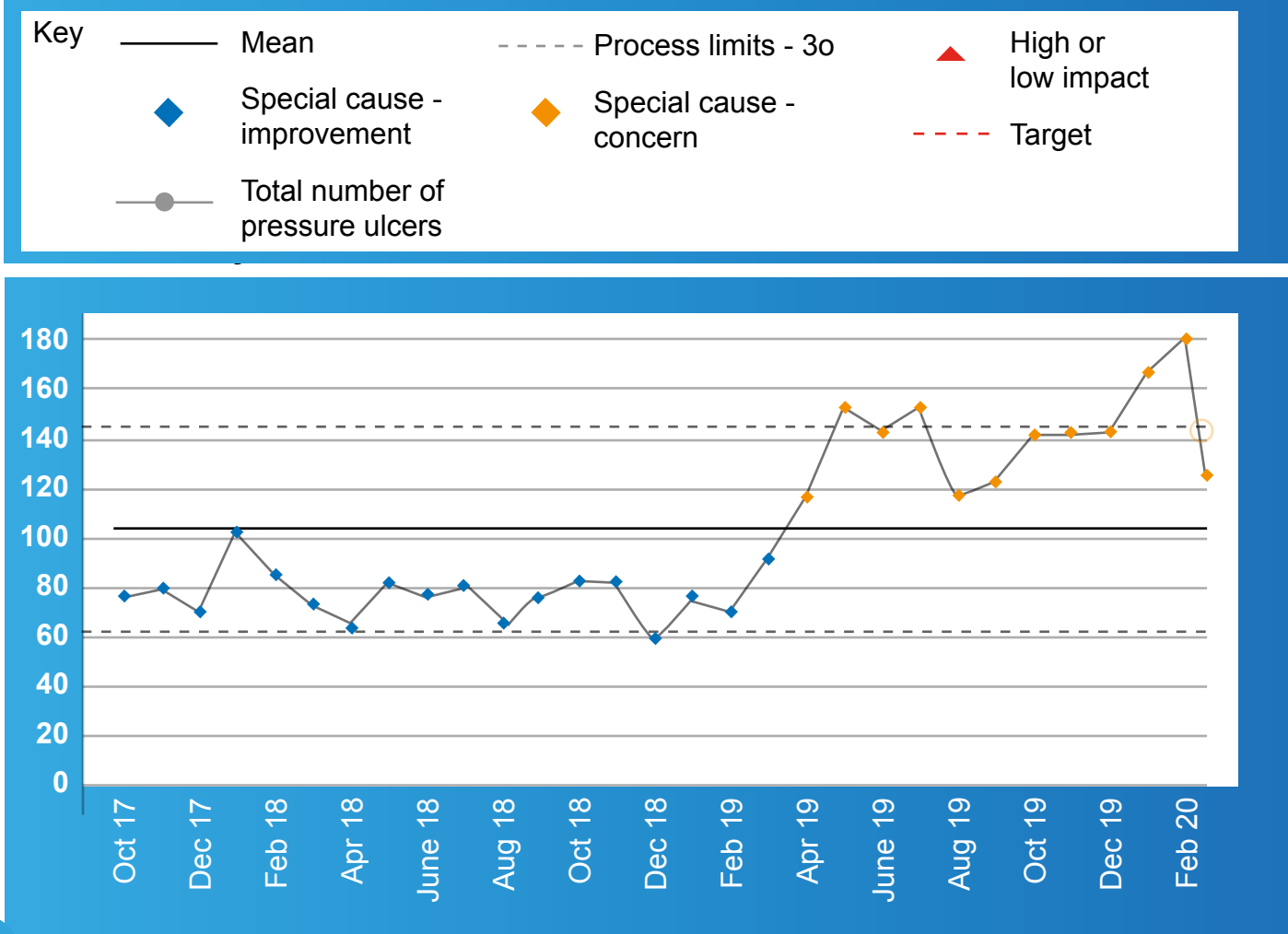
The Patient Safety domain monitors other areas of patient harm including the four harms monitored by the National Safety Thermometer tool managed by the NHS Quality Observatory. These are Falls with Harm, Pressure Ulcers, Urinary Tract Infections with Catheters and development of VTE. The graph below demonstrates Trust performance in this area (shown in blue) against the national average (shown in pink) and shows clearly that the Trust is consistently reporting higher than average levels of harm free care.

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

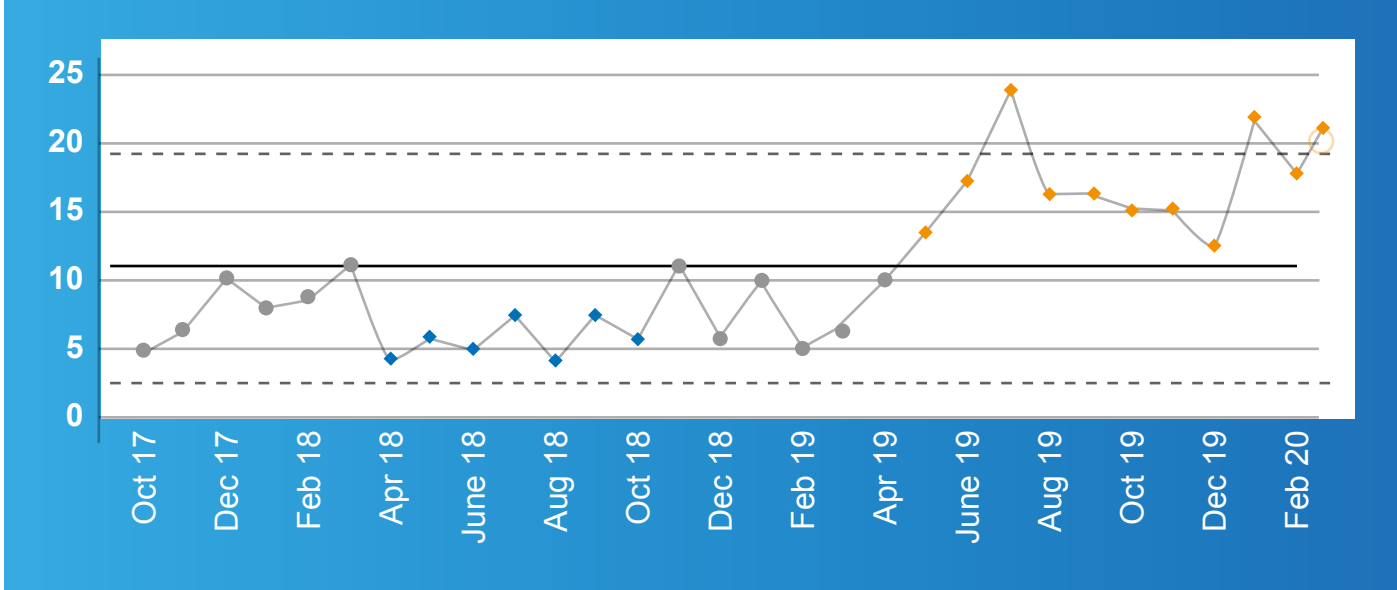


The development of pressure ulcers remained a key focus of work for inpatient and community nursing teams throughout 2019/20. At the start of the year national guidance was changed to remove the distinction between ‘avoidable’ and ‘unavoidable’ cases meaning that all pressure ulcers have to be recorded, reported and investigated with the same degree of rigour. Additionally smaller or less developed pressure ulcers which would previously have been excluded as moisture lesions or deep tissue injuries are also included as full pressure ulcers requiring root cause analyses.

As anticipated this has led to marked increases in the number of pressure ulcers reported in both community and inpatient settings.

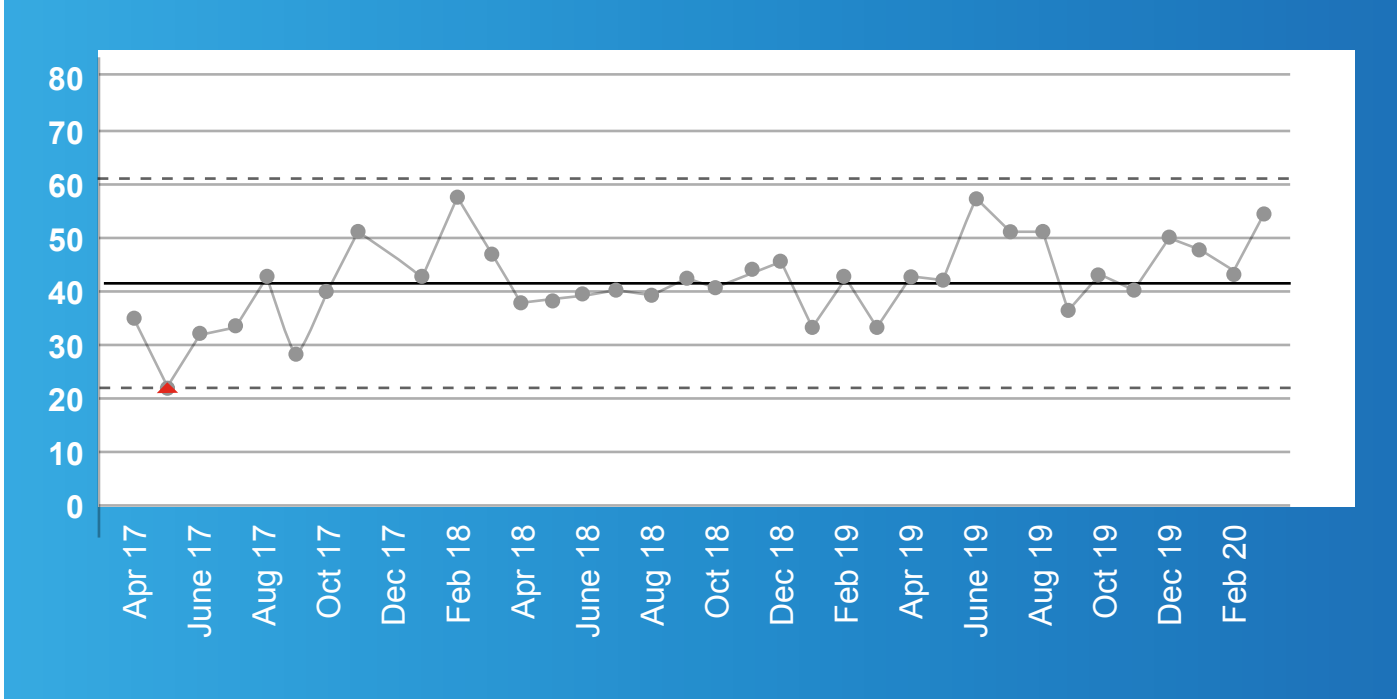


All Inpatient Pressure Ulcers

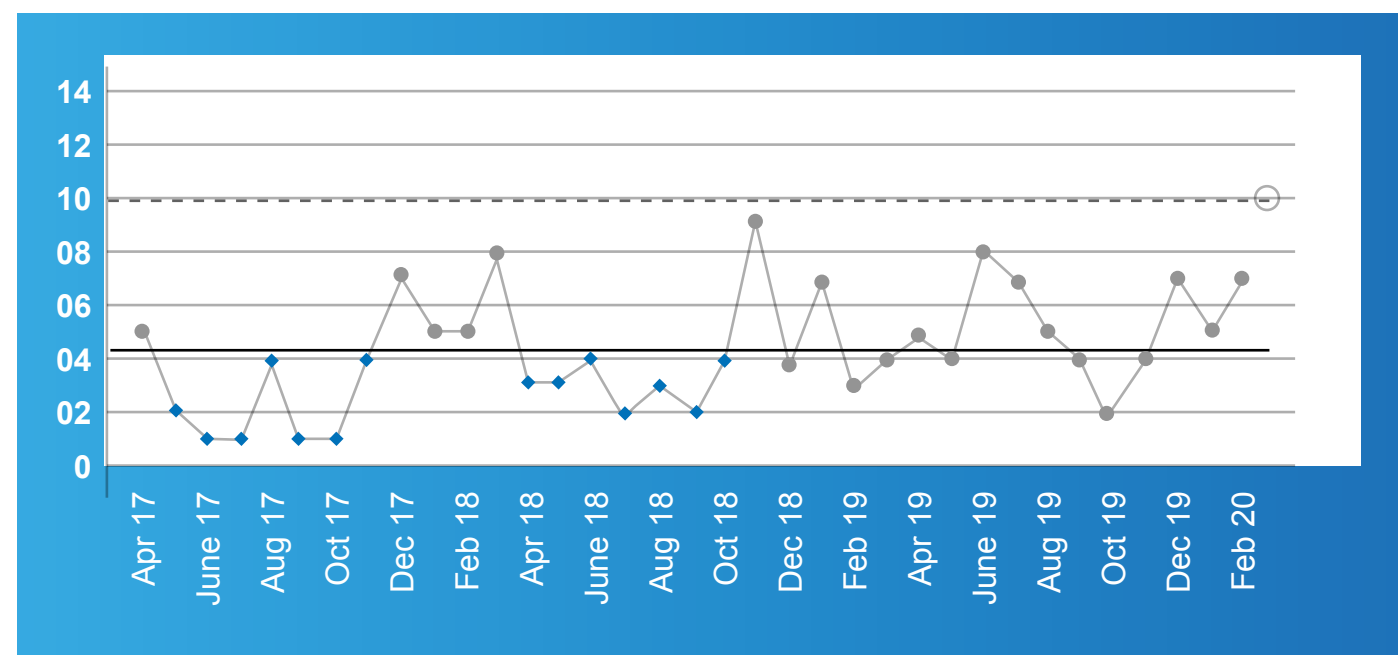


This increase has led to further analysis to understand the underlying rate of grade 2-4 pressure ulcers. The graphs below show all community and all inpatient pressure ulcers excluding those new categories of pressure ulcers which were added to the totals from April 2019.

All Grade 2, 3 and 4 Community Pressure Ulcers



All Grade 2, 3 and 4 Inpatient Pressure Ulcers

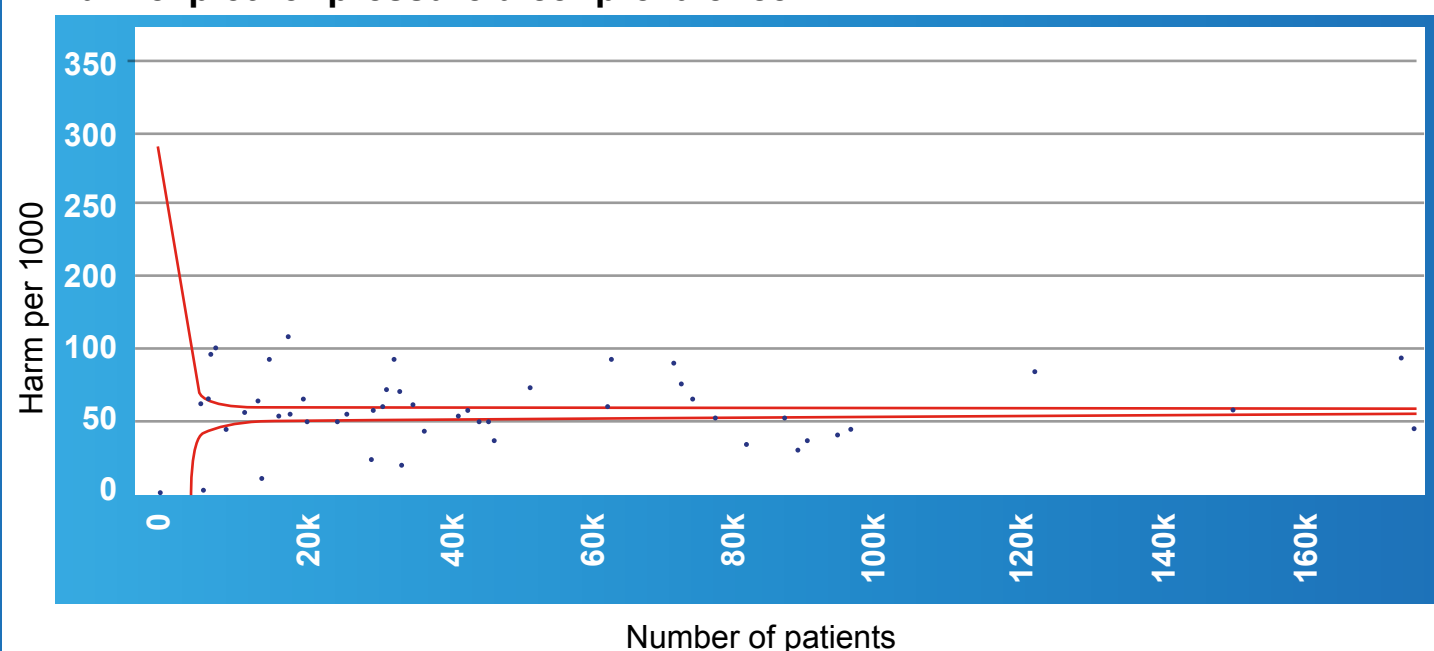


This additional analysis shows no change in the underlying rate of pressure ulcers for inpatients. However, there does appear to be a slight increase in community pressure ulcers towards the end of the year for which the reasons are not at present clear. The pattern will continue to be monitored and individual district nursing teams with patients developing pressure ulcers in consecutive months receive particular support and focus as detailed in our Early Warning Alert KPI.

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

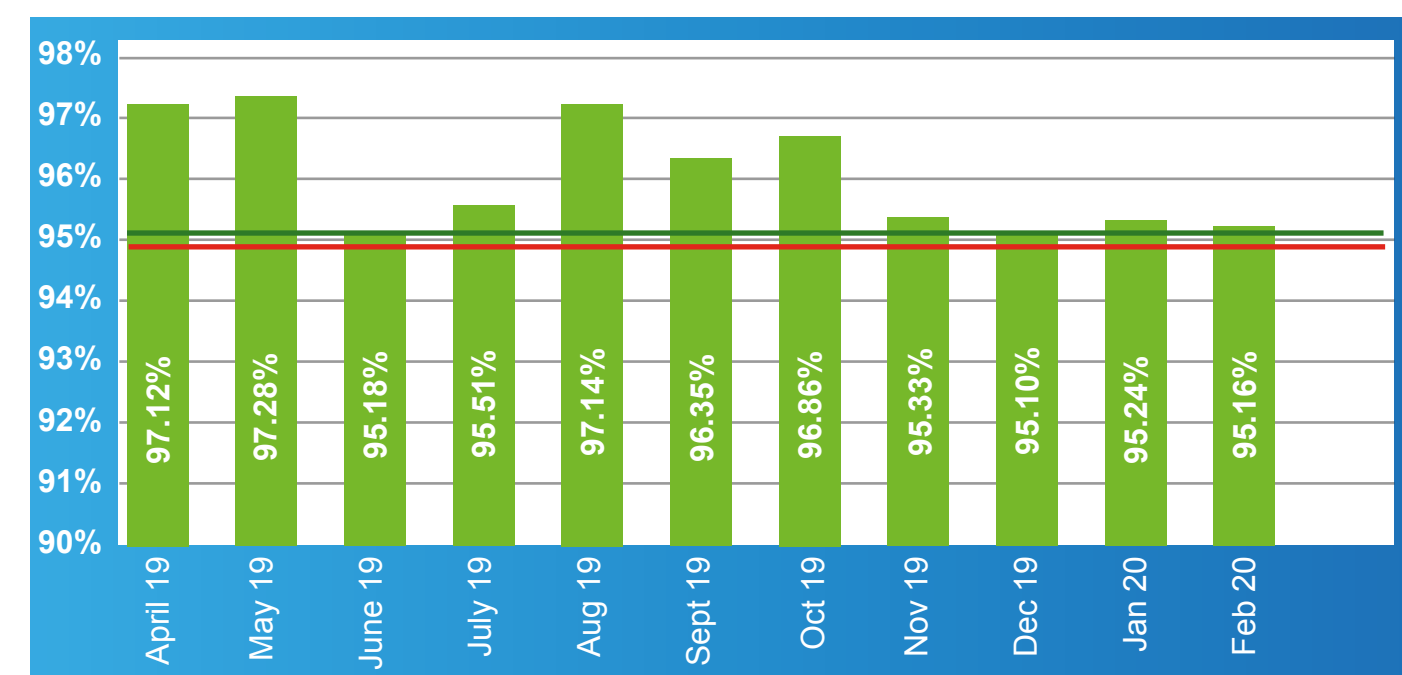


Finally as shown in the graph on the previous page the national Safety Thermometer audit collects data on pressure ulcer prevalence across the country. The graph above shows BCHC (the red dot) compared to other community trusts and demonstrates that we have one of the lowest incidences of pressure ulcer development based on one of the largest sample sizes reported nationally.

All national data collection for the 'classic' Safety Thermometer will stop after March 2020. Plans for nationally-produced replacement data to support improvement drawn from routinely collected sources will be provided or signposted on the NHS England and NHS Improvement Patient Safety Measurement Unit webpage as soon as they are available. In the meantime the Trust is intending to continue reporting the measure for internal use as we enter 2020/21.

Venous thromboembolisms (VTEs) are blood clots which form in veins and can then spread to other areas forming dangerous blockages. VTEs are a key risk for immobilised and especially post-surgery patients. As a result we are required to risk assess all adults who are admitted to our inpatients for VTE within 24 hours of their admission to hospital using the criteria in the National VTE Risk Assessment Tool.

Percentage of patients assessed for VTE within 24 hours of admission

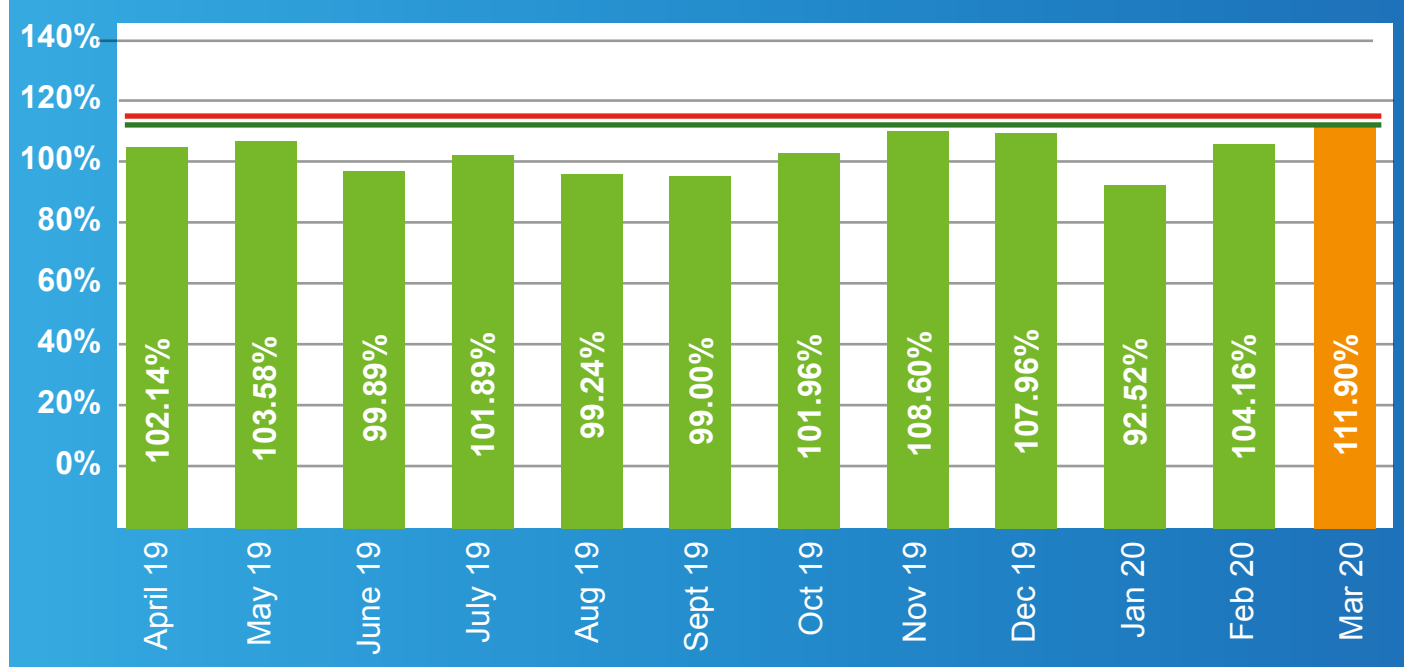


As shown in the graph above the Trust has managed to ensure that at least 95% of admissions are screened within the 24 hour period with a small number taking place after a delay. Each month the number of assessments reported has been between 200 and 250 which gives us assurance that the majority of admissions are therefore being screened and the assessment is reporting a representative position.

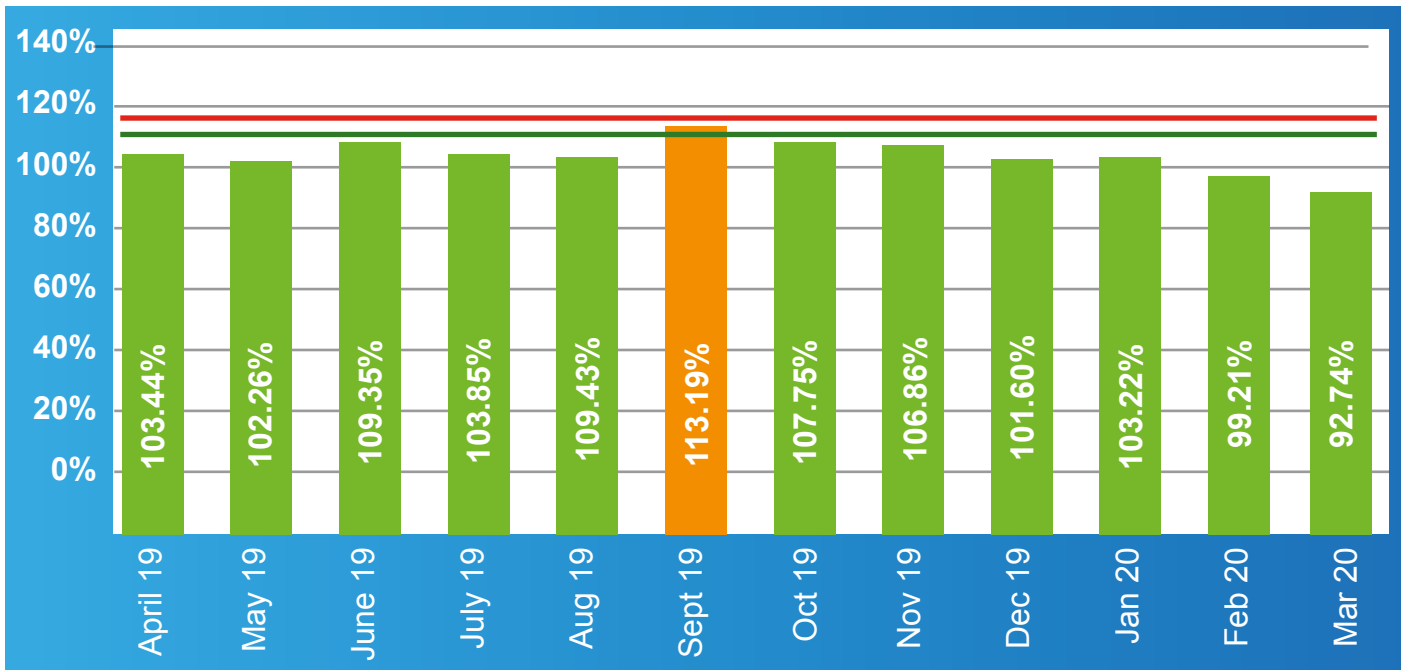
No data is shown for March as a result of changes to admission practices in the early stages of the NHS response to the COVID-19 pandemic. Whilst VTE assessments on admission continued to be carried out as normal up to 19th March 2020 this activity was not retrospectively audited in April 2020, the following month. The assessments are currently on pause, therefore there will be no data for April 2020.

The Trust reports three measures monitoring levels of safe staffing on scorecards. These report a staffing fill rate for our adult inpatient units, our Learning Disability inpatient facilities and our District Nursing Teams.

Inpatient Safe Staffing Rate



Learning Disability Safe Staffing Rate

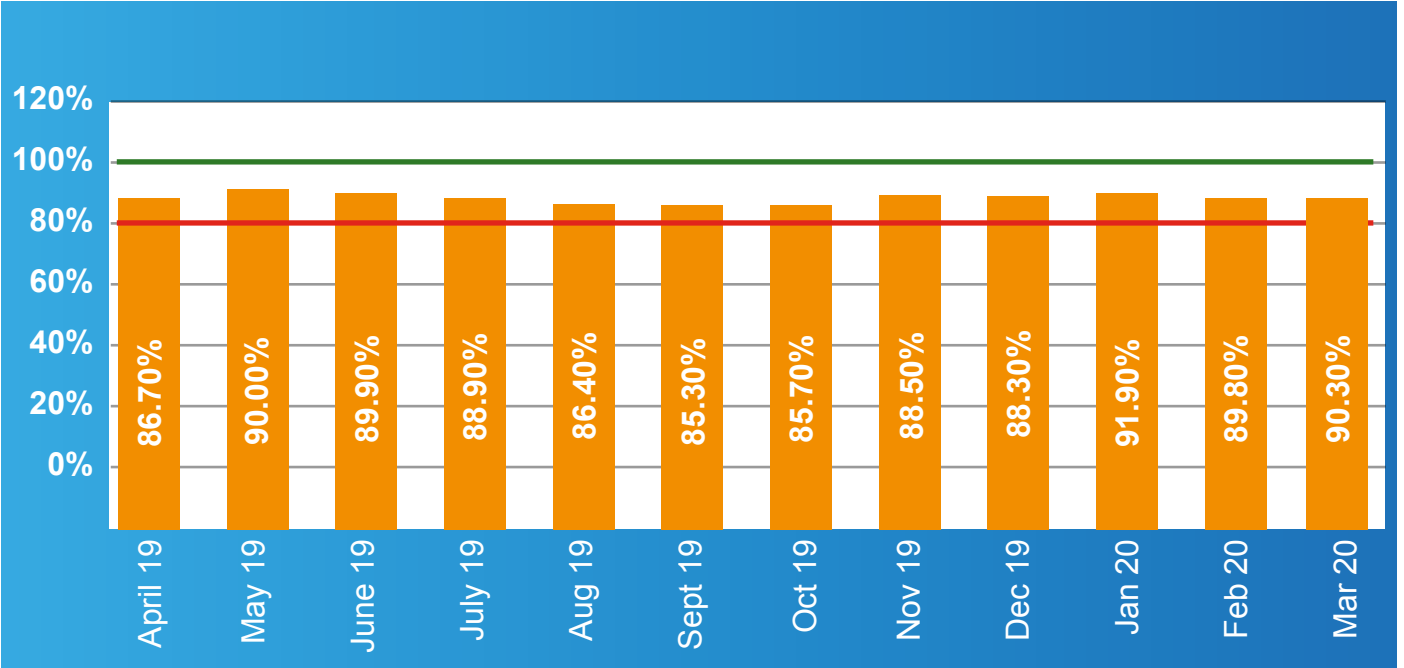


The inpatient and Learning Disability Safe Staffing measures are based on nationally defined measures of safe staffing (although it is worth noting that these are no longer centrally reported). These KPIs report the actual hours worked by ward nursing staff in the month as a percentage of the hours needed taking into account the number and dependency of patients each day. The target is set between 90% and 110% of the care hours which the tool indicates are required and temporary staff can be used to reach the required levels of care.

Our adult inpatient units have reported a stable position this year and have achieved at least 90% of the required staffing each month, however this has been at the cost of additional Agency spend in areas where sickness or vacancies have meant that substantive staff are not available. March shows an amber rating but this is at 111.9% of indicated need and therefore reports a slight overstaffing as we have restructured our services to manage the COVID-19 pandemic.

Performance in the LD inpatient units shows greater fluctuation, however this is largely due to the smaller facilities meaning that there is less flexibility to move staff. As a result the service has tended to report a small degree of overstaffing during the year.

District Nursing Teams Safe Staffing Rate



In 2018/19 we developed and began reporting against a Community Safe Staffing tool and this has continued to be reported throughout 2019/20. The report highlights the increasing activity in the District Nursing teams and by comparing staffing levels and need across teams gives some assurance that the workload across the city is being allocated fairly. Throughout 2019/20 the team has reported between 85% and 92% of the required staffing and this is rated amber suggesting that more patients are having appointments rescheduled than is ideal, but equally that the service is staffed sufficiently to avoid rescheduling appointments that are a clinical priority.

Recruitment to vacancies continues to present a challenge and the service has explored a number of creative approaches including rolling recruitment open days at the weekend and a targeted advertising campaign. Additionally the service continues to be challenged by increasing demand for support both in terms of the number of patients and the complexity of their needs. As a result bank and agency staff expenditure continues to be higher than target and staffing of District Nursing Teams continues to be a priority for further improvement during 2020/21.

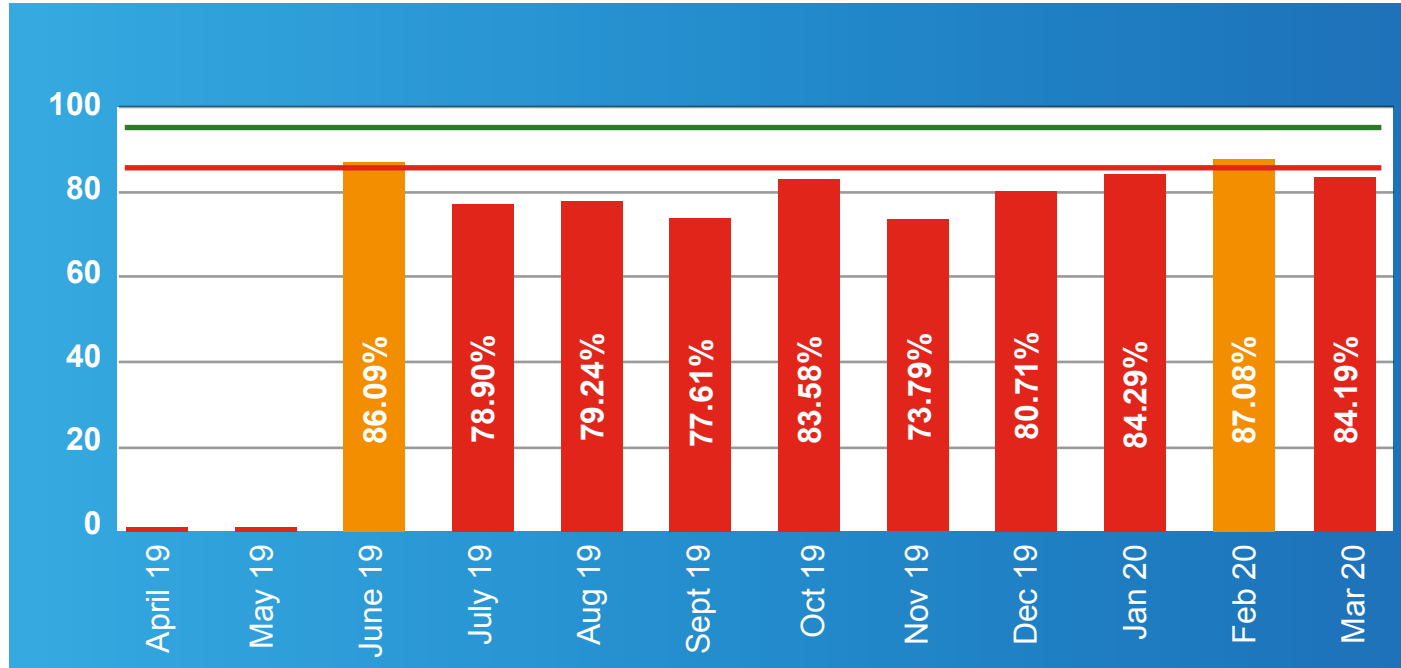


Essential Care Indicators

Essential Care indicators are a safety assessment tool developed within the Trust to report the results of team level audits into the basics of care delivery. The questions assessed vary depending on the particular service but could include review of nutrition and hydration status recording, checks to avoid patients developing pressure ulcers or falls risk assessments. All of the audits can be broken down by topic or team allowing services to get a regular update and highlight of any areas of requiring further attention.

Last year we added two new Essential Care indicators for Dental Services and Health Visitor Services. These are in addition to the existing and established audits which cover Community Nursing, adult inpatient services and Learning Disability Services.

Dental Services Essential Care Indicators

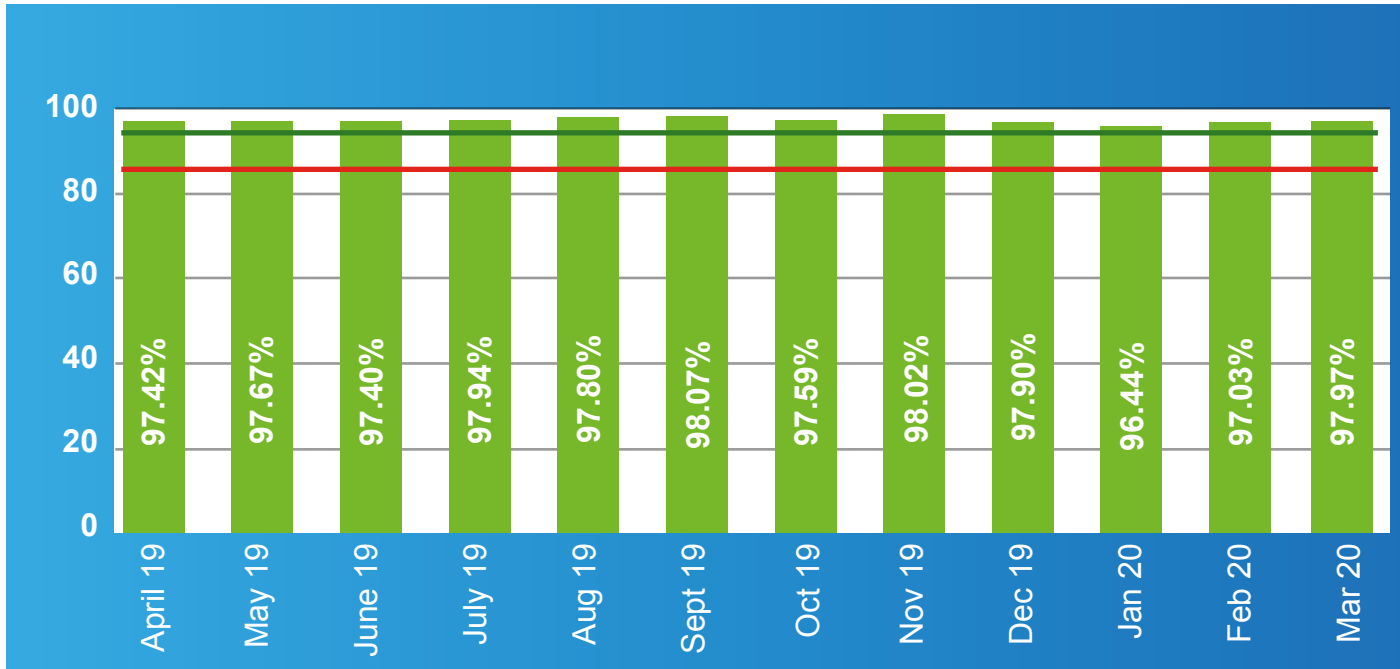


Dental Service ECIs were launched in pilot form in June 2019 before a wider roll out across the service in the following months. The audits were developed in part as a response to never events reported in 2018/19 and include assessments of quality of information where patients are referred for clinical imaging.

The service has struggled to achieve targets throughout the year for a number of reasons including turnover of student staff and the time taken to identify and respond to issues and areas of concern. However, the audit has been valuable in highlighting individual teams with concerns and has generated improvement work in various areas. The audit will continue to be a reported into 2020/21.

The other new Essential Care Indicator launched last year was for the Children & Families Division’s Health Visiting Service. This audit was largely based on the Division’s delivery of Health Visitor mandated contacts and as such mirrored the underperformance shown in those metrics. The Essential Care indicators for Health Visiting are currently under review and will be reintroduced following this review.

Community Nursing Essential Care Indicators



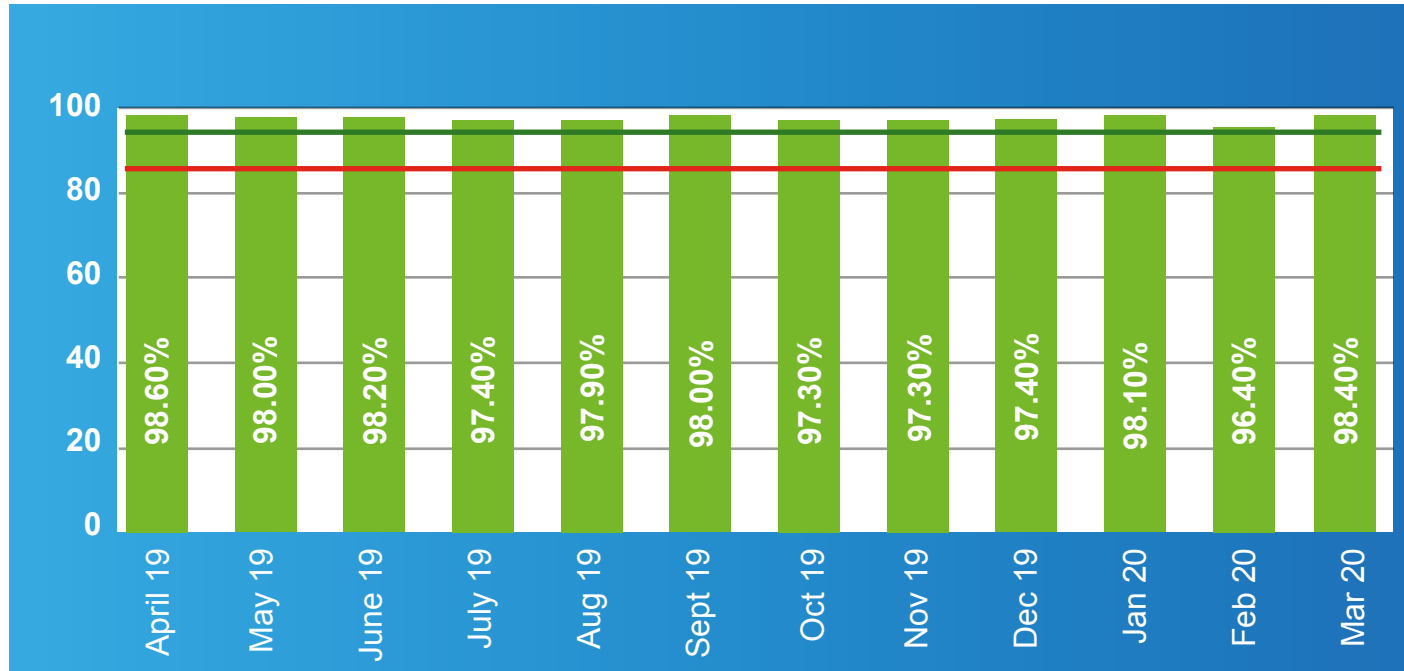
Community Nursing ECIs show a very stable position throughout the whole year with at least 96% compliance reported each month. At least 700 patient records are audited each month in the following areas:

- Falls Assessment;
- Hydration Criteria;
- Medicines Management;
- Nutritional Criteria;
- Pain Assessment;
- Palliative Care;
- Patient Observations;
- Pressure Ulcer Prevention; and
- Wound Management.

These reports give assurance that community nursing teams are managing to carry out key assessments despite increasing demand for their services.



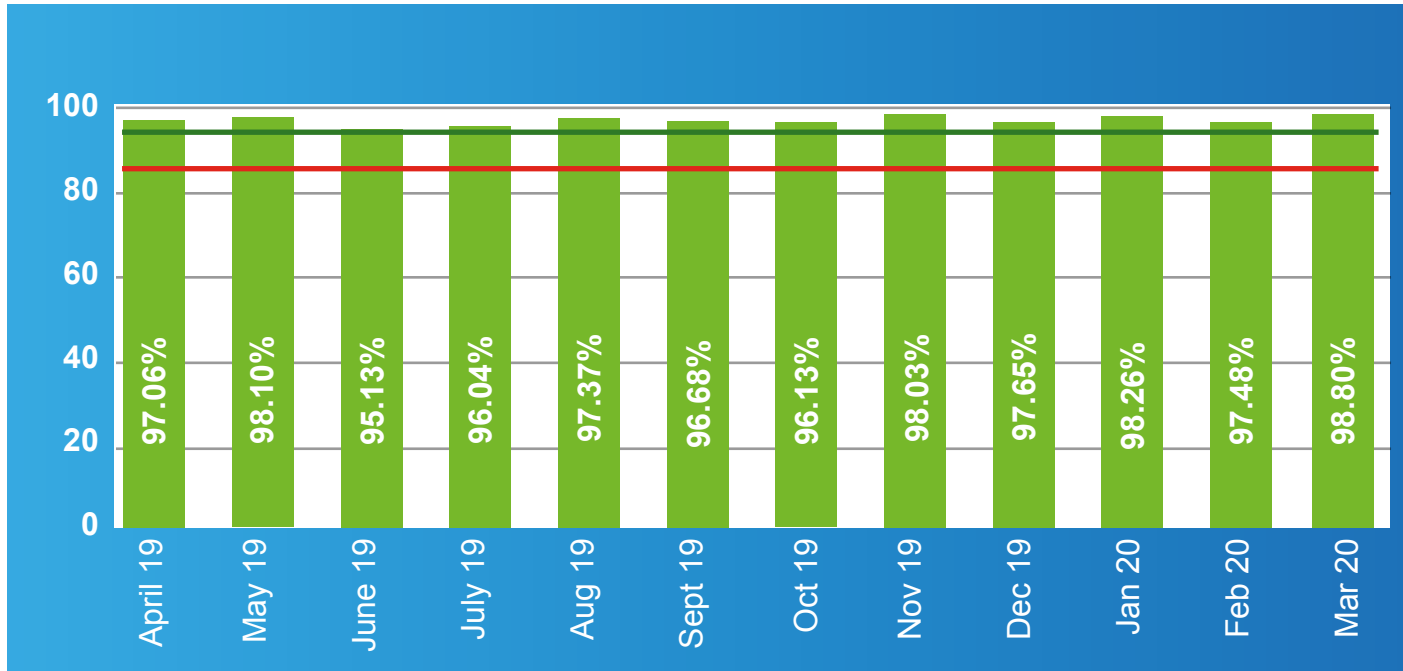
Adult Inpatients Essential Care Indicators



Adult inpatient ECIs show a very stable position throughout the whole year with at least 96% compliance reported each month. At least 500 patients each month have their admission documentation reviewed and other topics are checked as appropriate to the patient’s care pathway. Records are audited each month in the following areas

- Admission Documentation;
- Falls Assessment;
- General / Environmental;
- Hydration Criteria;
- Medicines Management;
- Nutritional Criteria;
- Palliative Care;
- Patient Observations; and
- Tissue Viability.

Learning Disability Services Essential Care Indicators



The Learning Disability Services report stable performance throughout the year with at least 96.5% of audits each month showing compliance with the required standard. Audits cover both community and our smaller Learning Disability inpatient services so the number of patients whose notes are audited varies depending on which topics are appropriate for the patient.

Topics covered in the audit are:

- Communication Criteria;
- Falls Assessment;
- General / Environmental;
- Medicines Management;
- Mental Health;
- Nutritional Criteria;
- Patient Observations;
- Promotion of Health;
- Record Keeping Status;
- Safety Indicator Criteria; and
- Tissue Viability.



Health Visitors WTE in post

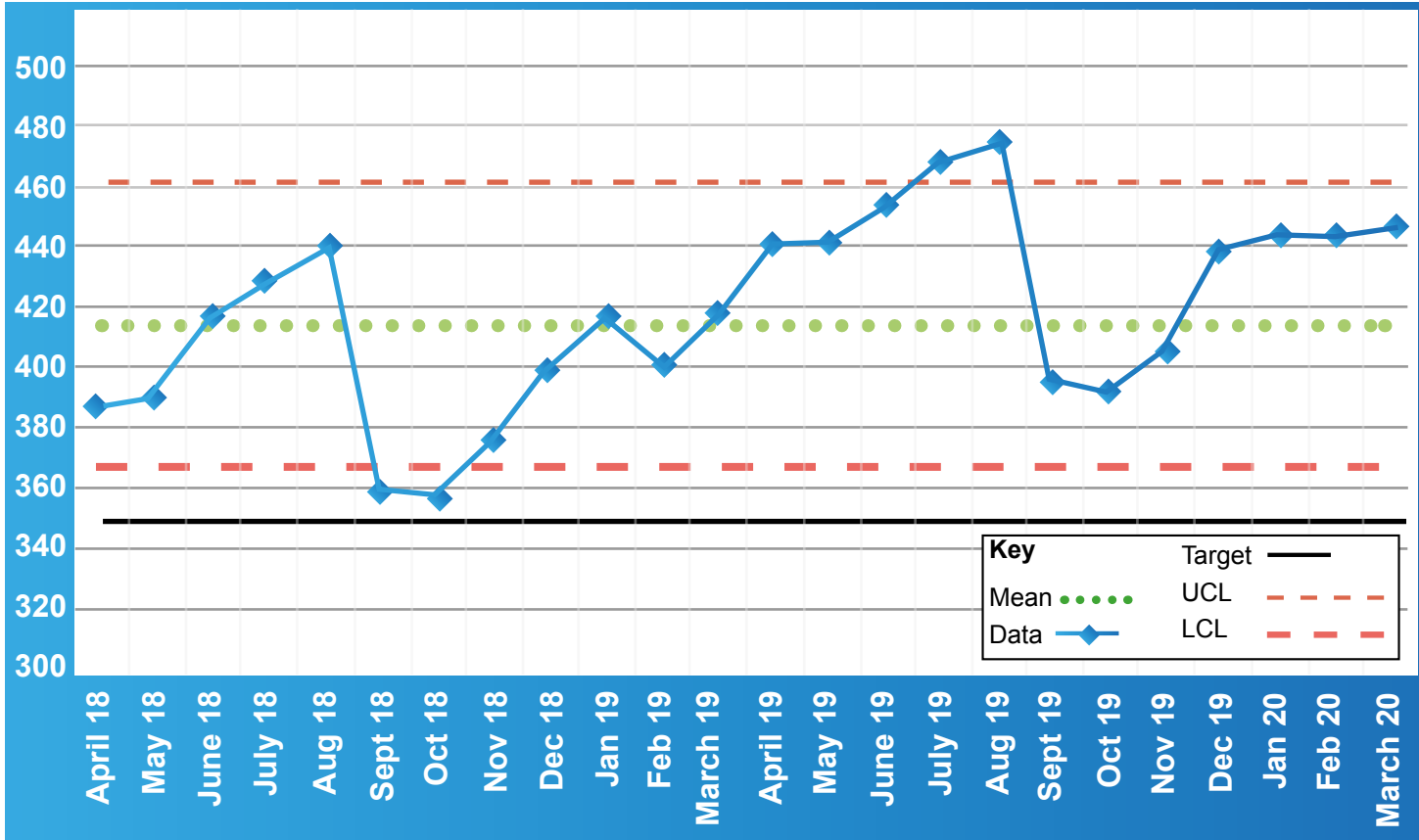
A key challenge for the Trust this year has been the need to improve staffing and performance in the health visiting service as identified in our CQC inspection. A key driver of performance is how many children each Health Visitor is responsible for, so we have developed a KPI reporting the average caseload per health visitor. We are aiming for a maximum of 350 children for each WTE health visitor based on national guidance suggesting this is a 'safe' level. However, it is worth noting that the national guidance does not define the acuity of the children or other aspects of how vacancies and temporary staff should be counted, meaning that comparisons with other providers of health visiting services should be treated with caution.

As shown in the graph below health visitors have had on average more than 350 children on their caseload throughout the year. An annual decrease is noted in the caseload from September when children who start school are moved to the School Nursing caseload, following which new births continue to be added to the Health Visitors.

A capacity tool has been developed to support the service in managing demand across the city and this gives detailed information to team managers on the number of patients and their complexity within both teams and allocated to individual staff.

The service has run an on-going recruitment campaign, however recruitment is challenging with nationally recognised shortages of appropriately qualified candidates. The team also work with universities and apprentice schemes to attract new recruits to the service. Additionally we have been working closely with commissioners throughout the year to redesign the service and ensure that resources are focussed on the youngest children and those with the most need.

Health Visitors Average Caseload

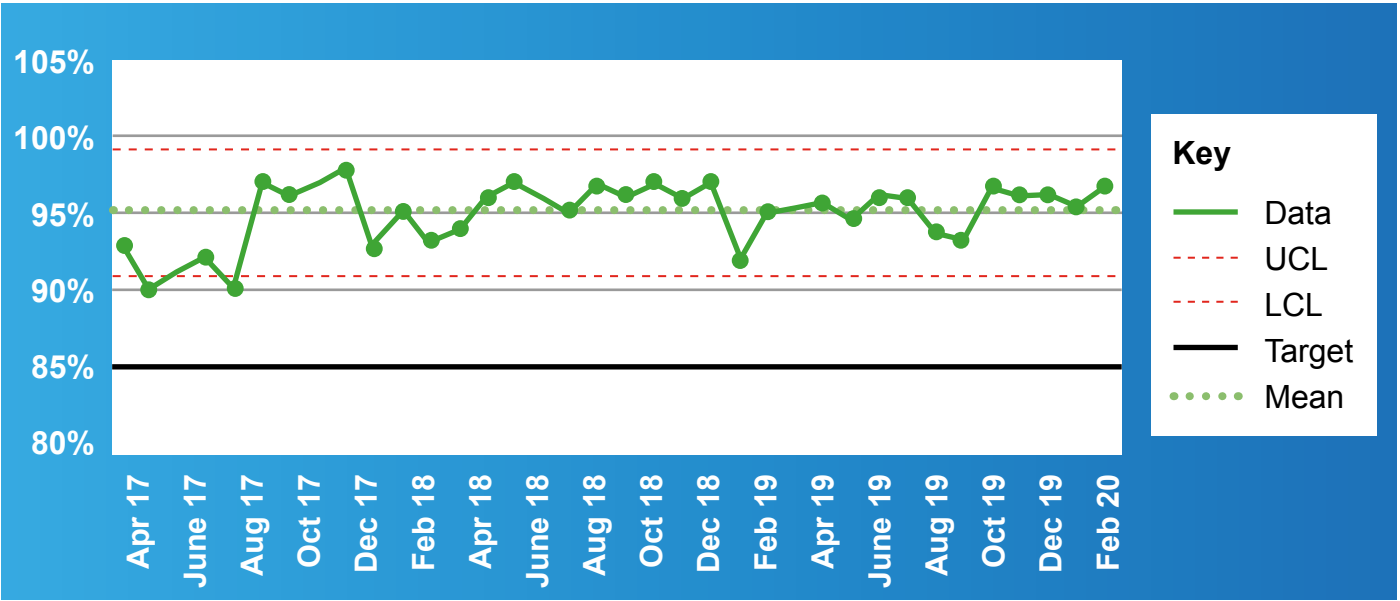


As shown in the graph on the next page, the Trust has continued to monitor and report the nationally defined Friends and Family test scores, which reports the percentage of patients who would be 'very' or 'extremely' likely to recommend the Trust to their family or friends as a place to be treated.

Performance has remained high all year with at least 93% of patients reporting this level of satisfaction each month. The numbers of patients surveyed is high with over 1,000 responses each month and a high of over 3,000.

However we continue to respond to patients as individuals - and on divisional scorecards we monitor both the length of time taken to respond to patient complaints and also the number of complaints received (expressed as a ratio for every 100 WTE staff).

Friends and Family Test

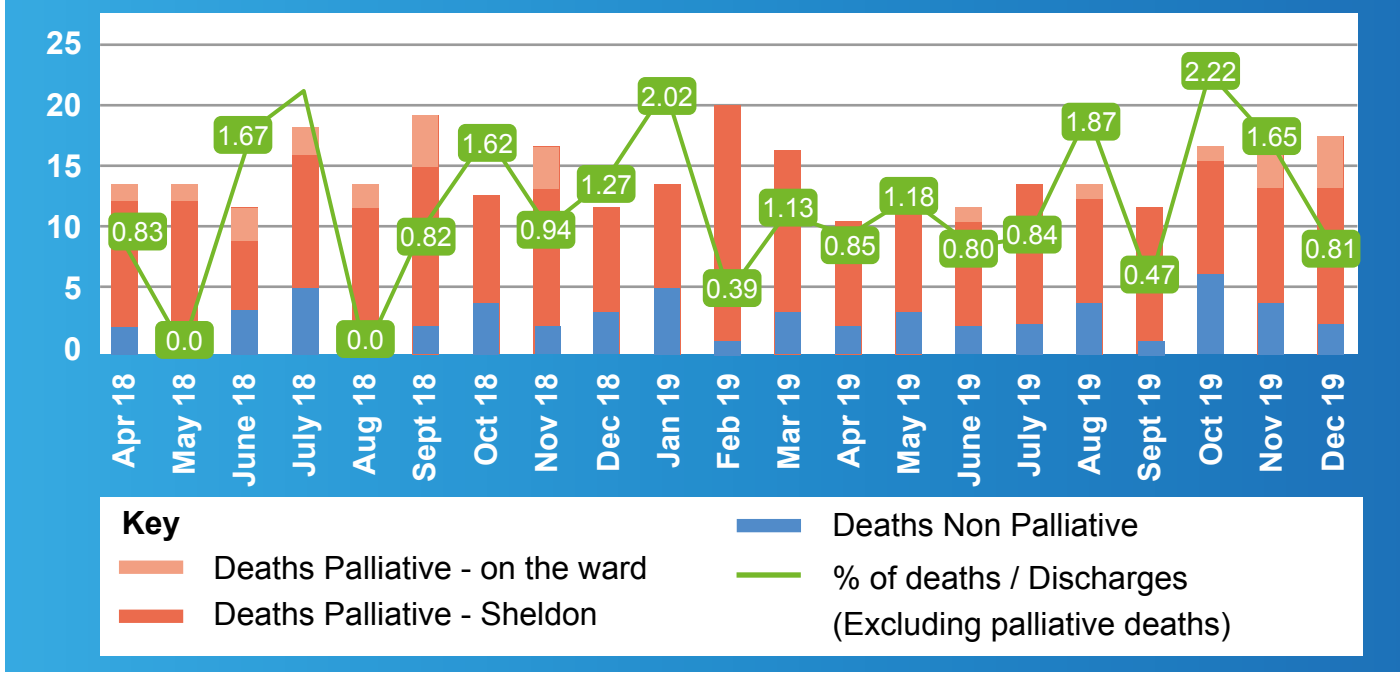


Avoidable Deaths

We have continued to report the nationally specified definitions of avoidable deaths in care which we began reporting in 2018/19.

As shown in the graph below this involves reporting every inpatient death and indicating which patients were receiving palliative (end of life) care. All non-palliative deaths as well as any palliative patients on a mainstream ward are subject to a full case note review to determine to what extent 'problems in care' contributed the death. To provide additional assurance five randomly selected palliative deaths are also reviewed each month. The rate of deaths to discharges is also assessed each month to ensure that any unusual peaks in deaths are identified and investigated.

There is a delay in the data due to the time taken for investigations to be completed which is why the graph below ends in December 2019.



	Apr-18	May - 18	Jun - 18	Jul - 18	Aug - 18	Sept - 18	Oct - 18	Nov - 18	Dec - 18	Jan - 19	Feb - 19	Mar - 19	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sept - 19	Oct - 19	Nov - 19	Dec - 19
Number of case notes reviewed (inc. Palliative)	9	7	11	11	7	19	13	10	8	10	6	8	11	12	9	7	10	6	12	13	11
Number of case notes judged 'Problem in Care'	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Integrated Care in Communities

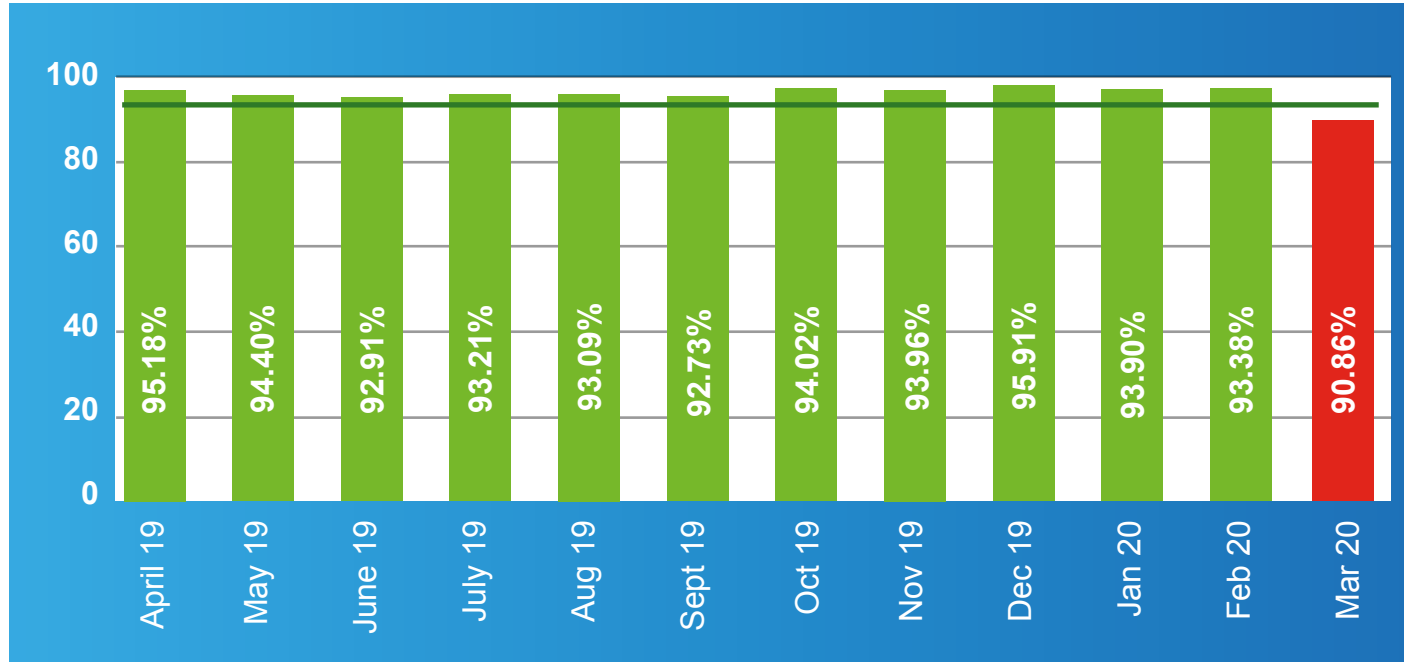
The Integrated Care in Communities domain reports on the way in which the Trust supports community based partnership working by keeping patients safely at home for as long as possible with community care and support, and by helping acute trusts to safely discharge patients with appropriate community care or admission to a community bed.

This year the domain has reported on some areas of particular challenge to the wider system such as patient waits and delayed transfers of care.

In particular we report:

- Achievement of our 18 week referral to treatment (RTT) pathway targets despite increasing pressure, particularly in community paediatric services;
- A sustained focus on reducing waits for other (non RTT) patients and for those who have not been seen for a long time following treatment;
- Pressure on our health visiting services who have been unable to deliver all mandated contacts;
- A continued challenge to discharge patients from our beds into safe community locations; and
- Our Rapid Response services continuing to help most of their patients avoid an admission to hospital by keeping them safe in their normal place of residence.

Whole Trust 18 week RTT Incomplete Pathways (patients waiting for treatment)



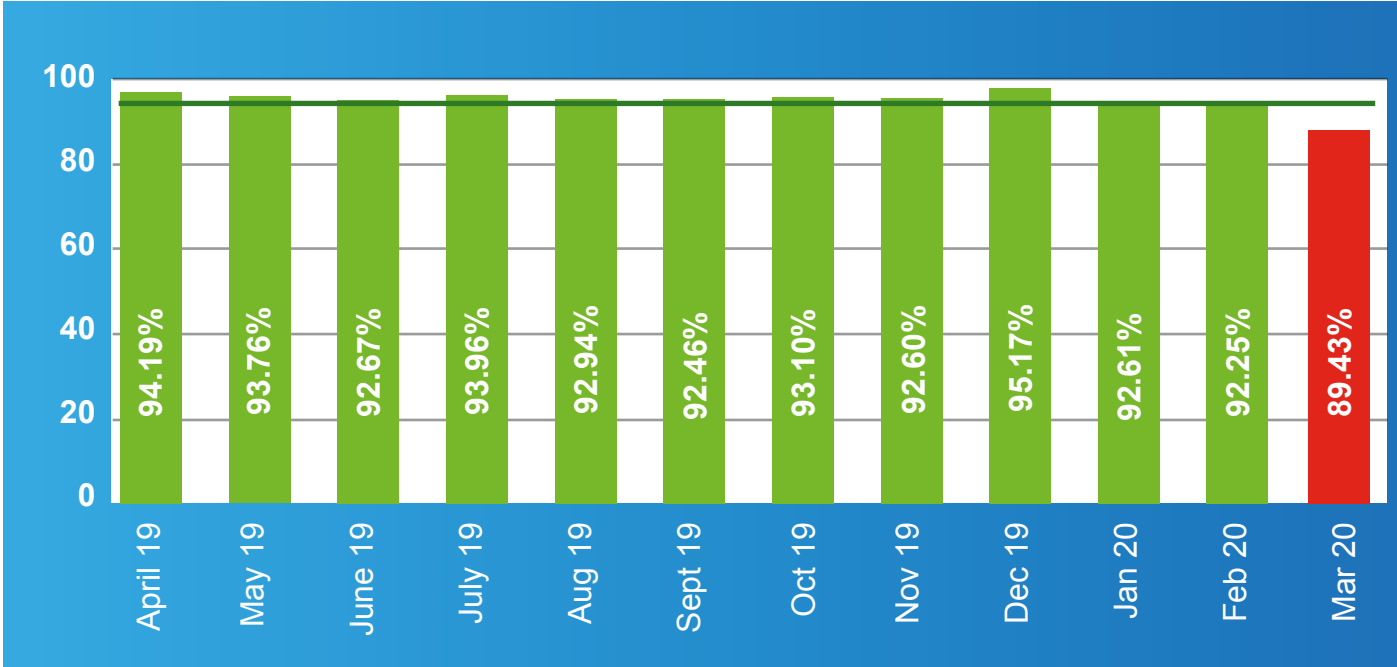
Throughout the year the majority of patients waiting for treatment on consultant led pathways have been seen within 18 weeks of their referral. The nationally set target is 92% and we have achieved this each month except for March 2020 when many patients had their appointments cancelled due to risk of COVID-19 infection leading to unavoidable increases in their waits for treatment.

The Dental Hospital carries out a significant number of consultant-led pathways and has efficient scheduling systems in place to ensure that services are able to cope with fluctuating workloads. As shown on the next page the service was able to achieve the 92% standard throughout the year until patient cancellations in March caused additional waits for patients.

The impact of cancellation can be seen in the number of patients who did receive first treatment.

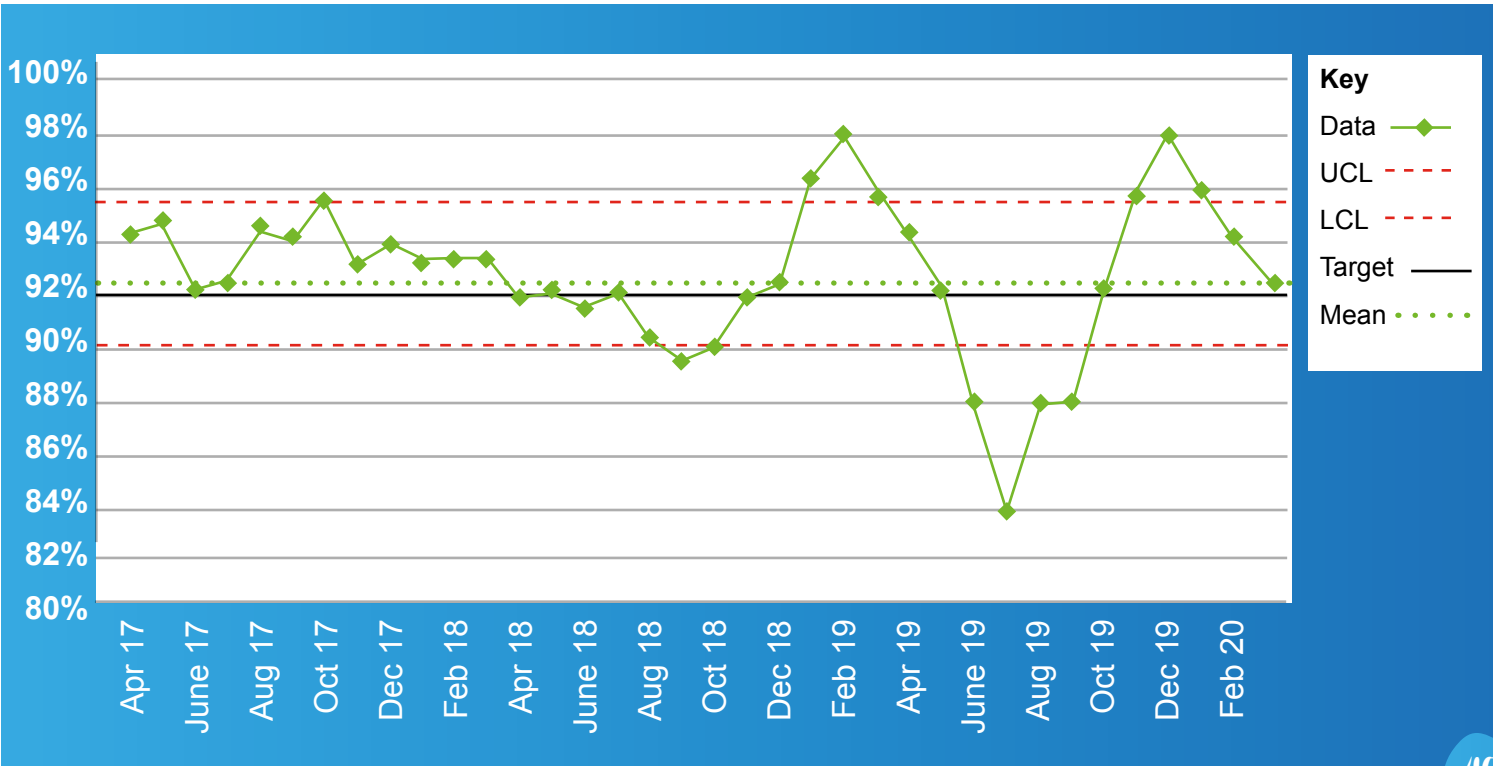
In March 2020, the dental service saw 322 out patients for first treatment on an RTT pathway and 'stopped their clock' as a result. However, in February 2020 there were 654 such appointments.

Dental Service 18 week RTT Incomplete Pathways (patients waiting for treatment)



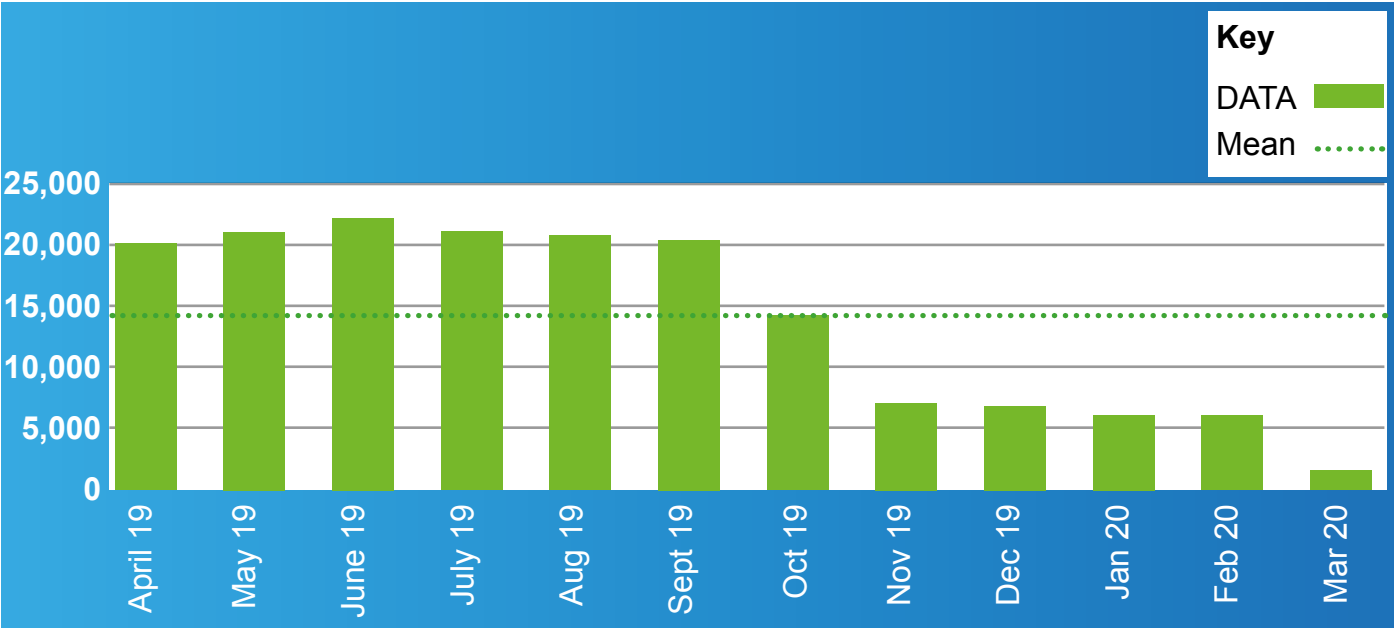
During the year our children's community paediatric services came under pressure with staffing capacity meaning that consultant roles were vacant and delays increased. The service fell beneath the 92% standard for four months from June 2019, however the Trust was able to continue to achieve the national target and additional consultants were appointed on extended locum roles. The impact of these additional roles and the rescheduling of patients can be seen in the graph below where activity clearly peaked in December as a backlog of new patients was seen.

Children & Families 18 week RTT Incomplete Pathways (patients waiting for treatment)

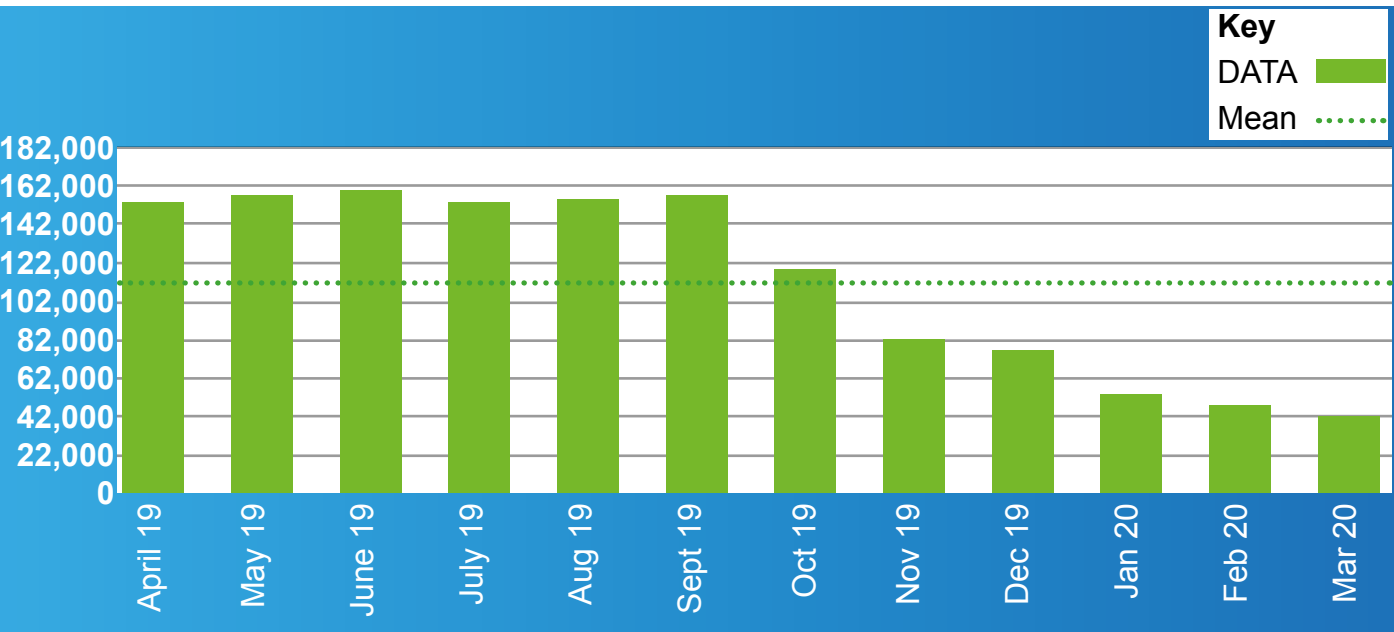


In addition to the national focus on consultant-led pathways, many of our patients are being treated on non-consultant-led pathways. This year services across the Trust have focussed on all patient waits from initial referral to first treatment and we have also looked at reasons why patients who have already begun treatment have not been seen for 52 weeks or longer.

Total number of patients waiting longer than 52 weeks from referral with no contact



Total number of patients waiting longer than 52 weeks since last contact



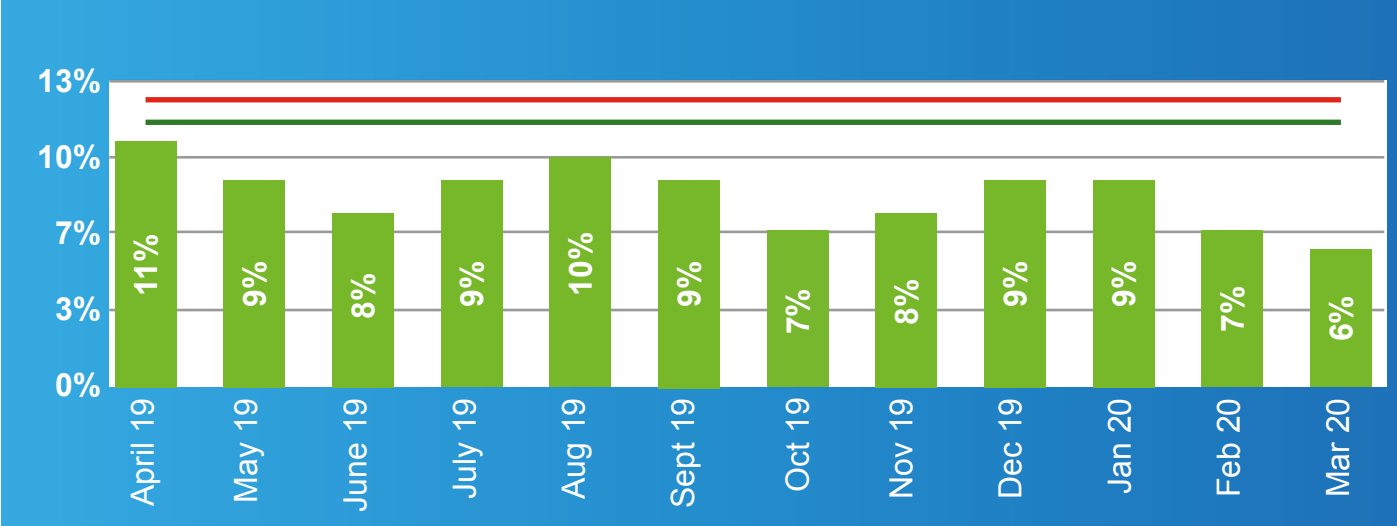
The long waits reported were a combination of genuine waits and data quality issues such as patients who had been discharged without a full record or patients who were registered on universal caseloads but not actually waiting for treatment. Services were supported by CQC guidance to develop rules to close bulk historical records, supported by clinical harm review panels which reviewed records to search for any patients who had been harmed by delays. To date it is positive to report no patients have been identified who have come to harm as a result of delays.

The services have also developed individual standardised operating procedures (SOPs) which define how patient waits will be treated. This is to ensure standardised and fair access is provided to treatment and that patients in greatest need are identified and prioritised. The reduction in waits is clear on the graphs; however March led to the cancelling of much routine activity increasing waits for access to services. As a result an increase in the levels of waits reported is likely to continue for some time.

Rapid Response cases requiring onwards admission to acute hospital

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 has managed to operate within its 11% target throughout the year and in particular has been able to manage performance throughout the winter months when demand increased. A key challenge of 2020/21 will be national moves to standardise a 2 hour response time for Rapid Response services and implementation of this will require close working and communication with local acute providers and commissioners.

Percentage of Rapid Response cases requiring onwards admission to acute hospital



Health Visitors Mandatory Contacts

Health Visiting services have a number of nationally mandated and reportable contacts which they make to all children within their area of responsibility. The contacts start with meeting a new baby within 14 days of birth and then take place at 6-8 weeks, 12 months and 2.5 years.

As shown in the table below the service has not achieved these targets recently and this has been the picture throughout much of the year.

Health Visitor Mandated Contacts

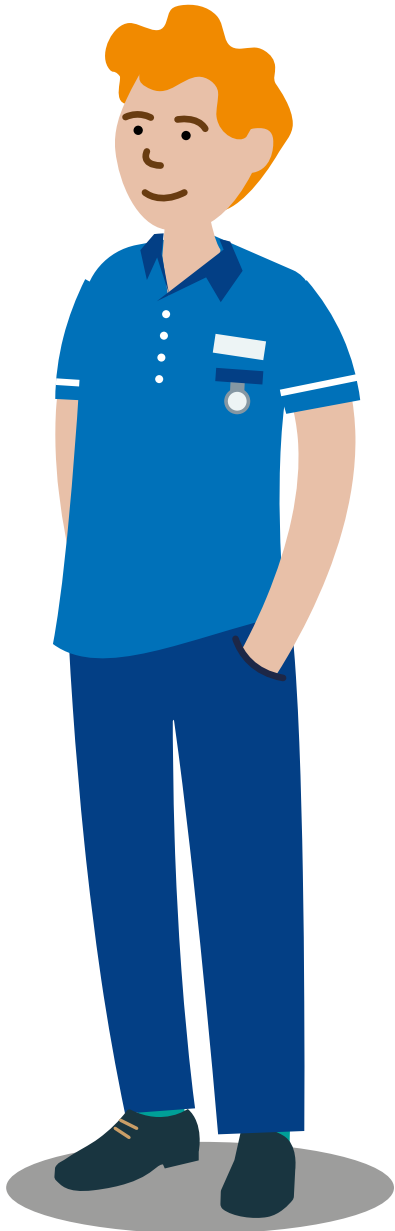
	Dec 19	Jan 20	Feb 20	Mar 20	Target
Health visitor mandated visits - new birth contact	88%	89%	96%	95%	92%
Health visitor mandated visits - 6-8 week contact	88%	89%	86%	79%	90%
Health visitor mandated visits - 12 month review	57%	53%	53%	54%	76%
Health visitor mandated visits - 2 and a half year review	52%	53%	56%	58%	67%

A key challenge for the service has been recruiting sufficient staff to cope with increasing need from a growing population. Health Visitors are a staff group which are difficult to recruit to, so the service have been running on-going recruitment campaigns as well as working closely with universities to attract new recruits to the Trust.

A further area of activity has been working with commissioners to redesign services in order to focus care on the most vulnerable children whilst using support from children’s centres and other staff groups to provide support and access to other parents. Work has also taken place with acute based maternity services to ensure that referrals of new mothers are made and processed efficiently.

Commissioners also recognise that parents may delay or decline interventions so it is worth noting that additional contacts are made slightly outside of the target timescales, which nevertheless provide care and support as defined. However, this remains a key area of focus for recruitment and service redesign in 2020/21.

We have an agreed improvement trajectory with our commissioners and other stakeholders that if delivered successfully will see meeting the standards for health visitor mandated visits before the end of 2020/21.

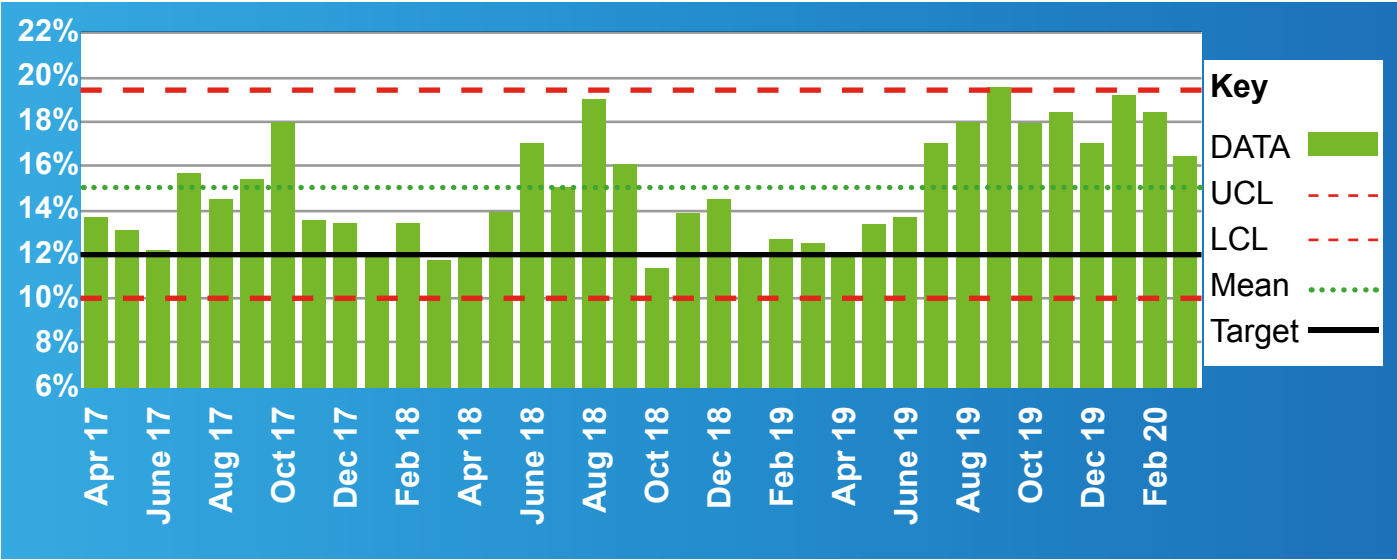


Delayed Transfers of Care

As shown in the graph below the Trust has continued to report the extent to which our inpatient beds are occupied by patients who, whilst medically fit for discharge, are unable to leave for some other reason. These delays reduce our capacity to support discharges from acute hospitals as well as admit community patients who need rapid assessment.

The graph highlights a significant increase in delayed transfers with an increasing trend from the start of the year leading to a sustained period of high delays which has continued for the remainder of the year. However, in March the Trust reconfigured our beds to support the wider NHS system in its COVID-19 response. As part of this a number of patients were discharged to free up capacity to manage the pandemic and the impact of this can be seen in the March data, with an anticipated increased impact into April and the start of 2020/21.

Delayed Transfers of Care (as a % of Bed Days)



The reasons for these delayed transfers of care are various and the Trust takes care to record a variety of reasons for delays and to communicate these with care home providers and local authority social care teams to ensure patients are safely discharged whenever possible.

A key reason for patient delays is lack of access to community support to allow patients to be safely discharged home and regular calls take place with social care teams to ensure plans are in place to allow discharges. A further issue is lack of access to care home placements to allow patients to be discharged to a new location following treatment. Again, regular communication across the system to identify patients who are due for discharge and suitable locations to accept them is key to this work. A further group of delays come about due to family choice or disagreements about suitable nursing homes or care arrangements. The Trust works closely with carers to help them prepare for discharge and to ensure that options for discharge are clear as far in advance as possible. However, the increasing requirement on families to fund ongoing care and the lack of capacity in private nursing homes remains a challenge.

The Trust continues to work with commissioners to review arrangements across the system. In particular, work to set up joint funded beds with committed social care and nursing support is planned for 2020/21.

The Care Programme Approach (CPA) is a partnership working model used in secondary mental health and learning disability services to co-ordinate care, treatment and support for people with complex needs, relating to their mental health or learning disabilities. The Learning Disabilities Division monitor two indicators relating to this model. The first of these is the number of patients who should receive a follow up consultation within 7 days of discharge from an inpatient facility - and it is positive to report full achievement of this target.

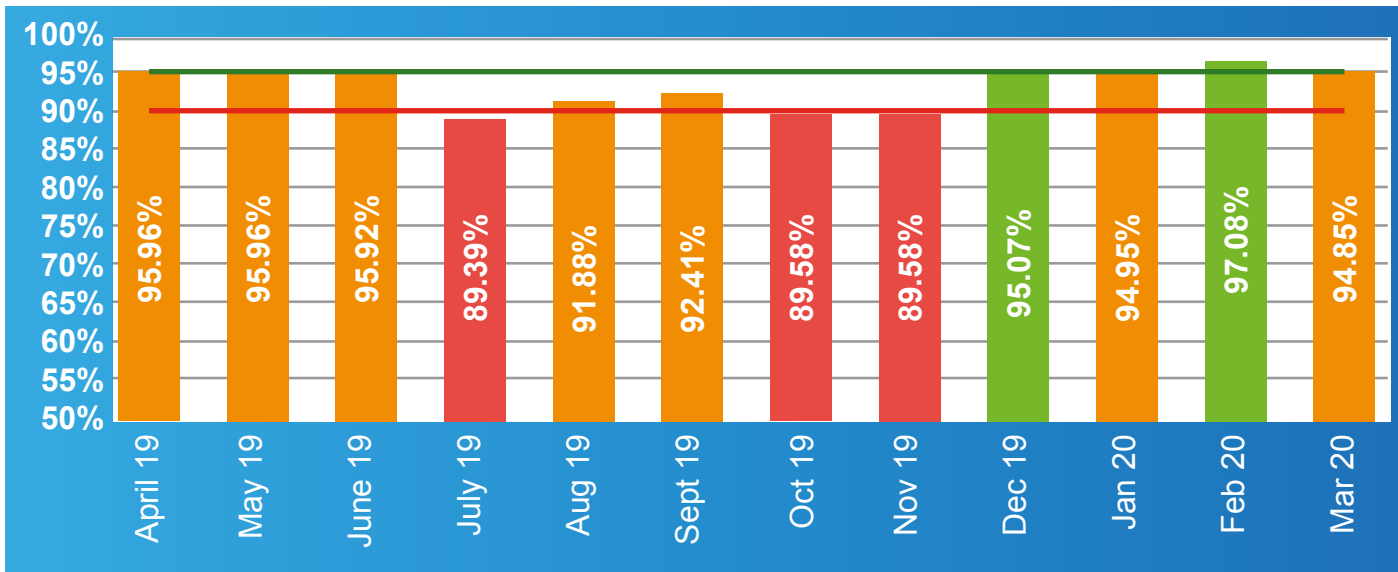
The figure below shows that the division has achieved the target 100% of the time by completing the follow up within 7 days. It is to be noted that the number of referrals to BCHC during 2019/20 was only 7, therefore the volume was low and the service have been able to prioritise seeing these patients.

Percentage of CPA patients receiving follow-up within 7days



The second Care Programme Approach (CPA) measure is the percentage of patients who receive a further follow up meeting and review at least every 12 months with a target of at least 95%.

Percentage of patients receiving a 12 month review



As shown in the figure on the previous page, this year has seen performance for the majority of the year at an amber rating indicating a relatively small breach of the target. We also see a recently improving position including several months achieving the target. Some of the lower performance has been due to late updates in our Patient Archiving System (PAS) which records patient contacts. When performance was at its lowest, this had been due to patients not being allocated to a professional lead. The service has reviewed and worked on both of these issues, which has resulted in improvements in reporting outputs.

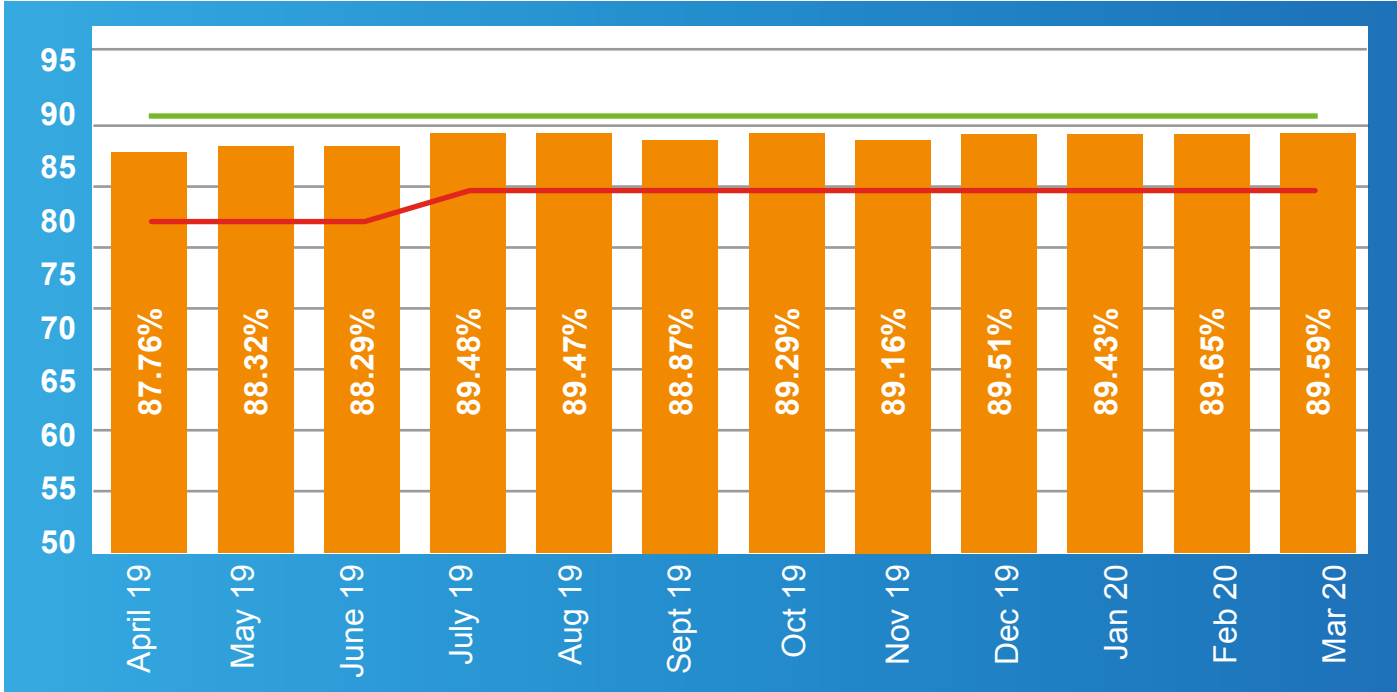
A Great Place to Work Domain

The ‘A Great Place to Work’ domain reports key measures of staff experience and support. Some of our most persistent challenges remain within this domain with many services reporting a combination of increasing numbers of more acutely ill patients, combined with vacancies and challenges recruiting new staff.

In particular the ‘A Great Place to Work’ domain highlights:

- A minor but persistent under performance against mandatory training targets;
- A high vacancy rate throughout the year;
- A sickness rate which has remained high throughout the year with signs of further increases over the recent winter;
- Underperformance against targets to ensure all staff have at least an annual personal development review (appraisal);
- The introduction of a new target reporting the relative likelihood of Black and Minority Ethnic (BME) staff entering formal disciplinarys compared to their white colleagues; and
- A further new target reporting the proportions of senior staff who are from BME backgrounds compared to the rest of the Trust.

Mandatory Training % compliance

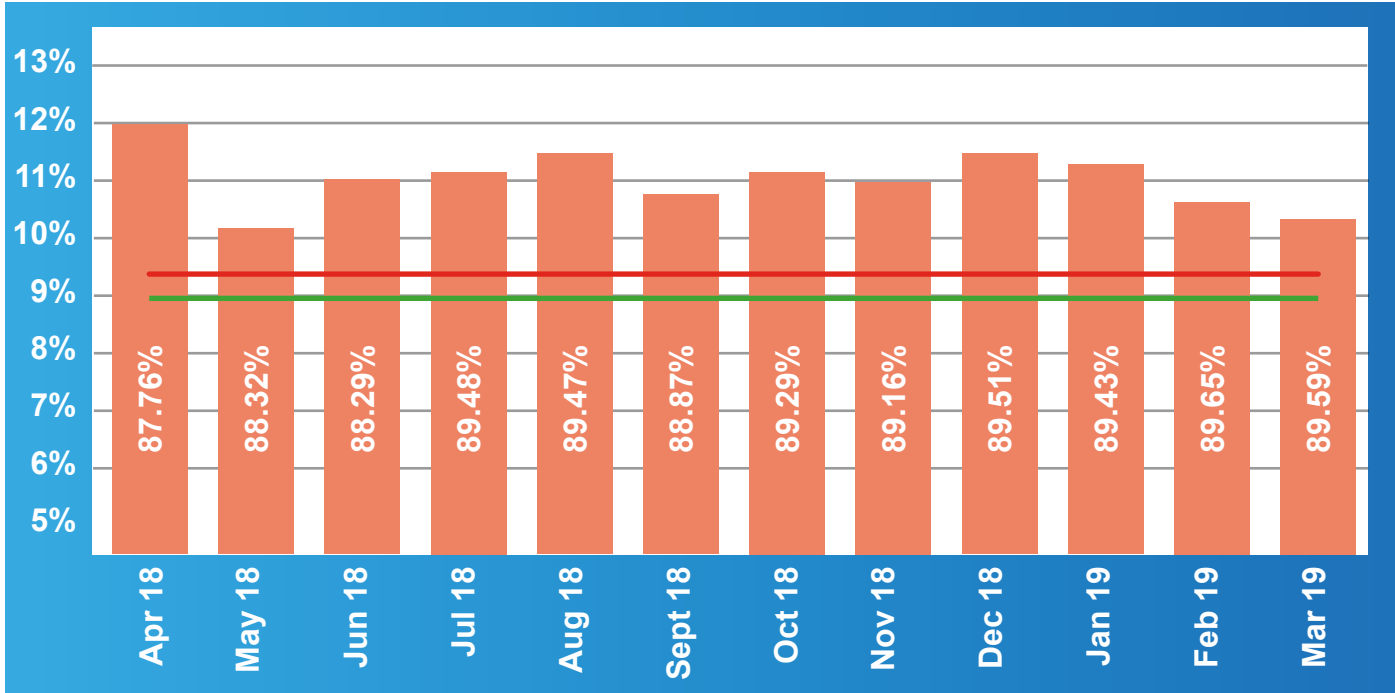


The Trust has been close all year to achieving its target that staff should have 90% of their total required mandatory training. In fact since July we have reported over 89% compliance. However, persistent issues have remained. These include technical challenges barring access to e-learning, lack of capacity to provide specific training courses or courses in the right location or time for key staff, and failure of staff to either book spaces onto courses or to attend courses once booked, often due to sickness rates or an inability to release staff in busy teams.

A new online portal for staff to carry out e-learning courses has been developed by the Learning and Development (L&D) team which works closely with services to deliver the required courses in the right locations. Despite this, some divisions have used their own resources to develop training days where a range of courses are offered in one location and temporary cover is arranged well in advance.

The L&D team working closely with divisional general managers to focus on individual staff management in teams, remains the main approach to improvement in this area.

Vacancies

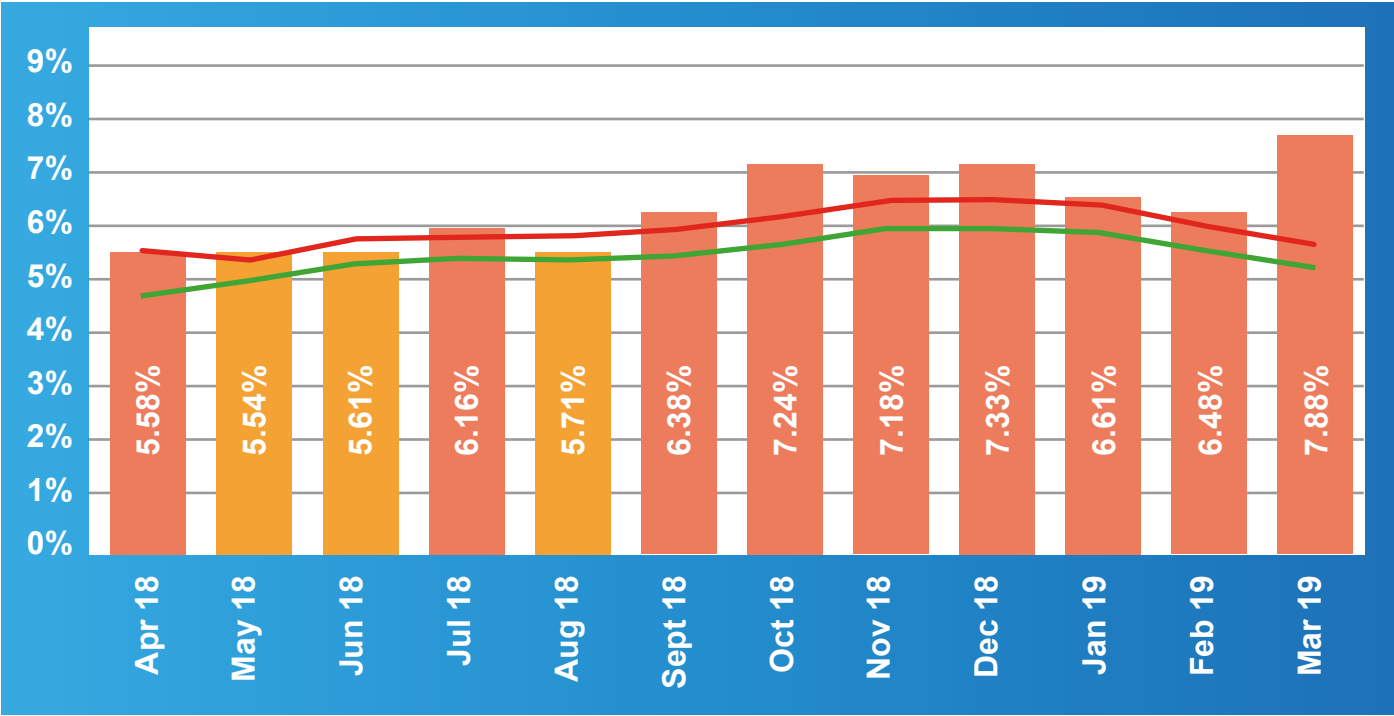


Vacancies have remained higher than the 9% target throughout the year as shown in the figure above. In some clinical areas, such as community children’s services, establishment headcount was increased at the start of the year as a result of increased funding agreed with commissioners for services showing significant increases in caseload. However, whilst funding is welcome it shows as increased vacancies in the short term and many areas as already outlined have faced significant challenges, especially recruiting to permanent specialist roles.

Many services now run regular monthly recruitment open days which have led to successful recruitments, although the days are showing lower returns. Services have also focussed on targeted recruitment campaigns to promote the benefits of community working and the Trust maintains links with university training programmes offering placements and future roles to students.

Recruitment is predicted to remain a key challenge next year and coronavirus restrictions may present particular practical challenges to effective recruitment in 2020/21.

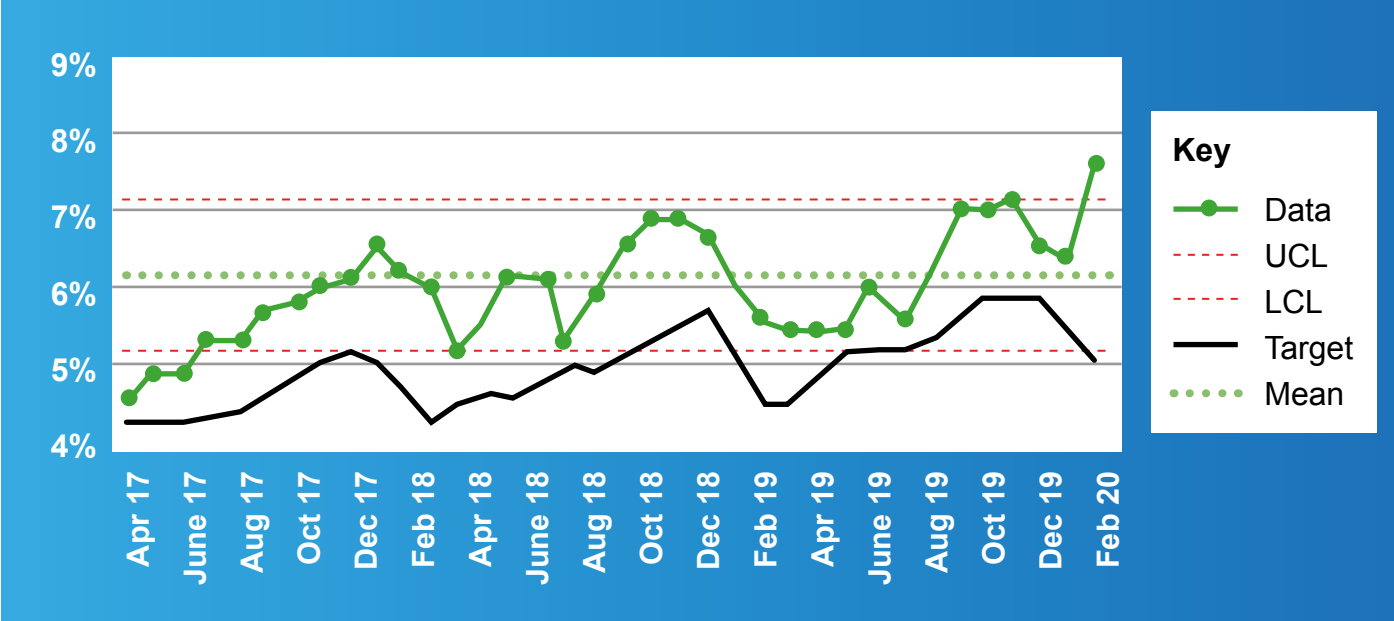
Staff Sickness Rate



Staff sickness has remained higher than target throughout the year across the Trust as shown in the figure above, with all divisions breaching targets. Sickness is currently highest in the Adult Communities Division but all clinical divisions show high sickness with the Dental Hospital reporting the best performance.

As shown in the graph below the sickness peak over winter has been higher and lasted longer than in previous years. The impact of coronavirus on performance is clear with a rise outside of our normal upper limit at a time of year when an improving position is normally reported.

Sickness absence long term trends



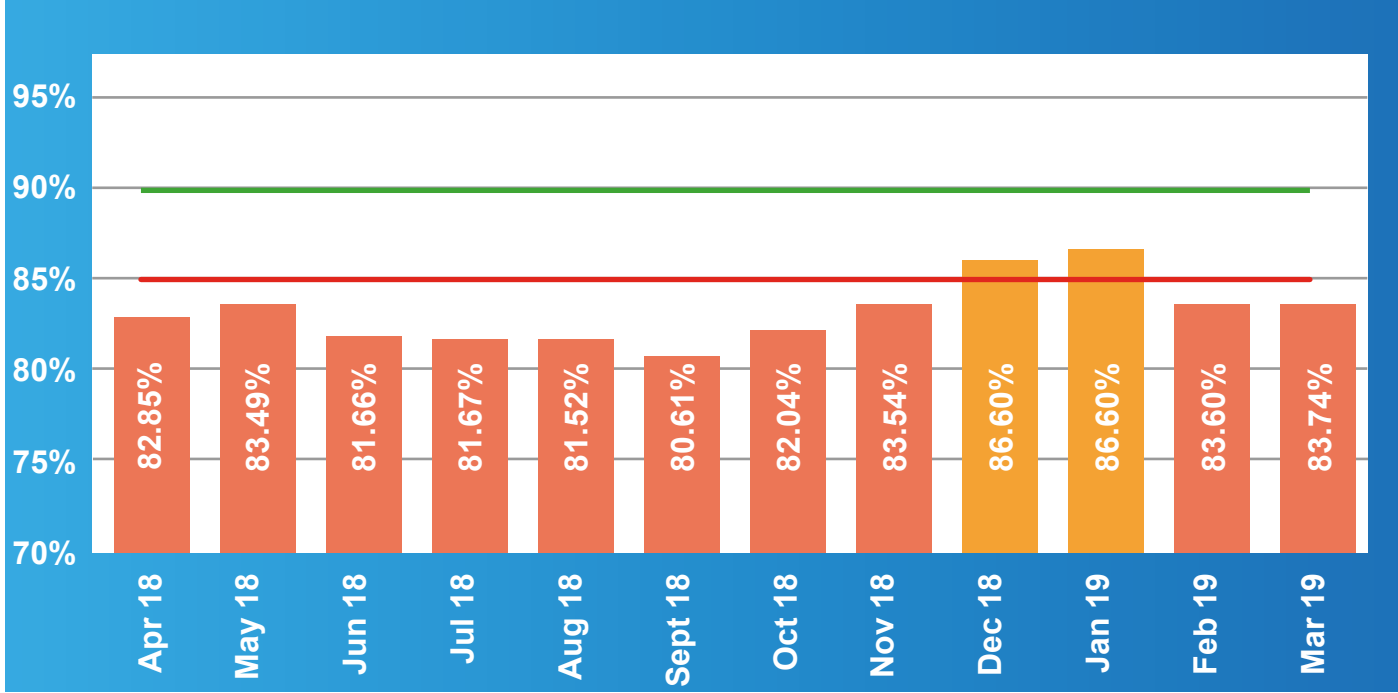
NHS Benchmarking against community trusts shows a six month average sickness rate of 5.0% in February 2019 which compares unfavourably to a Trust average of 6.7%.

Divisions continue to receive detailed breakdown of sickness by teams and are supported by HR Business Partners with completing sickness reviews, return to work interviews and support when the decision is made to conduct sickness panel hearings for persistent absences. The Trust makes occupational health support available to all staff, and managers are encouraged to use this service to support staff. In April 2019 a new Staff Absence Management policy was launched and the Trust has commenced a review including managers, staff side representatives and HR professionals of what impact this had on sickness levels with further recommendations planned in 2020/21. This new approach to managing attendance has been supported with staff briefings and workshops and HR support for line managers.

Other initiatives include a Health and Wellbeing Programme with a specific focus on Mental Health and the introduction of the Mental Health First Aid training and Staff Resilience Programme - The 'Care First' counselling and 24 hour advice line support is now embedded and is proving to be a positive resource for colleagues alongside Occupational Health Services.

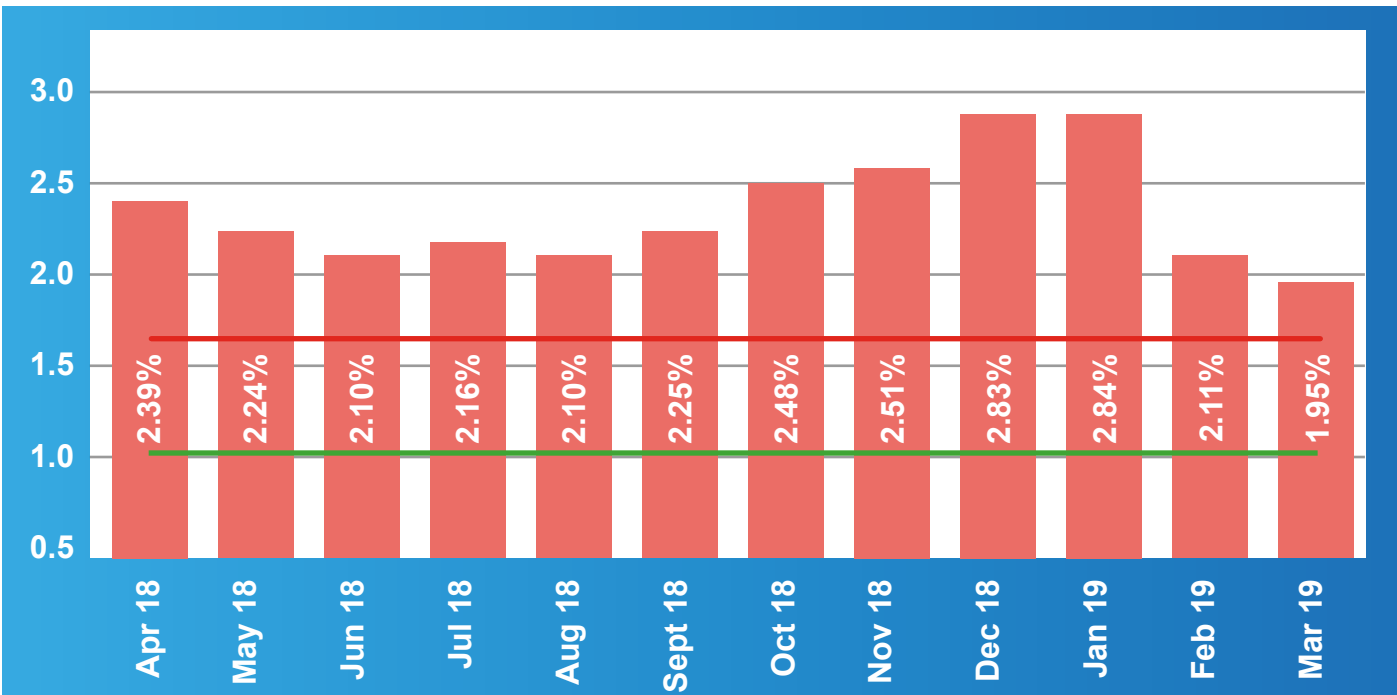
Over the winter months a concerted effort was made to deliver flu vaccines to as many staff as possible, and this year the Trust achieved its best level to date with 65% of front line staff receiving the vaccine.

Staff Appraisal (PDR) Rate



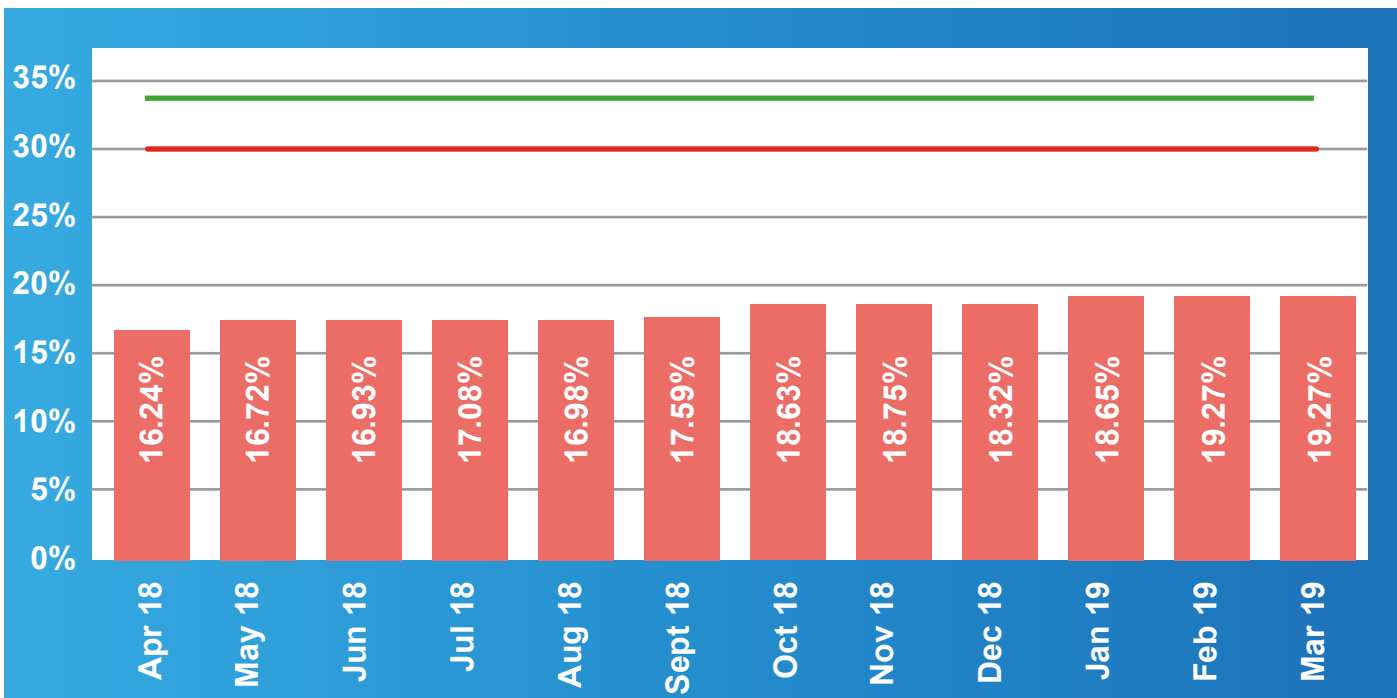
Throughout the year services across the Trust have not achieved the target that at least 95% of staff should have an appraisal or Personal Development Review (PDR) at least every 12 months. Despite the on-going underperformance a slight improvement had started to develop from August with gradual incremental improvements leading to an amber rating. It is disappointing therefore to report a declining position from February, and further deteriorations are likely as staff focus on clinical activity with many staff redeployed from their usual areas of work during the COVID-19 response.

WRES Relative likelihood of BME Staff entering formal disciplinary



This year the Trust added several KPIs from the Workforce Race Equality Scheme (WRES) toolkit to scorecards. The first of these reports that, across the Trust, black and minority ethnic (BME) staff are around twice as likely as their white colleagues to enter formal disciplinary hearings. This discrepancy, whilst based on low numbers overall, is a concern and also reflects some of the issues raised in the staff survey where colleagues are asked if they see the Trust as an equitable employer. As a result the Trust is reviewing options, including cultural ambassadors to support disciplinary investigations and options to include mediation at an early stage in proceedings. All divisions have sight of their own performance and an Equality, Diversity and Human Rights (EDHR) Steering Group has been established and is reviewing actions to address the issue.

Percentage of staff at Band 8A+ who are BME



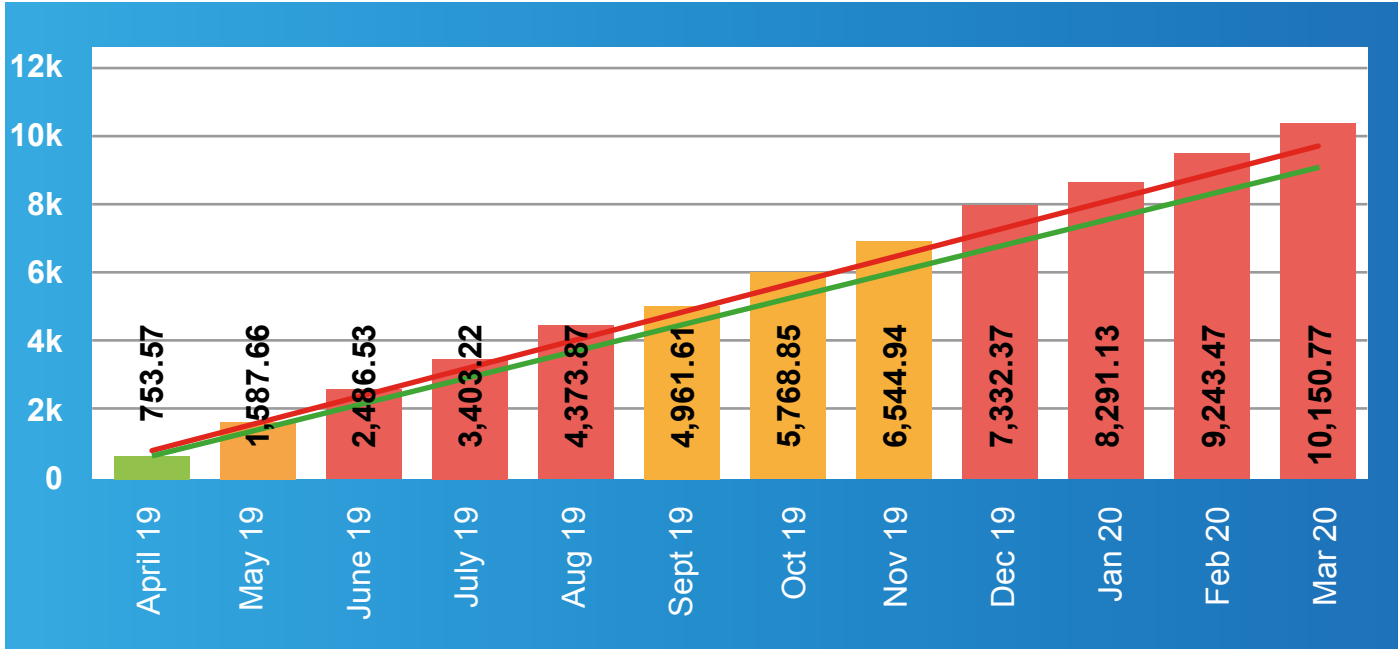
The second KPI selected from the WRES toolkit compares the percentage of senior staff from BME backgrounds with the overall workforce. While staff from a BME background account for 33% of the Trust's total workforce, senior staff account for a lower percentage.

The reasons for this discrepancy are complex; however the pattern reported is consistent with data from Staff Survey, where BME staff in the Trust report lower confidence that we recruit and promote fairly.

In response to the data the Trust has made changes to recruitment processes including the guarantee of panels which are both ethnically and gender diverse for senior roles. Services have also been given longer term targets to improve diversity in senior roles over a five year period and this will continue to be monitored.

Making Good Use of Resources

Agency spend



Agency expenditure has continued to exceed the NHSE&I cap throughout the year, and at the year end the Trust has exceeded the cap by £1.1m with a total annual spend of £10.1m. In the main this spend has been driven by the Early Intervention project in the Adult Community Services division, where expenditure has been recovered from Birmingham City Council - however the cap cannot be adjusted to take account of this funding.

Agency usage is also high in areas with vacancies and sickness absence. Processes to increase support from our own Trust Bank have been improved in 2019/20 with additional shifts promoted to current staff and work to attract retired staff to carry out additional shifts. However, despite this, teams can find themselves having to call agencies at short notice due to unplanned absences.

One impact of COVID-19 is increased sickness with an associated increased need to request temporary staff support to ensure continued delivery of safe services. Services are also affected by staff that are forced to quarantine and are as a result classed as medically suspended. There have also been increased instances where the services have had to request 'off framework', and therefore more expensive agencies in order to address staff shortages with little notice.

Sustainable Development Plan

During 2019/20, the Trust has continued with its commitment to delivering and improving on its environmental and energy reduction programme. The LED lighting upgrade program has being accelerated and virtually all outside lighting is now LED. The Interior lighting upgrade programme has progressed well and where possible intelligent controls are also being fitted allowing for daylight or user dimming of luminaires. Heating and hot water pumps are now being replaced with

efficient inverter drive units enabling the pump to only work as hard as is required at that moment in time. The Trust continues with its programme to replace boilers and gas fired water heaters with modern fuel efficient units. This will be supported by an upgraded building energy management system to ensure maximum efficiency.

Additional sub metering is being installed to all utilities; this will link in to the energy module on the building energy management system and enable improved reporting and analytics on usage, helping to identify areas with high or erratic consumption issues. The Trust is looking at suppliers and contractors carbon footprint to minimise its impact on the environment through its use of third parties working on behalf of the Trust.

The Trust has a sustainability development strategy (2019/2021) that demonstrates the Trust's commitment to carbon reduction through a range of practical but ambitious measures, sharing of good practice, active engagement and support of its staff.

In December 2019, Trust employed an Estates Energy Manager, who is currently refreshing the Sustainable Development Plan for the Trust. This will incorporate the required risk assessments and subsequent action plans needed to deliver the strategy.

We will continue to use the NHS Sustainable Development Unit's 'Carbon Reduction Strategy' as both our 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

Developing an inclusive culture where diversity is genuinely valued is a key aspect of the Trusts Great Place to Work strategic ambition. To reflect this commitment during 2019 the Chief Executive took personal responsibility for leading the Trusts response and chairing the Equality, Diversity & Human Rights (EDHR) Steering Group.

The profile of the workforce across all protected characteristics and the actions undertaken appear in the Trusts Annual Workforce Equality Report. This includes the WDES, Gender Pay Reporting and the Trusts Gender Workforce Scheme. The first two are referred to elsewhere in this report. The Trust has established 5 Staff Equality Networks, each one with a Non-Executive Director and Executive sponsor.

In this year, the Trust Board concluded that on the basis of staff feedback and the 2019 WRES Report that a key focus would be given to equality for black and minority ethnic colleagues and therefore a 5 Point WRES Action Plan was approved. The themes of this programme of work were:

- **Inclusive Leadership:** Delivering greater inclusive leadership capability and cultural competence throughout the Trust.
- **Formal HR Processes:** Improving experience and outcomes for BME staff through Disciplinary and Grievance processes.
- **Recruitment and Development:** Ensuring fair access to good opportunities for professional and career development for BME staff.
- **Zero Tolerance:** Supporting BME staff who are subject to Bullying, Harassment and Abuse from patients and relatives.
- **Tracking Performance:** Embedding effective systems and processes for measuring, monitoring and reporting on progress with EDHR.

The Trust has made good progress in delivering the actions as follows:

Inclusive Leadership

- The “Case for Diversity” was made in September 2019 Team Talk and was a regular feature of the Chief Executive Briefings.
- The EDHR Steering Group was re-launched with the Chief Executive as Chair.
- A Workshop for senior leaders led by Yvonne Coghill, National WRES Implementation Director, was held in November 2019 with over 150 leaders attending.
- Equality and diversity input to the leadership development programme and trust induction was agreed.
- Two Executive Directors joined the National WRES Expert programme.
- The Non-Executive diversity on the Trust Board improved (4 of 7 from BME background).

Formal HR Processes

- A review of all formal HR cases over 12 months was completed. Plans were agreed to conclude long-standing cases fairly.
- A review of the Disciplinary Policy was undertaken including the introduction of (a) escalation of suspension decision (b) emphasis on early resolution (c) a decision tree structure for decisions.
- The Trust committed to implement the Cultural Ambassadors Programme following a pilot.
- Data on Disciplinary action and decisions was reviewed at Executive level.

Recruitment and Development

- Recruitment commitments were embedded in the organisation including no single gender or single ethnicity panels, shortlisting and advertising all opportunities and guaranteed interviews for all BME staff at 8a and above who meet the person specification.
- The national WRES workforce tool was used to set divisional-level trajectories for improved BME representation in senior roles.
- In January 2020 a workshop was held to explore options for further action on recruitment to address the under-representation of BME staff in the organisation.

Zero Tolerance

- Reporting of protected characteristics in Datix incident reporting system was introduced.
- The profile of incidents of abuse of colleagues through weekly Executive review was raised.
- The Board made a commitment to protect and support colleagues from abuse.



Tracking Performance

- An objective in relation to making an impact on equality and diversity was included in Executive Director objectives
- WRES indicators were introduced in the Quality & Performance Report.
 - Likelihood of entering formal disciplinary process.
 - Appointment to posts at 8A or above.

It is recognised that there is much work to do for the Trust to achieve its ambition in relation to Equality and Diversity and a clear 2020/21 plan is in development.

However, the Staff Survey results for 2019 show that in each of the 4 questions that inform WRES Indicators 5-8, the Trust's scores have improved against the 2018 findings.

It should also be noted that in the same way the majority of Staff Survey questions which inform the WDES Report have also improved from the 2018 results.

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/>

Signed on behalf of the Board:

Richard Kirby
Chief Executive
Date: 15th June 2020

Ian Woodall
Chief Finance Officer
Date: 15th June 2020

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

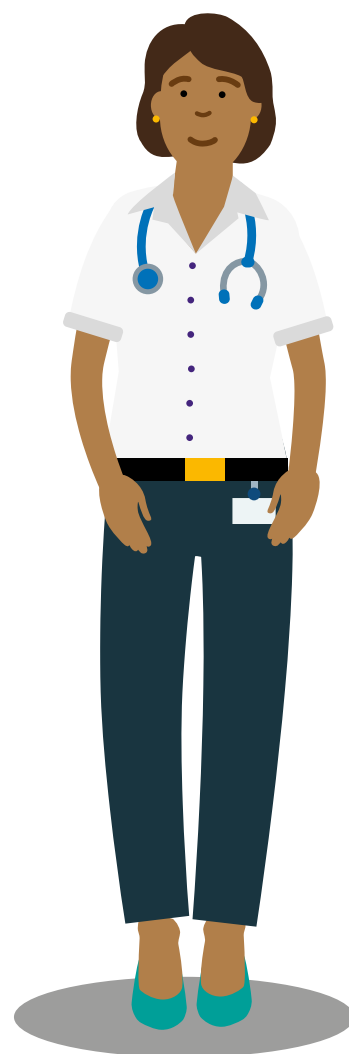
According to paragraph 18A of Schedule 7 of the National Health Service Act 2006 (NHS Act 2006) (as inserted by the Health and Social Care Act (HSCA) 2012) the duty of the board, and each director individually, is to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public. Furthermore the Foundation Trust (FT) Code states that 'every NHS Foundation Trust should be headed by an effective board of directors. The board is collectively responsible for the performance of the NHS Foundation Trust'.

Birmingham Community Healthcare NHS Foundation Trust operates a unitary board structure which consists of both executive directors and non-executive directors under the leadership of the chair. In a unitary board, all directors are collectively and corporately accountable for the 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.

As at 24th May 2020 and in line with our Constitution, the Board of Directors comprises 12 voting members with 3 non-voting* directors in attendance:

Voting Members:

- Dr Barry Henley, Chair/Non-Executive Director (NED)
- Jerry Gould, Vice Chair/NED
- Professor David Sallah, Senior Independent Director (SID)/NED
- Salma Ali, Non-Executive Director
- Jenny Belza, Non-Executive Director
- Sukhbinder Heer, Non-Executive Director
- Jacynth Ivey, Non-Executive Director
- Richard Kirby, Chief Executive Officer
- Chris Holt, Chief Operating Officer
- Marcia Perry, Director of Nursing & Therapies
- Dr Doug Simkiss, Medical Director
- Ian Woodall, Chief Finance Officer



Non-voting* directors in attendance:

- Michelle Alli, Director of Corporate Governance*
- Dr Suzanne Cleary, Director of Strategy & Partnerships*
- David Holmes, Director of Workforce & Human Resources*

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.

The organisation has historically had a stable and established executive team. During 2019/20, there have been a number of promotions, planned retirements and other departures. 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 within financial year 2019/20 are detailed as follows:

- Marcia Perry was appointed as Director of Nursing and Therapies as of 1st April 2019.
- Micky Griffith was appointed as Interim Director of Strategy and Partnership as of 1st April 2019; he was succeeded by Dr Suzanne Cleary who was appointed as Director of Strategy and Partnership as of 4th June 2019.
- Ian Woodall was appointed as Interim Chief Finance Officer as of 1st April 2019.
- Joanne Thurston, Chief Operating Officer left the Trust on 12th April 2019.
- Angie Wallace was appointed as Interim Chief Operating Officer as of 1st April 2019; she was succeeded by Chris Holt who was appointed as Chief Operating Officer as of 3rd June 2019.
- Tom Storrow, Chair and Non-Executive Director retired and left the Trust on 31st May 2019; he was succeeded by Dr Barry Henley was appointed as Chair and Non-Executive Director as of 1st June 2019.
- Salma Ali was appointed as Non-Executive Directors as of 1st February 2020.
- Gilbert George was appointed as Interim Director of Corporate Governance between 22nd July 2019 and 28th February 2020.



Attendance at the Board, Assurance Sub-Committees of the Board and the Council of Governors

The following table details attendance rates for individual directors at the Board, Assurance Sub-Committee meetings and Council of Governors. Please note that attendance is only displayed for those directors who are identified on the terms of reference as actual members. Where

directors were only eligible to attend some of the meetings within the financial year (due to commencement of a new post, maternity leave or other reasons), the number of eligible meetings is displayed in brackets adjacent to the number of meetings attended.

Name/ Committee	Trust Board	Audit Committee	Quality and Safety Committee	Finance and Performance Committee	Mental Health Legislation Committee	Workforce and Organisational Development Committee	Nomination and Remuneration Committee	Council of Governors
Meetings held in 2019/20	11	6	12	12	3	6	2	4
Salma Ali	2(2)	1(1)	-	1(2)	-	0(1)	1(1)	1(1)
Michelle Alli	4(4)	2(2)	4(6)	-	0(1)	-	-	2(2)
Jenny Belza	10	-	11	11	-	4	2	3
Suzanne Cleary	9(10)	-	-	9(10)	-	5(5)	-	-
Gilbert George (Interim)	7(7)	3(4)	5(6)	-	1(2)	-	-	2(2)
Micky Griffith	2(2)	-	-	2(2)	-	0(1)	-	-
Jerry Gould	10	4	-	10	-	1(6)	2	4
Sukhbinder Heer	10	6	-	6	-	-	2	3
Barry Henley	8(10)	-	-	-	2(2)	-	1	2
David Holmes	11	-	-	-	-	5	2	-
Chris Holt	10(10)	-	7(10)	9(10)	-	2(5)	-	-
Jacynth Ivey	8	-	5	-	2	5	2	1
Richard Kirby	10	-	9	9	2	5	2	4
Marcia Perry	10	-	10	-	3	3	-	-
Prof. David Sallah	10	3	12	-	3	-	2	4
Doug Simkiss	11	-	10	-	3	-	-	-
Tom Storrow	(1)	-	-	-	-	-	-	-
Angie Wallace	2(2)	-	2(2)	2(2)	-	1(1)	-	-
Ian Woodall	11	6	-	8	-	-	-	-

Board of Directors and Council of Governors: Declaration of Interests

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 for Executive Directors, Non-Executive 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 2019/20.

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 2019/20.

Compliance with Better Payment Practice Code during 2019/20

Better Payment Practice Code - Measure of Compliance	2019/20	
	Number	£000
Total Non-NHS trade invoices paid in the year	53,655	137,457
Total Non-NHS trade invoices paid within target	49,873	130,682
Percentage of Non-NHS trade invoices paid within target	93.0%	95.1%
Total NHS trade invoices paid in the year	1,933	28,987
Total NHS trade invoices paid within target	1,415	21,037
Percentage of NHS trade invoices paid within target	73.2%	72.6%
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

In 2018/19, Deloitte were commissioned to undertake a development review of leadership and governance using the NHSI well-led framework (2017). The Independent Well Led Review Report (October 2018) 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.

In 2019/20 Deloitte completed an independent review of the progress we had made against the recommendation in our well-led governance review of October 2018. Of the 38 recommendations identified in the October 2018 report, 7 were categorised as static (limited evidence of progress to date), 18 were categorised as progressing (action to address recommendation resulting in demonstrable progress but not fully implemented), 10 were categorised as implemented

(action to address recommendation completed and in operation but requires time to embed) and 7 were categorised as assured (action completed and assessed as effective by this review). 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 was 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 2019/20 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
Chief Executive
Date: 15th June 2020



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

The membership of the Nomination and Remuneration Committee comprises all Non-Executive Directors including the Trust Board Chair; the Chief Executive and Director of Workforce and Organisational Development are invited to attend the Committee as and when required. 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 two occasions during 2019/20 to discuss the following:

- The approach to recruitment of a substantive Medical Director and delegation of the appointment and the decision on salary to the Appointment Panel;
- The approach to recruitment of a substantive Chief Finance Officer and delegation of the appointment to the Appointment Panel;
- Pensions Taxation Update

Signed

Barry Henley
Chair, Nomination and
Remuneration Committee
Date: 15th June 2020



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 members of the executive team.

In determining its pay policy for 2019/20 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 2019/20, 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 2019/20 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)
Salma Ali - Non-Executive Director	0-5	-	-	-	-	-	0-5
Michelle Alli - Director of Corporate Governance	90-95	-	-	-	27.5-30.0	-	120-125
Jenny Belza - Non-Executive Director	10-15	1300	-	-	-	-	10-15
Suzanne Cleary - Director of Strategy and Partnerships	90-95	-	-	-	***	-	90-95
Andrew Dayani - Medical Director	5-10	-	-	-	-	-	5-10
Gilbert George - Director of Corporate Governance (Interim)	60-65	-	-	-	***	-	60-65
Jeremy Gould - Non-Executive Director	10-15	1600	-	-	-	-	15-20
Sukhbinder Heer - Non-Executive Director	10-15	-	-	-	-	-	10-15
Barry Henley - Chair (June 2019 - current)	35-40	-	-	-	-	-	35-40
David Holmes - Director of Workforce & Organisation Development	110-115	400	-	-	50-52.5	-	160-165
Christopher Holt - Chief Operating Officer	105-110	-	-	-	27.5-30	-	135-140
Jacynth Ivey - Non-Executive Director	10-15	-	-	-	-	-	10-15
Richard Kirby - Chief Executive	165-170	-	-	-	37.5-40	-	205-210
Marcia Perry - Director of Nursing & Therapies	125-130	400	-	-	287.5-290	-	415-420
David Sallah - Non-Executive Director	10-15	-	-	-	-	-	10-15
Doug Simkiss - Medical Director*	190-195	-	-	-	157.5-160	10-15	365-370
Tom Storrow - Chair (Retired May 201	5-10	500	-	-	-	-	5-10
Joanne Thurston - Chief Operating Officer	5-10	-	-	-	-	-	5-10
Ian Woodall - Chief Finance Officer	115-120	6800	-	-	90-92.5	-	215-220

*Included in the Medical Directors' Remuneration is £60k-£65k in respect of clinical duties.

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

***31 March 2020 figures not yet provided by NHS Pensions therefore the in-year benefit cannot be calculated.

These figures have been subject to audit.

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

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

*Included in the Medical Directors' Remuneration is £20k-£25k in respect of clinical duties.

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

***31 March 2019 figures not provided by NHS Pensions therefore the in-year benefit cannot be calculated.

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 financial year 2019/20 was £207,500 (£192,500 in 2018/19*). This was 7.2 times (6.9 times in 2018/19*) the median remuneration of the workforce, which was £28,785 (£28,050 in 2018/19).

In 2019/20 the number of staff in the sample was 4,871 compared with 4,739 in 2018/19.

*The 2018/19 multiple has been updated to reflect the annualised salary of the highest paid director (£192,500), which previously reflected the in-year remuneration paid (£175,000). This resulted in an increase in the fair pay multiple of 0.6 times from 6.2 times.

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.

Payments to Past Directors

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



Annual report on Remuneration

Salary and Pension Benefits of Senior Managers

Pension Benefits for Senior Managers during 2019/20

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 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
Michelle Alli Director of Corporate Governance	0.0-2.5	-	5.0-10.0	-	74	50	-	-
Suzanne Cleary Director of Strategy & Partnerships	See Note 1							
Gilbert George Director of Corporate Governance (interim)	See Note 1							
David Holmes Director of Human Resources	2.5-5.0	0.0-2.5	45.0-50.0	70.0-75.0	797	715	50	-
Christopher Holt Chief Operating Officer	0.0-2.5	-	20.0-25.0	-	250	214	10	-
Richard Kirby Chief Executive	2.5-5.0	-	55.0-60.0	125.0-130.0	961	883	33	-
Marcia Perry Director of Nursing & Therapies	12.5-15.0	40.0-42.5	50.0-55.0	150.0-155.0	1075	758	280	-
Douglas Simkiss Medical Director	7.5-10.0	15.0-17.5	85.0-90.0	240.0-245.0	1935	1689	178	-
Ian Woodall Chief Finance Officer	5.0-7.5	7.5-10.0	35.0-40.0	75.0-80.0	557	463	66	-

Note 1: 31 March 2019 figures not yet provided by NHS Pensions therefore the in-year benefit cannot be calculated.

Director Expenses

Directors expenses for 2019/20 in comparison to 2018/19 can be viewed in the remuneration tables featured above.

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, ten Governors made claim under this process totally an aggregate sum of £799.70. During the period of 2019/20, eight Governors made claims of an aggregate sum of which amounted to £1430.33. The increase in expenditure was due to travel costs to attend national governor training events in line with the induction process for a newly elected Council of Governors who commenced on 1st April 2019.

Signed:

Richard Kirby
Chief Executive
Date: 15th June 2020



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 2019/20.

Number of employees	All staff*			Senior Managers*		
Division	Female	Male	Grand Total	Female	Male	Grand Total
820 Adult and Specialist Rehabilitation Services	907	194	1101	12	7	19
820 Adults Community Services	891	94	985	7	1	8
820 Children and Families Division	1164	72	1236	13	2	15
820 Corporate Division	478	204	682	31	32	63
820 Dental Services	521	101	622	3	2	5
820 Learning Disabilities Division	205	58	263	8	1	9

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 2019/20 by category is set out below:

Average staff numbers by category employed during 2019/20

Staff category	Permanently employed number	Other number (FTC and Bank/ agency)	2019/20 Total Number 2017/18 Total Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	108	82	190	185	248
Ambulance Staff	-	-	-	-	-
Administration and estates	1,007	281	1,288	1,196	1169
Healthcare assistants and other support staff	794	182	976	981	1072
Nursing, midwifery and health visiting staff	1,184	156	1,340	1,263	1439
Nursing, midwifery and health visiting learners	10	30	40	144	24
Scientific, therapeutic and technical staff	709	39	749	721	703
Healthcare Science staff	6	1	7	6	6
Social Care staff	0	0	0	-	-
Other	0	0	0	1	-
Total Average Numbers	3,818	771	4,589	4,496	4661
Of which Number of Employees (WTE) engaged on Capital Projects	4	1	5	0	5

These figures have been subject to audit.

Permanent and Other Staff Costs during 2019/20

	Permanently employed number	Other number	2019/20 Total	2018/17 Total	2017/18 Total
				£000	£000
Salaries and wages	149,645	917	150,562	143,546	143,105
Social security costs	14,232	-	14,232	13,505	14,118
Apprenticeship Levy	720	-	720	688	683
Employers contribution to NHS Pension	25,886*	-	25,886	17,449	16,798
Pension cost - other	-	-	-	15	-
Other post-employment benefits	-	-	-	-	-
Other employment benefits	-	-	-	-	-
Termination Benefits	-	-	-	-	-
Temporary staff - agency/contract staff	-	10,150	10,150	9,399	8,517
Total Gross Staff costs	190,483	11,067	201,550	184,602	183,221
Recoveries in respect of seconded staff	-	(287)	(287)	(111)	(324)
Total Staff Costs	190,483	10,780	201,263	184,491	182,897
Costs Capitalised as part of assets	62	-	62	-	-

* Employer pension contributions increased in 2019-20, although this increase of £7,874k was paid by NHS England on the trust's behalf.

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.

The Trust has established a Staff Disability and Neurodiversity Network

A Disability and Carers Open Day was held in November 2019 to raise awareness that the Trust is a Disability Confident employer and actively seeking to increase the number of people living with disabilities within the Trust.

The Network successfully delivered a lived experience day in recognition of World Disability Day to give colleagues the opportunity to experience some of the additional and sometimes avoidable hurdles experienced by colleagues living with disabilities.

Engagement with the Estates Team has opened up a line of dialogue where the needs, views and experiences of people living with disabilities can be systematically reflected in the physical spaces across the Trust.

Work continues to understand the access to reasonable adjustments enjoyed by the workforce and recommendations on improvements will be a key part of the work to improve the working lives of the workforce at BCHC.

A WDES (Workforce Disability Equality Standard) Action Plan has been developed for implementation in 2020/21.

Gender Pay Gap

The Trust's latest Gender Pay Gap report can be found here:

<https://gender-pay-gap.service.gov.uk/Employer/ZgMLryMp/2019>

Sickness Absence

The Trust Board has continued to have a focus on the Management of Sickness Absence during 2019/20. 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 work stream the Trust has introduced a 24/7 Employee Assistance Programme and developed a new Supporting Attendance Policy. The new policy has been reviewed following initial implementation and recommendations made.

The Trust has introduced a series of Divisional case conferences to support the ongoing management of attendance and health and wellbeing. These have been supported by Executive, Human Resource and Occupational Health.

Staff attendance has been supported through a Health and Wellbeing Programme including Resilience Training, the introduction of Mental Health First Aiders, Mindfulness and Wellbeing information and advice.

'Average days lost' through sickness was 6.50% during the year.

The Trust's sickness absence data is published by NHS Digital and can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

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 2019/20

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	-	-	1	8	1	8	-	-
£10,000 - £25,000	1	16	4	84	5	100	-	-
£25,001 - £50,000	2	93	17	609	19	702	-	-
£50,001 - £100,000	-	-	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-	-	-
Total	3	109	22	701	25	810	-	-

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 are 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 31st March 2020 for more than £245 per day and that last for longer than six months.

Number of existing engagements as at 31 March 2020	2
Of which, the number that have existed are:	
for less than one year at time of reporting	0
for between one and two years at time of reporting	2
for between two and three years at time of reporting	0
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 2019 and 31st March 2020, 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 2019 and 31 March 2020	0
Of which:	
Number assessed as within the scope of IR35	0
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	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

The table below outlines any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2019 and 31st March 2020.

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

The Trust has continued to deliver the key priorities set out in the Great Place to Work objective:

- 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
- Embed clinical leadership that delivers quality improvement through high performing teams
- Create opportunities for colleagues to grow and develop their careers with us through the delivery of our succession planning and talent management strategy
- Ensure that the BCHC approach to improvement is based on the principle of colleague engagement, using the Listening into Action methodology
- Embed an inclusive culture reflecting our communities where colleagues feel that diversity is valued and there is equal opportunity to grow and progress

During 2019/20 the Great Place to Work objective was founded upon a significant Staff Engagement Programme called Listening into Action, which involved colleagues from across the Trust in Trustwide (Crowdfixing) events and local Improvement Programmes.

The Trusts response to Health and Wellbeing, Equality and Diversity are key themes of the Great Place to Work objective and are outlined elsewhere in this report.

The other key achievement in workforce policy implementation during the year was the design and development of a Leadership Programme ready for launch 2020/21 which was supported by completion of Values Behavioural Framework. The initial phase of implementation was the ‘Inspire’ Programme which was to support the development of 600 plus line managers.

Partnership working with Staff Side continues to be effective and productive and great progress has been made in reviewing and revising employment Policies.

A revision of staff Appraisal and associated documentation has been undertaken and the content and delivery of Corporate Induction has been reviewed. The delivery of Mandatory Training has been changed to meet the needs of staff and a particular success has been the introduction of the virtual campus to access eLearning.

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 £1,575k on consultancy during 2019/20 compared to £2,371k 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 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/>

Staff Survey Results 2019

During 2019/20 the Trust undertook a significant staff engagement programme based on the Listening into Action (LiA) methodology. This included 36 teams undertaking a 20 week Team Journey to develop real improvements to patient care. These were celebrated and shared at a ‘Pass It On’ event in November 2019.

The engagement programme also included a number of ‘Crowdfixing’ events where large groups of staff came together to focus on Trustwide areas for improvement, such as Busting Bureaucracy and the working environment and equipment

A ‘Simple Things’ campaign was launched where local managers were empowered to make real and practical improvement changes. Many of the topics for improvement were identified through the LiA Pulse Check which saw a great response rate of 66% of the workforce, over 3000 staff.

A key aspect of the approach was to effectively engage with colleagues throughout the Trust via a range of communication mechanisms including Blogs, eBulletin, Team Talk, CEO Briefings and an LiA app. A Line Managers Network was also established.

It is clear that the LiA engagement approach has had a positive impact on the 2019 Staff Survey ratings.

Within the Staff Survey, the overall staff engagement score is measured using a multitude of questions related to advocacy, motivation and involvement.

The trust staff engagement score had declined between 2017 (7.0) and 2018 (6.7), but the Trust’s 2019 score returned to 7.0. All three questions which contribute to this score saw an improvement between 2018 and 2019. This aspect of the survey was largely about how colleagues felt about work and reflected the culture of the organisation.

NHS staff survey

The NHS staff survey is conducted annually and in 2019 BCHC undertook a census of all substantive staff during the period between 16th September and 29th November 2019.

The National Staff Survey 2019 presents results within 11 themes and the results are presented in the context of the Best, Average and Worst results for similar organisations. The comparator group for the 2019 survey consisted of 16 other community trusts.

The response rate to 2019 survey among trust staff was 41%, equating to 1,844 responses, which was slightly lower than the 1964 responses received in 2018 (44%).

Overall Scores in comparison to last year across the 11 themes

Overall, the results of the 2019 Staff Survey showed an improvement in ten of the eleven themes, with eight of the themes showing a significant improvement.

The table below presents the 11 theme scores from 2018 to 2019.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity and inclusion	8.8	1922	8.9	1813	Not significant
Health and wellbeing	5.6	1944	5.9	1820	↑
Immediate managers	6.7	1946	6.9	1826	↑
Morale	5.7	1923	6.0	1798	↑
Quality of appraisals	5.0	1680	5.3	1554	↑
Quality of care	7.3	1658	7.5	1540	↑
Safe environment - Bullying and harassment	8.0	1920	8.1	1789	Not significant
Safe environment - violence	9.6	1918	9.6	1797	Not significant
Safety culture	6.6	1932	6.8	1820	↑
Staff engagement	6.7	1958	7.0	1834	↑
Team working	6.5	1917	6.7	1796	↑

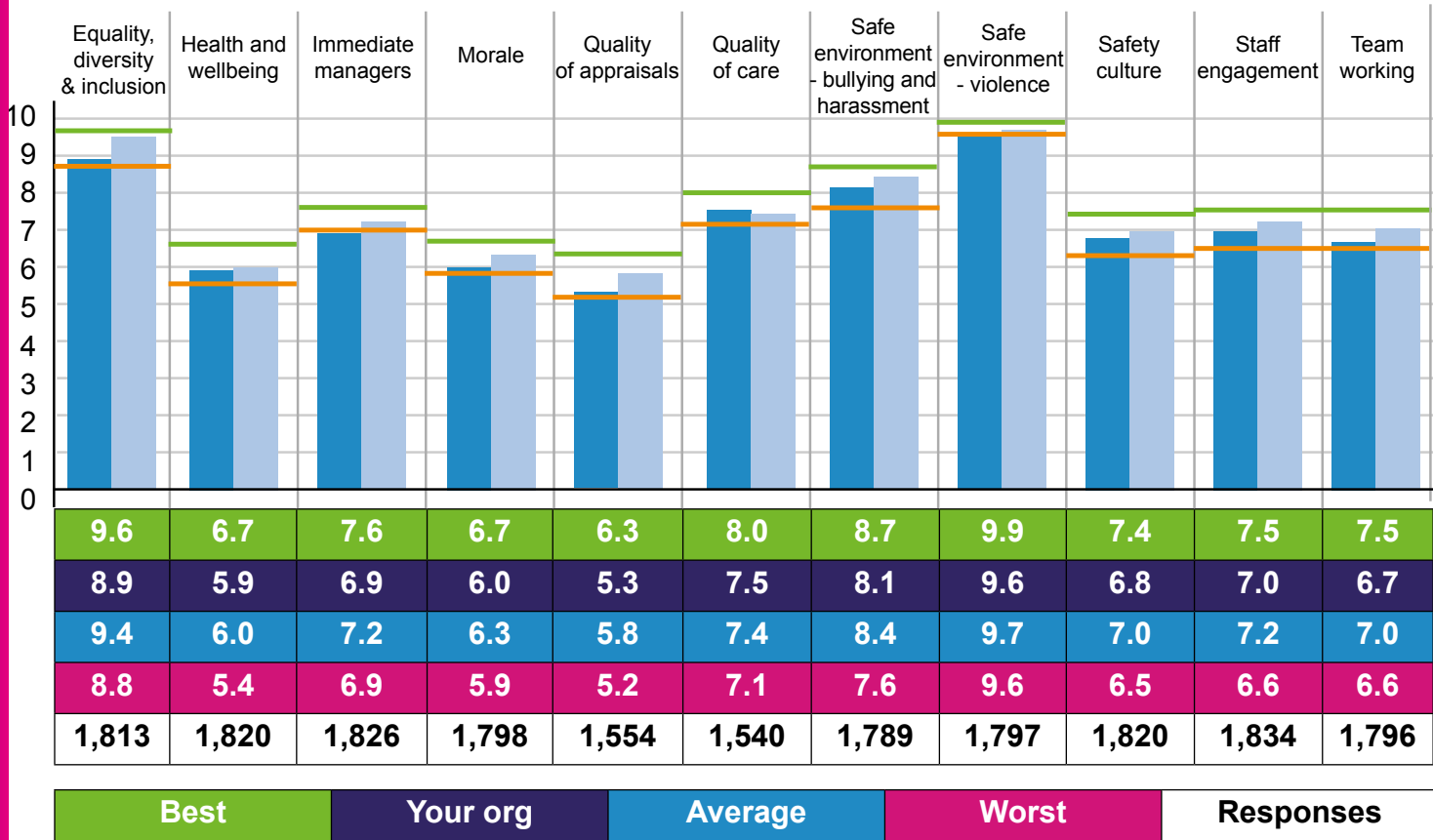


Comparator Themed Results

It is clear that the Trust has still more work to do in the 'Great Place to Work' commitment as the Trust scored lower than the comparator average in ten of the eleven themes, scoring marginally higher in the 'quality of care' theme.

The table below provides an overview of the themes in relation to the sector average and identifies that equality, diversity and inclusion and quality of appraisals were the two areas where the Trust had more improvements to make.

2019 NHS Staff Survey Results - Theme results - overview



Improvements

Inspite of comparing less favourably with Benchmarked Trusts, the 2019 Survey data showed a notable improvement in the Trust's results, which came at a time when comparator Trusts had seen a decline in their overall results.

Overall, there were a total of 106 questions in the 2019 Staff Survey, of which 97 questions were reported (the remainder are demographics which are utilised as part of the analysis). The Trusts results compared with both comparator organisations and 2018 performance were as follows:

	Compared to BCHC 2018 results		Compared to comparator Trusts in 2019	
Better	77	79.4%	8	8.2%
Worse	8	8.2%	75	77.3%
No change	12	12.4%	14	14.4%

Some of the areas where the Trust saw significant improvements are:

- Senior managers act on staff feedback +8 percentage points ↑
- We act on concerns from patients +6 percentage points ↑
- Communication between staff & senior managers is effective +6 percentage points ↑
- We treat staff involved in incidents fairly +6 percentage points ↑
- Recommend us as place to work +6 percentage points ↑



Improved Themes:

The significant improvements were seen below:

- **Staff Engagement** - the overall 2019 Trust score was 6.96 - an improvement since 2018 (but remaining significantly below the sector score of 7.22).
- **Health and Wellbeing** - The score for staff agreeing that the organisation takes positive action on health and wellbeing significantly improved - to 91% (in line with sector scores).
- **Quality of care and making a difference** - 80% off staff said that they were satisfied with the quality of care they gave and 89% of staff reported feeling their role made a difference.
- **Senior Managers** - scores had significantly improved since 2018. 83% of staff knew who the Trust's senior managers were.
- **Communication** - Scores improved as follows:



The scores for staff reporting that they received regular updates on this feedback and for staff saying that the feedback was used to make decisions, were both in line with the sector scores. The latter score significantly improved.

Areas for Improvement:

The lower scores within the Staff Survey where further improvements are required are as follows:

- **Equality & Diversity & Inclusion** - despite a slight improvement, the overall theme score for this section remained significantly below the sector score.
- **Career progression** - Just over three-quarters of staff agreed that the organisation acted fairly with regard to career progression or promotion; whilst the score significantly improved and remains one of the lower scores in the sector.
- **Discrimination** - 6% of staff reported experiencing discrimination at work from patients, service users or relatives / members of the public in the last 12 months.
- **Discrimination** - 9% of staff experienced discrimination from managers / team leaders or colleagues – scores were significantly worse than sector.
- **Work-related stress** - 43% of staff reported feeling unwell due to work related stress in the last 12 months - this was significantly lower than sector average and in the bottom 20% range.
- **Working when not well** - 59% of staff reported that they had come to work in the previous three months despite not feeling well enough to perform duties – this was worse than sector and in the bottom 20% range.
- **Safety Culture** - 59% of staff reported that the organisation treated those involved in incidents fairly - and just 62% agreed that they were given feedback about any changes made in response.
- **Safety Culture** - 71% of staff reported that the Trust would take action to ensure incidents did not happen again
- **Safety Culture** - 73% of staff reported that they would feel secure raising concerns about unsafe clinical practice - although 61% said that they were confident that their concerns would be addressed.
- **Safety Culture** - 78% of staff reported that the organisation acted on concerns raised by patients / service users.

Priority areas for action

Based on the Staff Survey the Trust has identified a number of areas for action for the next planning period:

- **Equality and diversity**, with a focus on race equality and the 5 Board level priorities agreed in September 2019
- **Speak up**, report concerns, errors and near misses, ensuring they are acted on fairly.
- **Health and wellbeing & recruitment** as priorities to help to reduce stress and workload demands.
- **Reducing violence**, aggression, bullying and harassment.
- **Leadership development**, providing opportunities to develop leaders and engage and empower teams to make changes in their areas of work for the benefit of the patients.

These actions will be monitored through the Trust Boards Fit for 2022 Quarterly Performance Report.

Richard Kirby
Chief Executive
Date: 15th June
2020

Ian Woodall
Chief Finance Officer
Date: 15th June 2020

2.4. Corporate Governance Report

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 included within this 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.

Information Governance (IG)

The Information Governance team was strengthened by two key appointments in 2019 - a Deputy Head of IG and an Information Security Specialist (ISS). The Deputy Head of IG is supporting the Trust's Data Protection Officer in delivering the Trust's compliance with the GDPR, including ensuring that Data Protection Impact Assessments on all Trust projects are delivered as part of its procurement and project management processes. The ISS role is providing specialist cyber security advice to both IG and Digital Technology Services to ensure the Trust is delivering and maintaining a robust cyber security posture, leading to the Cyber Essentials Plus accreditation by March 2021, in line with national requirements.

As a result of COVID-19 the Trust's Data Security and Protection Toolkit submission for 2019-20 together with implementation of the National Data Opt-Out Programme is deferred until 30th September 2020 in line with national guidance from NHS Digital. Prior to the deferment 97 out of the 116 mandatory requirements had been met. Following a review by the Trust's auditors prior to submission further work has been identified in key areas such as cyber security and delivering fully supported IT systems to ensure we meet the toolkit requirements. The Trust is working to ensure a full submission is made complying with all mandatory requirements by the revised September deadline. Going forward, the wider objective is to ensure that we deliver an IT infrastructure that meets the "Cyber Essentials Plus" standard by March 2021, as required by NHS Digital.

Membership

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

continuously employed by the Trust under a contract of employment for at least 12 months. Our members and governors support the BCHC to be locally accountable to those we serve.

Our membership of over 13,000 public and staff members is represented by 13 elected public governors and 6 elected staff governors, who are joined by 4 appointed partner governors and the Trust's Chair 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.

On the 1st April 2019, we welcomed all our public and staff governors following the elections at the end of 2018/19. In September 2019, we held a by-election to seek two new public governors; one to represent Centre and West Birmingham constituency and another to represent East and North Birmingham constituency. The by-election was as result of vacancies due to one seat being unfilled from an election held earlier in 2019 and another due to the sad passing of a much loved Governor.

We opened our by-election process in September to offer our members the opportunity to stand for election for these public governor roles; with the nominations reflecting our diverse membership. Voting was undertaken in November and results declared on Friday 6th December 2019, following which our two newly elected Public Governors, Leky Parveen and Steve Keating joined. Our next elections are planned to open early 2021, in line with the staggered governor terms of office that concluded on 31st March 2021.

In year, we also saw changes to our appointed partner governors with Chief Superintendent John Denley being replaced by Superintendent Ed Foster as our partner governor representing West Midlands Police. Subsequently, due to a change in role, Superintendent Foster has had to step down from this role. Conversation is currently underway with West Midlands Police about a new appointment. Councillor Mick Brown replaced Councillor Josh Jones, as our new partner governor for Birmingham City Council. Finally 2019/20 saw the Council of Governors appointed Dr Barry Henley join as the new Trust Chair, who commenced in June 2019, to succeed Mr Tom Storrow.



The Governors of BCHC during 2019/20

Governor Name	Date Appointed/Finished	Duration of Appointment	Role Title	Constituency Representing
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
Graham Green	31.01.13*/31.03.19 Re-elected 01.04.19	3 years	Public Governor	Centre & West Birmingham
Steve Keating	06.12.2019	2 years	Public Governor Vice Chair of Governor Membership & Communications Group	Centre & West Birmingham
Sheila Try	21.11.14*/31.03.19 Re-elected 01.04.19	3 years	Public Governor Vice Chair of Patient Experience Forum	North & East Birmingham
Joanne Benjamin-Lewis	07.10.16 Re-elected 01.04.19	3 years	Public Governor	North & East Birmingham
Roger Leek	31.01.13*/31.03.19 Re-elected	3 years 2 years	Public Governor	North & East Birmingham
Leky Parveen	06.12.2019	2 years	Public Governor Chair of Governor Membership & Communications Group	North & East Birmingham
Frances Young	31.03.13*/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor Chair of Governor Membership & Communications Group	South Birmingham
Jane Hill	31.01.13*/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor	South Birmingham
Peter Rookes	31.03.19	2 years	Public Governor	South Birmingham
Peter Mayer	31.01.13*/ 31.03.19 Re-elected 01.04.09	3 years 2 years	Lead & Public Governor	South Birmingham
Sue Durrant	31.01.13*/ 31.03.19 Re-elected 01.04.09	3 years	Public Governor / Vice Chair of Nominations and Remuneration Committee for Non-Executive Directors	West Midlands
Jean Dipple	21.11.14*/ 31.03.19 Re-elected 01.04.19	3 years	Staff Governor	Healthcare Assistant & Support Staff
Vicky Danyluk	31.03.19	3 years	Staff Governor	Healthcare Assistant & Support Staff
Shabeena Mughal	01.04.19/ 17.03.20	3 years	Staff Governor	Scientific, Therapeutic & Technical Staff / Allied Health Professional (AHP) & Healthcare Scientists
Lurieteen Miller	01.04.19	3 years	Staff Governor	Medical, Dental & Nursing Staff
Carroll Johnson-Chapman	01.04.19	3 years	Staff Governor	Medical, Dental & Nursing Staff
John Frazer	01.04.19	3 years	Staff Governor	Other Staff
John Denley (Successor Ed Foster appointed 01.08.19/12.12.19)	01.04.19/01.08.19	3 years	Partner Governor	West Midlands Police
Ronnie Meechan-Rogers	Interim 13.12.16 Partner Governor appointment confirmed 29.1.18	3 years	Partner Governor	University of Birmingham
Josh Jones (Successor Mick Brown appointment confirmed 01.04.20)	31.01.13*/ 17.12.19	3 years	Partner Governor	Birmingham City Council
Stephanie Bloxham	01.11.18	3 years	Partner Governor	Birmingham Voluntary Services Council (BVSC)

The Council of Governors has been active in their role during 2019/20 and has formally met four times during the period in public; receiving appropriate information to enable them to discharge their statutory responsibilities. Governors maintained a focus on the implementation of our fit for 2022 strategy and the progress to support our Children's Services.

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 actively participated in a range of activities; including bi-monthly Patient Safety Visits with Board members and their observation of both Public and Private Board meetings 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 to lead the appointment of Salma Ali as Non-Executive Director, who commence on the 1st February 2020. This appointment is to provide future succession planning for Jerry Gould, whom the Council of Governors had re-appointed in year until September 2020.

Our annual governor development programme, to support Governors with the knowledge and skills to deliver their roles, aligns to our governor competencies framework and is shaped by governors and their annual effectiveness review.

The 2019/20 development programme supported our new governors in their personal understanding of the role and their effective integration into the Council of Governors to ensure the continuation of an effective body. This year the collective training had a focus on areas such as governor site visit training, intentional inclusion training, the well led framework and local developments to support the Long Term Plan. Governors actively participate in the Governwell programme and through liaison with NHS Providers our Governors now have participated in the newly established regional governor network to promote learning from others.

A priority for 2020/21 will be to continue to support Governors with knowledge around the developing local landscape of service delivery in line with the Sustainability and Transformation Partnership (STP) and Long Term Plan ambitions.

During 2019/20, the Board and the Council of Governors approved amendments to the Trust Constitution to implement the ability for the Board of Directors to take a vote outside of the formal board meeting in exceptional circumstances and to remove the provision of a member of the Local Authority Health and Social Care Overview and Scrutiny Committee to join our Council of Governors as a partner governor, mirroring the arrangement of our neighbouring NHS Foundation Trusts.

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 2020)

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, Highter's Heath, King's Norton North, King's Norton South, Longbridge & West Heath, Moseley, Northfield, Quinton, Rubery & Rednal, Stirchley, Weoley & Selly Oak	4	2275
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	2169
Birmingham East & North	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	2482
West Midlands Region	Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire, West Midlands (excluding Birmingham)	1	1884

Our Annual Members Meeting has been firmly established as an opportunity for engagement with members and the public. In 2019/20, we sought the support of our stakeholders to help us improve the inclusivity of our services.

In year, public governors sought to building on existing opportunities where local communities come together, which was mirrored by staff governors as they embed themselves into staff forums, to hear the views of those they represent. Membership engagement in year had a strong focus on the role of governor to support the diversity of members who stood in our governor elections. We remain thankful to our members who continue to provide us feedback through our Patient Experience Group, chaired by Public Governor Frances Young, and by responding to our emails seeking their views.

The engagement between public governors and members continues to be an area for further development during 2020/21. In support, the Council of Governors has established a sub-committee with a focus on membership engagement and communication; chaired by Leky Parveen, public governor. The Trust is also refreshing its overarching engagement strategy, which will inform a refresh of the membership strategy and seek to embed governors further into the engagement activities of the Trust.

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.

NHS Oversight Framework

NHS England and Improvement's NHS 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

On achievement of Foundation Trust status in April 2016, Birmingham Community Healthcare NHS Foundation Trust (BCHC) was categorised as a segment 1 provider in line with the NHS Oversight Framework. However, in September 2018, BCHC were re-categorised as a segment 2 provider because we had triggered a number of concerns relating to the outcome of our CQC inspection and an inspection of the special educational needs service (June 2018) and the CQC Warning Notice (August 2018), and NHS Improvement (NHSI) required additional assurance about the effectiveness of the trust's recovery actions.

The change in NHS Oversight Framework 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. As at 20th May 2020, BCHC remain a segment 2 provider.

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 NHS Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20 scores				2018/19 scores			
		At 30 June 2019	At 30 Sept 2019	At 31 Dec 2019	At 31 March 2020	At 30 June 2018	At 30 Sept 2018	At 31 Dec 2018	At 31 March 2019
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	2	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	2	1	1	1	1
	Agency spend	2	2	2	2	2	2	2	2
Overall scoring		1	1	1	1	1	1	1	1



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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, 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 and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Date: 15th June 2020



Scope of responsibility

As Accounting 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 Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Birmingham Community Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Birmingham Community Healthcare NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

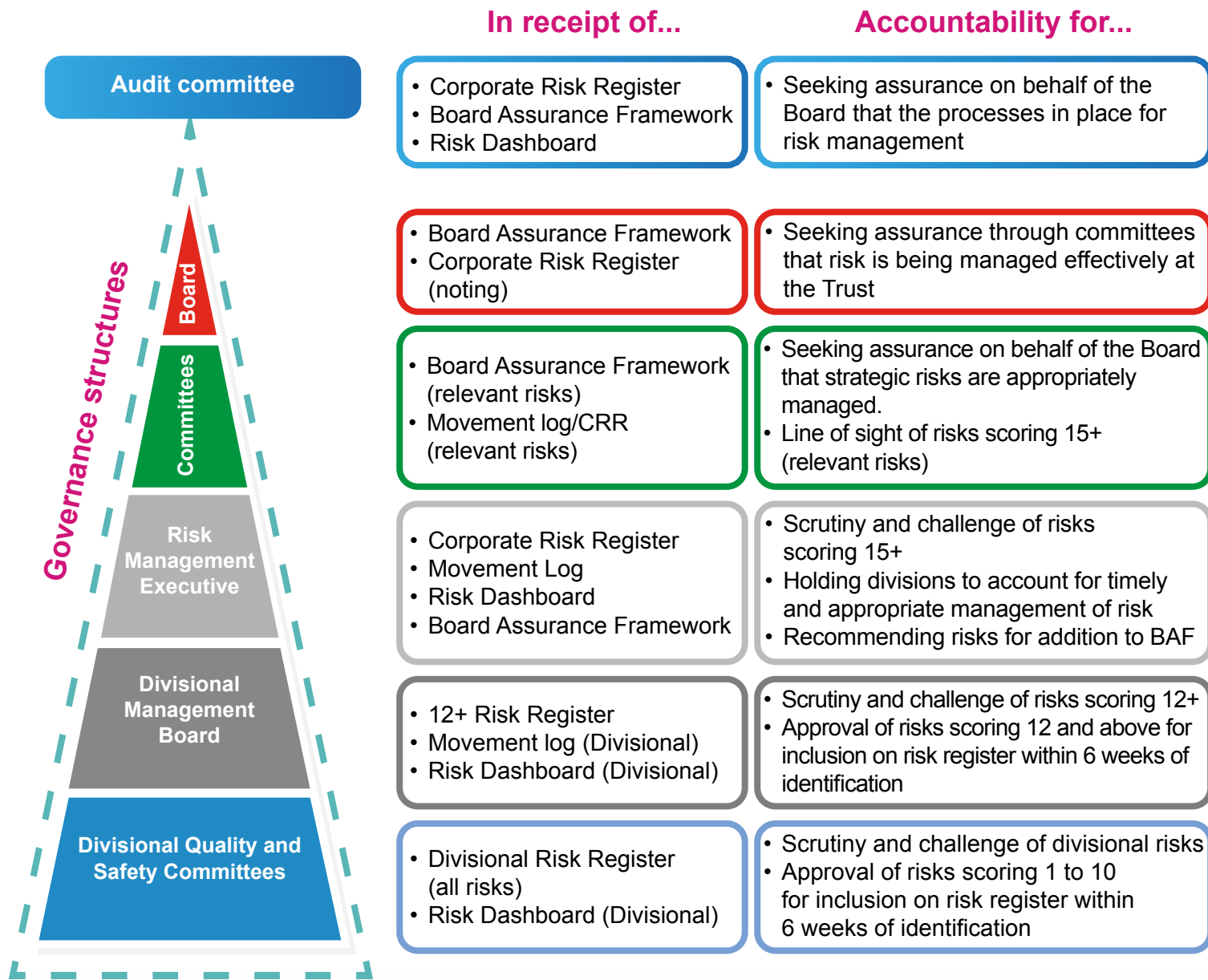
In 2018/19, the Trust commissioned Deloitte LLP to undertake an independent developmental review of leadership and governance using the well led framework (NHSE/I Guidance for Foundation Trusts, June 2017). The review highlighted a number of opportunities whereby the Trust could strengthen its risk management arrangements; including undertaking a review of the risk management strategy and associated documentation, establishing an executive level risk management committee and ensuring governance arrangements support timely escalation of risks.

A comprehensive review of the Trust Risk Management Strategy was undertaken which included a review of the methodology, techniques, toolkits and training required to deliver the strategy; the strategy was approved by the Trust Board in June 2019 and clearly outlines roles and responsibilities for the management of risk.

The Trust has four strategic objectives; safe high quality care, great place to work, integrated care in communities and making good use of resources. Each of our four strategic objectives are aligned to a sub-committee of the Board. The Quality and Safety Committee oversee Safe, High Quality Care. The Finance and Performance Committee oversee Integrated Care in Communities and Good Use of Resources. The Workforce and Organisational Development Committee oversee Great Place to Work. Each committee has a responsibility to fully consider the risks (corporate and BAF) related to the delivery of their strategic objectives.

The below diagram clarifies the roles and accountability for risk management within the Trust Governance Structure.

Roles and accountabilities



Operationally, responsibility for risk management has been delegated to Executive Directors as follows:

- the Director of Corporate Governance has delegated authority for the risk management framework, and is the executive lead for maintaining the Board Assurance Framework and its supporting processes;
- the Chief Finance Officer has responsibility for financial governance and associated financial risk;
- the Medical Director and Director of Nursing and Therapies have joint responsibility for clinical quality governance and associated clinical quality risk; and
- Executive Directors have responsibility for the management of strategic and operational risks within their individual portfolios.

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 Risk Management Strategy has been refreshed and was approved by the Trust Board in June 2019. The Trust now has an effective risk management strategy in place and we are in the process of embedding it into practice.

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 National Patient Safety Agency (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 reviews this in line with national and organisational change and the Orange Book: Management of Risk - Principles and Concepts (HM Treasury, 2013).

Divisions within the organisation have Quality and Safety Committees that oversee the performance information. Items 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 Quality and Safety Executive 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 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, 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 and Safety 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 quarterly 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.



- 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.



- Risk Appetite level - Moderate (8)
- Willing to consider all potential delivery options and choose based on delivering an acceptable level of reward (and Value for Money). 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 that the Risk Management Strategy is being implemented.

The Trust Board has overall responsibility for the management of risk across the organisation. Its specific duties include:

- Setting the risk appetite for the organisation;
- Ensuring an effective system of internal control including risk management;

- Receiving the Board Assurance Framework quarterly, and advising on mitigations and actions as appropriate; and
- Receiving assurance reports from all Board Sub-Committees with regard to risks, internal control and assurance.

The Board has 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 and Safety Committee, the Workforce and Organisational Development Committee and the Finance and Performance 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 Executive and Clinical Safety Executive 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 impact assessment reports associated with delivery of the CIP 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 Executive. Additionally, a programme of internal inspection is operated and routinely reports to the Quality and Safety Committee providing assurance of ongoing compliance.

The Risk Management Executive (RME) ensures that all risk management activity is co-ordinated across the Trust.



The RME 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 Executive 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.

Top 5 Board Assurance Framework (BAF) Risks (summary)

The tables below provide a summary of the Trust's top 5 BAF (Board Assurance Framework) risks. The Board Assurance Framework is reviewed monthly at the Assurance Sub-Committees and quarterly at the Trust Board. The top 5 current and future significant risks are detailed as follows:

Safe, High Quality Care		Mitigations	Risk Score
ID	Description		
BAF 19/3	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.	<ul style="list-style-type: none"> 'Must do' Action Plans in place Children's Services leadership structure review Waiting list action and clinical harms review panels established 	16

Great Place to Work		Mitigations	Risk Score
ID	Description		
BAF 19/4	Failure to embed an inclusive culture consistent with our values and deliver good practice in equality due to a lack of commitment to the equality and diversity as a core part of everything we do may result in missed opportunities to utilise the talents of our diverse workforce, low morale in the workforce and poorer quality of care for the diverse communities of our city.	<ul style="list-style-type: none"> External review commissioned and reported Equality, Diversity and Human Rights (EDHR) policy in place Trust Values have been reviewed and refined Equality Recommendations form part of the Fit for 2022 Improvement Plan National processes adopted for WRES and WDES self-assessments Establishment of a number of equality networks EDHR Steering Group Chaired by CEO leading the Agenda 	16

Great Place to Work		Mitigations	Risk Score
ID	Description		
BAF 19/13	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.	<ul style="list-style-type: none"> Hotspot recruitment activity New roles in development - Nurse Associates, Public Health nurses Professional Development Offer Recruitment and retention premium Rotational posts Open Day recruitment Exploring international recruitment BCHC profile raising at recruitment fairs System wide workforce planning Safer staffing levels closely monitored Retention Action Plan in place Workforce planning processes in place 	20

Making Good Use of Resources		Mitigations	Risk Score
ID	Description		
BAF 19/8	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.	<ul style="list-style-type: none"> Cost Pressure and Capital Bids in support of Digital improvements approved EPR business case Total Mobile Phase 1 rolled out Digital Transformation Executive in place IT steering Group reconvened from Sept 2019 LiA Pulse Check and IT Crowd fixing event 	15
BAF 19/9	If we are unable to maintain sustainable contractual margins, develop and deliver efficiency gains due to market pressure and a lack of opportunity and/or capability, we risk damaging our financial sustainability.	<ul style="list-style-type: none"> Established Gateway Review Process Carter, NHS Benchmarking and Model Hospital used to identify opportunities Service Line Reporting in place Periodic contract rebasing Annual financial Planning Round Tenders reviewed by Executive and Board Committees 3 year financial plan in development Service Transformation Team to support Divisional CIP development 	15

Incident Management

During the reporting period, a total of 10,809 incidents were reported; 103 were classified as Serious Incidents (SIs) and there were no Never Events.

The 103 Serious Incidents can be detailed as follows:

- Accident Meeting SI Criteria (Patient sustained an injury to her right leg following nurses transferring the patient onto an alternating mattress) x 1
- Apparent/actual/suspected self-inflicted harm meeting SI Criteria x 1
- Grade 3 Pressure Ulcer x 50
- Grade 4 Pressure Ulcer x 32
- Commissioning Incident meeting SI Criteria (Near miss consent/Safeguarding) x 1
- HCAI/Infection Control x 5
- Medical equipment/ devices/disposables incident meeting SI criteria (biliary line accidentally cut during wound care) x 1
- Potential Treatment Delay (Patient letters not being delivered from Docman functionality in Rio) x 1
- Slips trips and falls x 9
- Surgical/invasive procedure incident meeting SI criteria (Dental) x 2

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 and Safety Executive Committee every month.

Short, Medium and Long Term Workforce Strategies and Staffing Systems

Safe Staffing Reports are produced on a monthly basis and are reported to the Quality & Safety Committee, an assurance sub-committee of the Trust Board. Great progress has been made to build on the comprehensive safe staffing report to ensure that similar reports are available for the entire clinical workforce.

A longer term strategic workforce plan for 2022 was developed in 2019 and a Workforce Strategy Action Plan was agreed by the Trust Board and is overseen by the Workforce and Organisational Development Assurance Sub-Committee. The Action Plan identifies 5 strategic themes for implementation:

- **Workforce Planning** - Workforce planning is embedded throughout the organisation in order that each service area is proactively forecasting the demand and supply for the workforce and putting plans in place to address any gaps.
- **Workforce Development** - Workforce is developed to meet service and financial needs through introduction of new roles and workforce models, maximising capability and capacity of existing people.
- **Workforce Deployment** - Capacity and Capability of the workforce is maximised by effective and efficient workforce deployment systems.
- **Workforce Collaboration** - BCHC is an active and lead partner in system wide workforce planning and development to support STP plans.
- **Workforce Attraction and Retention** - BCHC is able to attract, recruit and retain workforce with right skills and the right numbers to meet service needs.

Workforce KPIs are a core element of the performance scorecard and are therefore monitored at Service, Divisional and Trust Board level.

A review against the Developing Workforce Safeguards recommendations has been considered by the Workforce and Organisational Development Executive and proposals for embedding strategic workforce planning were developed. A 2019/20 plan to roll out e-rostering and e-job planning, particularly in relation to the AHP workforce has been delivered.

The Trust has contributed to the development of an STP Workforce Plan and has continued to take a lead role in system wide workforce programmes including health economy wide approach to Apprenticeships and a work stream to address the challenges of educational commissioning reforms.

Safe Staffing Process Overview

Inpatients

All inpatient 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 72 hours for any potential hotspots. Available support can be efficiently utilised and any unresolved issues are escalated within the division for the attention of the Divisional Director of Nursing and Therapies. A daily assessment of patient dependency is completed, where clinically appropriate the Shelford Safer Nursing Care Tool (SNCT) is used alongside the clinical judgement of the Senior Sisters. The Safe staffing reporting is also triangulated with quality measures including incidents, Safety Thermometer, complaints and essential care indicators (ECIs) and other metrics e.g. vacancies.

Community (District Nursing)

The Adult Community Service (ACS) division's nursing teams utilise Rio to plan patient visits and build an individual schedule. Each day this information is exported from Rio into the Care in Focus electronic capacity and allocation (CIF tool). On a daily basis, the CIF tool calculates the available clinical F2F hours following any deductions required, for example handover, caseload management time for onward referrals or planned MDT's. Each day matrons assess the capacity levels reported in the tool and determine with the team manager what support is required. There is a daily 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 assess and manage the caseload safely on a day to day basis. There are many factors that influence a safe caseload - Matron Intervention does not solely rely on data - but also a discussion with the team manager and following assessment a 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 caseload information is viewed alongside quality measures such as ECIs, safety thermometer and Early Warning Alerts and monitored through the Quality Safety Committees.



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 the team, of overall caseload which includes monitoring of universal and partnership plus care plans (open care plans). Weekly safety huddles have been designed and implemented across teams. 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.

Care Quality Commission

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

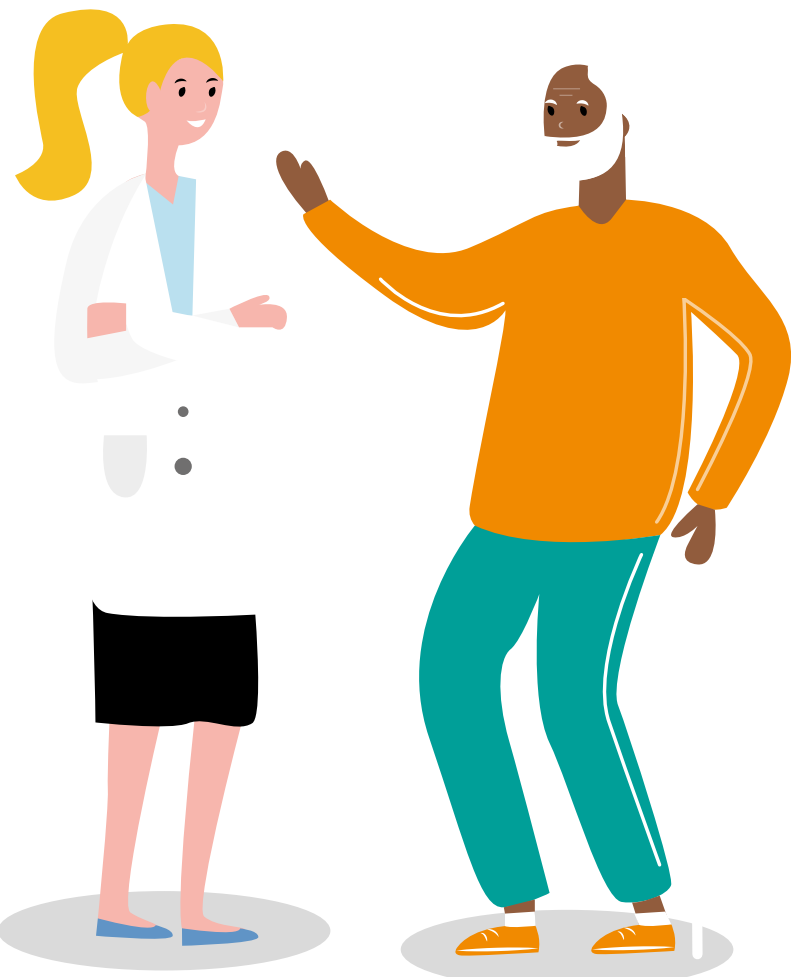
The CQC inspected the organisation in 2018 and we were rated “Requires Improvement” overall; our children’s services were rated “Inadequate”. In August 2018, the CQC issued a Section 29A Warning Notice advising us of five areas in which significant improvements were required. We have made significant progress in four of the five areas (governance and oversight, infection control, transition and safeguarding). However, further improvement is required in the fifth area relating to staffing levels, caseloads and the risk to children as a result.

The CQC carried out a focused inspection of our health visiting service in June 2019 as a follow up to their 2018 inspection. Following the visit, the CQC issued a Section 31 notice to the trust which is an ‘urgent notice of decision to impose conditions on their registration as a service provider in respect of a regulated activity’. This requires us to deliver our agreed action plan to improve recruitment and retention in health visiting and reduce caseloads as a result.

This work is progressing as planned and we have doubled our health visitor training capacity but we do not expect to be able to approach full establishment until financial year 2020/21.

During January and February 2020, the CQC undertook a Well-Led Inspection and an inspection of a number of core services including End of Life Care, Children and Young People’s Services, Adult Community and Specialist Services and Learning Disability Services. The Trusts’ CQC Inspection Report was published on 27th May 2020 and the outcome of the inspection can be seen in the ratings grid below.

In summary, the Trust remains Requires Improvement overall with 30 out of 36 services rated as Good or Outstanding. We have been rated overall Outstanding for Caring. 5 of our 6 core services are rated Good, and our children’s services rating has improved to Requires Improvement. Our one remaining Inadequate rating (in the responsive domain for children’s services) applies to long waiting times for specialist children’s services (including neuro-developmental assessments), which it is recognised we are working to address.



Ratings for the whole trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
	Requires improvement → ← April 2020	Good → ← April 2020	Outstanding ↑ April 2020	Requires improvement ↓ April 2020	Requires improvement → ← April 2020	Requires improvement → ← April 2020
Community health services for adults	Good → ← April 2020	Good → ← April 2020	Outstanding ↑ April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020
Community health services for children and young people	Requires improvement ↑ April 2020	Requires improvement → ← April 2020	Good → ← April 2020	Inadequate ↓ Sept 2018	Requires improvement ↑ April 2020	Requires improvement ↑ April 2020
Community health inpatient services	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community end of life care	Good → ← April 2020	Good → ← April 2020	Outstanding → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disabilities services	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020

Our full CQC report can be accessed via the following link: <https://www.cqc.org.uk/provider/RYW>

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) 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.

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

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.

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

The Trust’s 2019-20 Financial Plan was approved by the Board of Directors in March 2019. The plan set out a requirement for a surplus of £3.3m, financed by Cost Improvement Plans (CIPs) of £5.4m.

During the year there were adjustments to the financial plan due to the receipt of additional funding allocations from NHSE&I, and there was also an adjustment in relation to costs associated with COVID-19. After these items were considered, the planned surplus became £3.9m.

Against this planned surplus the Trust ended the year with an actual surplus of £4.1m.

Through the final accounts process we made a substantial downward revaluation of our estate, to reflect the value of our land and buildings on a modern equivalent asset basis, and this increased reported operating expenditure by £15.1m - leading to an overall deficit of £11.0m.

CIP 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 2019/20 the savings requirement as a percentage of total income in the initial financial plan was 3.0%. The Trust achieved 97% of this target in 2019/20.

The Trust's financial performance is reported to the Trust Board on a monthly basis and is reviewed in detail at the Finance and

Performance Committee. Through a suite of standard reports all key financial metrics are reviewed, including those in relation to the NHSE&I 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 NHSE&I, which monitors in-year performance against plans submitted at the start of the year and seeks assurances on any variances from the reported income, expenditure, and cash position

In addition to the annual agreed Cost Improvement Plans, 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.

Internal audit findings are reviewed by the Executive Team and 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.

Information governance

The Information Governance team was strengthened by two key appointments in 2019 - a Deputy Head of IG and an Information Security Specialist (ISS). The Deputy Head of IG is supporting the Trust's Data Protection Officer in delivering the Trust's compliance with the GDPR, including ensuring that Data Protection Impact Assessments on all Trust projects are delivered as part of its procurement and project management processes. The ISS role is providing specialist cyber security advice to both IG and Digital Technology Services to ensure the Trust is delivering and maintaining a robust cyber security posture, leading to the Cyber Essentials Plus accreditation by March 2021, in line with national requirements.

As a result of COVID-19 the Trust's Data Security and Protection Toolkit submission for 2019-20 together with implementation of the National Data Opt-Out Programme is deferred until 30 September 2020 in line with national guidance from NHS Digital. Prior to the deferment 97 out of the 116 mandatory requirements had been met. Following a review by the Trust's internal auditors prior to submission further work has been identified in key areas such as cyber security and delivering fully supported IT systems to ensure we meet the toolkit requirements. The Trust is working to ensure a full submission is made complying with all mandatory requirements by the revised September deadline. Going forward, the wider objective is to ensure that the Trust deliver an IT infrastructure that meets the "Cyber Essentials Plus" standard by March 2021, as required by NHS Digital.

The Trust has handled five IG incidents in 2019/20 considered to be reportable to the Information Commissioner's Office as a notifiable incident. Details of these are set out below with a short summary and the Trust's response.

- It was reported to the Trust that a member of staff had tried to locate their missing phone by contacting a service user (whom she suspected may have taken the phone) and their family member who had attended clinic on a particular day. The service users name, address and contact details

had been taken home and disclosed to neighbours who then visited the patient at their home address. The Trust conducted a full investigation and all staff were reminded of the duty of confidentiality and the Trust's data security and protection policy. The incident was reported to the ICO who noted the steps the Trust had taken and did not take any further action.

- A staff member received notification from a school that a number of letters had been sent to an incorrect address by a Trust service. The letters were intended for the school nursing service and contained personal identifying information. Upon further investigation it transpired that the address used was correct but that Royal Mail were delivering to an incorrect address, the caretaker's house on site. The incident was reported to the ICO in compliance with the 72 hour timeline under the GDPR, but upon receiving a further update following the internal investigation declined to take any further action.
- A patient contacted the Trust to advise that pre and post images of her dental surgery had been made available on a private social networking site belonging to a Trust clinician. Some general clinical information was provided in the captions for the images. The Trust launched an investigation and found that the clinician concerned had posted the images on his personal Instagram account. The patient had signed a consent form for images to be used by the Trust for open publication but this did not permit the use of the images on any personal social media account. This was reported to the ICO who advised that the Trust reviews IG training to ensure staff fully understand what they can and cannot do with personal information. The Trust was also advised to review where data was being kept and who has access to this; ensuring advertising materials are kept separate from images for clinical purposes.
- The software used by the Trust to electronically transfer patient related information to GPs encountered an error shortly after installation which meant that a significant number of GP letters had not been received by GP practices. This error was not discovered until March 2020.



This was estimated to be around 15,000 letters. A full investigation was undertaken by the Trust which revealed that the Docman system used to automate the sending of letters to GP practices had not sent two large initial letters with significantly large file sizes, blocking all other letters from being sent. The senders of the letters had not been made aware by the system of any failure to send the letter. A full internal investigation was undertaken by the Trust which has been reported as a Serious Incident to the CCG and measures put in place to ensure no repeat of this system failure. The incident was reported to the ICO but as of yet any response or recommendation from them has not been received

- A referral sheet was received which contained the name of an incorrect child patient who had a similar but different name to the intended person. In error it was assumed that the name had been spelt incorrectly, unfortunately the date of birth of both patients matched. This meant that an incorrect safeguarding referral and home visit was undertaken for a child safeguarding assessment. The Trust investigated and made changes to processes to ensure that checks on child identities were fully robust. The incident was reported to the ICO and in light of the Trust actions put in place no further action was recommended.

As part of Trust's steps to bolster and entrench good data protection practice, the Data Protection Officer produced a video which is now shown at Induction to all new starters and has also been played at Divisional Management meetings so that all current and new staff members are aware of the importance of good data protection and why it is important to ensure that patient confidentiality is upheld and the risk of reportable incidents are minimised.

Data quality and governance

The Trust has continued to focus on the quality of its key data, particularly in relation to patient waiting times. During the year, significant work was undertaken to validate a number of open referrals and pathways across a number of clinical areas. Robust project arrangements were established with Executive-level leadership, and progress was monitored

internally by sub-committees of the Board. To ensure that patients have not suffered harm as a result of open referrals, a 'clinical harms' review process was established by the Trust's Medical Director.

Wider stakeholder involvement has featured as part of this waiting list work, which included NHSE&I and local commissioners.

At the year end, this work is not fully complete and it will continue into the new financial year.

Data Quality of Referral to Treatment (RTT) information featured as part of the internal audit plan for 2019/20, which was approved by the Audit Committee. In concluding their work in this area, our internal auditors provided a level of 'significant' assurance.

Impact of COVID-19 on Operational Performance

Due to the impact of COVID-19, our operational performance was adversely affected in the last two weeks of the financial year, and this is described in detail in the Performance Analysis section of this report. In particular, key operational metrics such as Referral to Treatment (RTT), and those measures in relation to our staff (such as sickness and appraisals) notably declined in March 2020.

A deterioration in some of these operational standards will inevitably continue for the early part of the new financial year, and the Trust will address these through a restoration and recovery phase over the course of 2020/21. Key performance targets have been set for the new financial year, and these will be monitored through the Trust's established governance processes.

The overall financial performance of the Trust was not adversely affected in 2019/20. Additional costs incurred in relation to COVID-19 have been fully recovered from NHS England and Improvement (NHSE&I), and all healthcare contracts have been settled with commissioners - leaving no income risk to the Trust at the year end.

Financial arrangements for the year ahead will be subject to a new national block payment and reimbursement system, and we have put in place local measures to ensure that the financial impacts of COVID-19 are tracked, understood and recovered. The Trust has a financial plan in place, and performance against this will be monitored at Board and sub-committee level.

Governance arrangements during the COVID-19 Pandemic

During this challenging period Birmingham Community Healthcare NHS Foundation Trust (BCHC) is committed to doing all it can to support our leaders and colleagues, allowing them to free up as much capacity as possible and prioritise their workload to ensure it is focused on doing what is necessary to manage the response to the COVID-19 pandemic.

As a result, it has been necessary for the organisation to undertake a review of its governance arrangements. This has been in order to ensure we have sound systems of governance in place to maintain oversight of the quality and safety of our healthcare provision, the health and well-being of our colleagues and our finances alongside our COVID-19 response.

The organisation has a clear and robust governance structure in place aimed at supporting timely reporting and escalation.

In line with Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic (NHS, March 2020), the following principles have been adopted:

- Trust Board and Assurance Sub-Committees (including Council of Governors): We are maintaining the current schedule of dates as previously notified and approved by the Board. The Public Session of the Trust Board will remain accessible to the public via Cisco WebEx Meetings and details have been advertised on the Trust's website. The Assurance Sub-Committees of the Board (i.e. Quality & Safety Committee, Finance & Performance Committee, Workforce & Organisational Development Committee et al) will be operated in a streamlined approach, with focussed agendas, of approximately one hour held via Cisco WebEx Meetings. With effect from 23rd March 2020, all Divisional attendance was cancelled for and the proposal is that this continues until the end of June 2020 when a review will take place.
- Executive Groups: We are maintaining the current schedule of dates as previously notified. The Executive Groups will be operated in a streamlined approach, with focussed agendas, of approximately one

hour held via Cisco WebEx Meetings. For example:

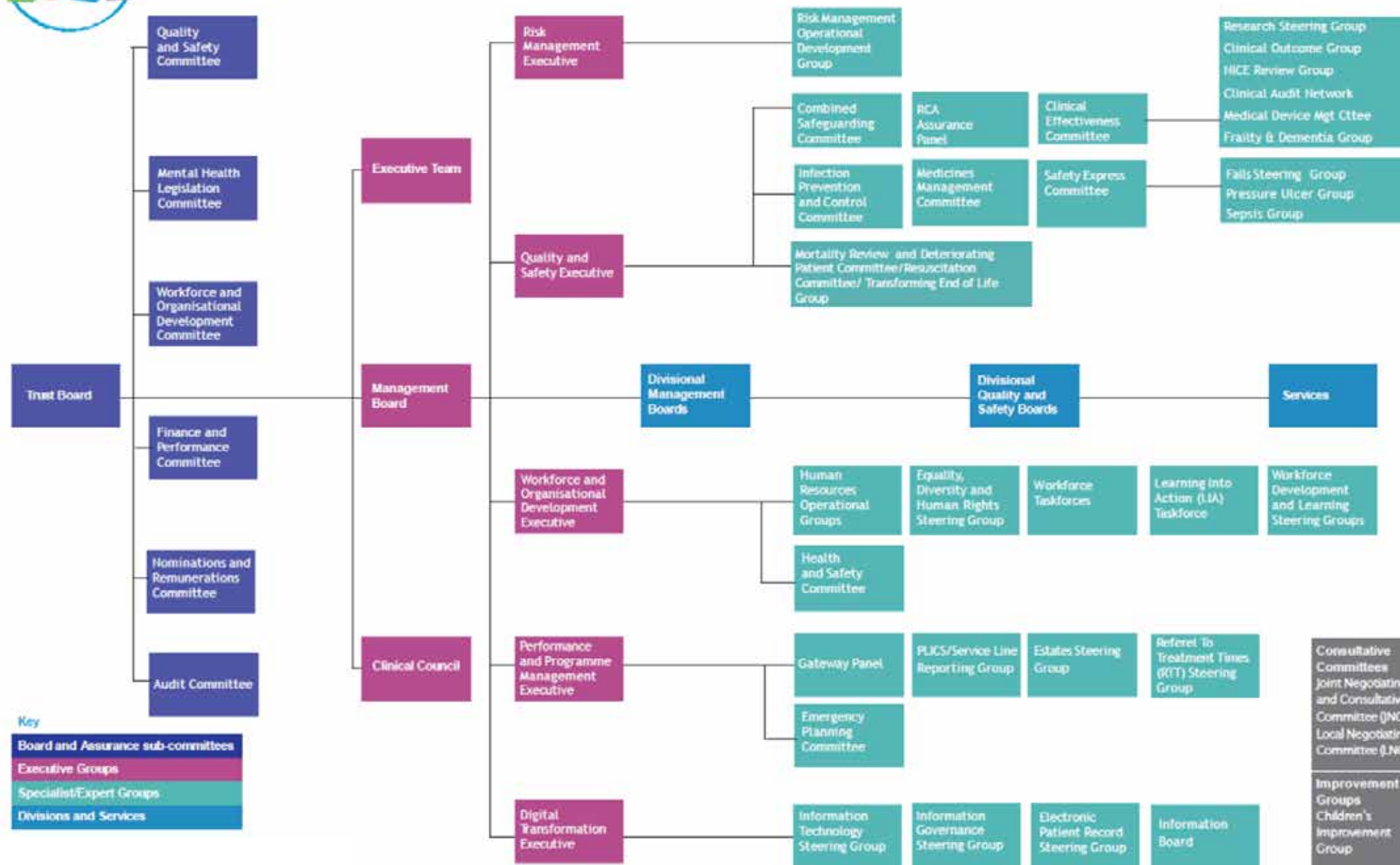
- Executive Team - Weekly meetings are being held with a focus on strategic oversight of our COVID-19 response.
- Clinical Council – Frequency has been increased to ensure enhanced clinical oversight of our COVID-19 response.
- Management Board - a shortened meeting, with focussed agenda, of approximately one hour held via Cisco WebEx Meetings; re-focused as necessary on emerging issues with COVID-19.
- Programme and Performance Management Executive, Digital Transformation Executive and Risk Management Executive – a shortened meeting, with focussed agenda, of approximately one hour held via Cisco WebEx Meetings. Time slots to be agreed for division/directorate representatives to join the virtual meeting to present their division/directorate specific information and be subject to check and challenge as necessary. Meetings are being refocused where appropriate for example the Digital Transformation Executive (DTE) has focussed on current IT requirements in light of COVID-19.
- Specialist/expert groups: We are maintaining the current schedule of dates as previously notified. The Specialist/expert groups will be operated in a streamlined approach, with focussed agendas, of approximately one hour held via Cisco WebEx Meetings.

All virtual meetings will be held via Cisco WebEx Meetings and conducted in line with the rules of engagement that has been developed internally and benchmarked against national guidance. We will continue to review and monitor the situation and will remain agile in making further changes where necessary. The Audit Committee will maintain oversight of these arrangements.

The following diagram illustrates the governance structure in place within the organisation.



Governance Structure



Risk Management arrangements during the COVID-19 Pandemic

In addition to the existing risk management arrangements, the Executive Team acknowledged that they required a dynamic, responsive and agile approach to documenting and managing the risks associated with executive management of the COVID-19 pandemic.

The COVID-19 Risk Log is mechanism by which the Executive Team record, update, add and remove those risks associated with the executive management of the pandemic.

The Risk Log is reviewed weekly at the Executive Team Meeting and new risks are added/removed and discussed at that stage.

On a monthly basis, the COVID-19 risk log is received by the assurance sub-committees of the Trust Board for information and any issues necessary escalated to the Trust Board via the committee escalation reports.

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

There are a number of mechanisms by which the Trust ensures the effectiveness of its systems of internal control. They include but are not limited to:

- Our "Best Care: Healthy Communities" vision, our CORRI values and our Fit for 2022 improvement programme;
- Four strategic objectives clearly aligned to the assurance sub-committees with defined responsibilities for the management of risk (corporate and BAF);
- A defined governance structure that facilitates prompt escalation of risks; the structure is supported by a clear approach to escalation reporting between specialist/expert groups, executive groups, assurance sub-committees and the Trust Board;
- Cycles of business in place for both the Trust Board and assurance sub-committees which maintain a robust approach to receipt of reports on quality, performance and finance, including a number of specialist areas such as the SIRO annual report and Freedom to Speak Up Guardian Reports;
- The Audit Committee oversee a robust programme of internal audits including progress against recommendations arising as a result of the audits.

The Board's assessment of the effectiveness of the organisation's system of internal control is supported by the annual Head of internal Audit Opinion. The overall opinion is that:

'Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.'

The Audit Committee has overseen a programme of internal audits, the details are as follows:

Significant Assurance	<ul style="list-style-type: none"> Electronic Patient Records Payroll Financial Systems Financial Management and CIP Risk Management – System Design Data Quality (18 week RTT) (draft)
Moderate Assurance	<ul style="list-style-type: none"> Cyber Security Follow Up Stakeholder Engagement Workforce Planning Freedom to Speak Up Data Security and Protection Risk Management – System Design Equality, Diversity and Human Rights Delivery of CQC and Ofsted Plans (draft)

Details of the reviews where we did not receive significant assurance have been set out below:

Cyber Security

- Now that sophisticated monitoring and updating tools are available, an appropriate staffing structure should be implemented to enable them to be used appropriately;
- A more formal and robust process to review the installed software estate should be established and regularly undertaken to identify out of date (unpatched) or inappropriately installed software that may pose a risk to the organisation and mitigation of risks identified progressed;
- Periodic application restoration testing should be undertaken, particularly for more complex infrastructures, or registered and managed as a corporate risk if this is impractical. As part of this process maximum recovery times and data loss in different outage scenarios should be determined and formally agreed with senior management as aligning to business expectations and continuity arrangements.

Stakeholder Engagement

- Review, revision and alignment of the Trust's Engagement Strategy and the 'Stakeholder Engagement approach' document should be undertaken to ensure there is a comprehensive and recognised framework for engagement and communications;
- Managerial responsibility for the delivery of the stakeholder engagement agenda should be identified;
- The engagement and communications processes and methodology to be followed when planning changes in service delivery should be developed;
- A consistent reporting structure for key engagement activity and outcomes should be agreed.

Workforce Planning

- Workforce planning should be embedded in the Trust and investment made to ensure there is the required capability;
- The Workforce Strategy should incorporate the long term requirements of the Trust and should prioritise those areas that are vital to support current and future workforce shortages;
- Staffing incidents should be accurately reflected in the monthly safe staffing reports.

Freedom to Speak Up arrangements

- A FTSU Strategy and Communication Strategy should be developed to ensure the FTSU agenda has focus and to ensure that all staff are reached;
- Outstanding actions identified as part of the 2018 self-assessment should be finalised as soon as possible.

Risk Management Operating Arrangements

- A detailed plan should be developed to ensure that the Risk Management Strategy objectives are effectively implemented;
- The Trust should continue to embed risk management processes as set out in the Risk Management Strategy and introduce directorate and service level risk registers according to the established timeframe within quarter 4.

Data Security and Protection

- Action should be taken to ensure that the Trust is fully compliant with all mandatory requirements of the DSP Toolkit 2019/20, in time for the revised submission date.

Equality and Diversity Arrangements

- The action plan resulting from the independent review should be updated on a regular basis and monitored;
- An EDS2 action plan should be developed;
- Actions set out in the WRES action plan should be revisited to ensure that they will have the required impact on outcomes;
- Service equality reports should be drafted and presented at the relevant forum on a regular basis.

In conclusion, no significant internal control issues have been identified by the Trust Board.

Conclusion

- In conclusion, I am confident that the internal control systems are operating well and that the work we have undertaken to refresh our risk management strategy and strengthened our Governance Structure will help us to address the risks faced by the organisation and effectively monitor our approach to improvement.
- We face some significant challenges that we are setting out to tackle in 2020/21 including:
 - Managing Restoration, Recovery and Reset in light of the COVID-19 pandemic;
 - See through the improvements in Children's services commenced in 2019/20;
 - Deliver integrated neighbourhood teams to support older people at home;
 - Support our line managers to lead a culture consistent with our values;
 - Accelerate improvement in the use of digital technology; and
 - Roll out our new Trust quality improvement approach.

No significant internal control issues have been identified.

Signed

Richard Kirby
Chief Executive
Date: 15th June 2020





Part Two...

Quality Report

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Statement of Quality from the Chief Executive

As I write this introduction to our annual Quality Report for 2019-20, we are in the midst of responding to the coronavirus pandemic and its impact on the communities we serve in the city of Birmingham and across the wider West Midlands. A year ago we could not have anticipated the scale of the challenge to Birmingham Community Healthcare NHS Foundation Trust (BCHC) as indeed to the whole health and social system that would be posed by the pandemic.

Our response has focussed on three priorities:

- ensuring that we keep our patients and service users safe through difficult times,
- playing a full part in our system by facilitating safe hospital discharges, supporting care homes and strengthening end of life care pathways in the community;
- keeping our colleagues safe and supporting them as they respond to the challenges we face together.

Right at the start of this Quality Report, I would therefore like to say a massive and heartfelt “thank you” to everyone in Team BCHC for the incredible response to the coronavirus pandemic. As we look forward to the rest of the year and periods of restoration and recovery, I have every confidence that the team-spirit we have shown so far will continue through the months ahead.

For most of 2019-20, the year covered in this Quality Report, we were focussed on our vision of “Best Care: Healthy Communities” and what this means in practice for the people we care for and our colleagues in Team BCHC. We launched our vision, values and strategy towards the end of 2019 and the year 2019-20 was therefore the first full year of a 3-4 year journey to bring that vision to life through our Fit for 2022 Improvement Programme.

Delivering “Safe, High Quality Care” is, rightly, the first of four strategic objectives that support our vision. It is also right that “Caring” is the first of our five Trust values along with Open, Respectful, Responsible and Inclusive. All of this, I trust, makes it clear that the provision of safe, high quality care is at the heart of what we are about at BCHC and this Quality Report sets out how we are going about making this commitment a reality for patients, service users and colleagues.

“I would therefore like to say a massive and heartfelt “thank you” to everyone in Team BCHC for the incredible response to the coronavirus pandemic.”

Actions that we have taken during 2019-20 to deliver Safe, High Quality Care that are covered in this report include:

- keeping our focus on the essentials of good care with 98% harm-free care in the Safety Thermometer, strong infection control performance and a focus on reducing pressure ulcers and falls for patients in our care;
- strengthening our approach to learning from incidents and mortality reviews;
- working hard to improve services for children by doubling our health visitor training programme and securing investment to reduce waiting times for specialist services;

- re-launch of our Freedom to Speak approach with two new Guardians appointed supported by a lead non-executive and a lead executive director;
- a clear commitment to action to improve the experiences of BME colleagues at BCHC as we seek to become a truly inclusive organisation. As part of this we have also launched a series of Staff Networks including LGBTQ+, Women’s and Disability & Neuro-Diversity Staff Networks alongside our existing BME staff network;
- our virtual campus (our Moodle on-line learning platform) went live in June 2019. We have 7090 registered users, 5200 who actively use the site, and average about 1800 e-learning course passes per month. This reduces the travel for staff allowing them to access training at their workplaces.

Building on the lessons of our well-established Patient Safety Ambassador programme and our more recent use of Listening into Action, we have used 2019-20 to design a new BCHC quality improvement approach which we will roll-out across the organisation during 2020-21.

Overall the Trust remains rated “Requires Improvement” by the Care Quality Commission following their inspection in 2018. In June 2019, the Trust’s Health Visiting service was inspected as a follow up to this inspection in 2018 and conditions placed on our registration regarding recruitment of additional staff which we are responding to. In addition the CQC undertook an inspection of the whole Trust in January and February 2020 and we await the results of that inspection. (Page 50).

I am pleased to be able to report that progress in the first year of our Fit for 2022 journey was recognised in our 2019 Staff Survey results. We improved in 10 of the 11 themes in the national survey with significant improvement in 8. We still have much to do, of course, and developing our line managers, improving experience for BME colleagues and supporting colleague health and wellbeing are priorities for the year ahead.

This report is available on the Birmingham Community Healthcare NHS Foundation Trust website: www.bhamcommunity.nhs.uk.

An “easy read” version of this report has been made available via the Trust’s website. It is our intention for this document to be as informative as possible.

We welcome 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 2019-20 and our commitment to quality improvement.

Finally, I would like to thank all of our colleagues for their compassion, commitment and dedication to providing safe high quality care for our patients and service users and I look forward to the 2020-21 as a year in which, in spite of everything that coronavirus has thrown at us - we continue to make progress to bring our “Best Care Healthy Communities” vision to life.



Richard Kirby
Chief Executive

Birmingham Community
Healthcare NHS Foundation Trust

About our services

Birmingham Community Healthcare NHS Foundation Trust (BCHC) 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 2019-20 BCHC employed 4895 staff (4217 Full Time Equivalents) and operated 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 Objectives

Safe, High Quality Care



A Great Place to Work



Making Good Use of Resources



Integrated Care in Communities





...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.



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, including Governors, 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 and Safety 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 Care Quality Commission (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

The Associate Director of Therapies has given further stimulus to the role of Allied Health Professionals (AHPs) in the Trust. This includes the first meeting of the BCHC AHP council in September 2019, and the appointment of a number of AHP leads in the divisions to both promote the work of their colleagues and to foster better multi-disciplinary team working.

The Clinical Lead for Palliative Care undertook a review of end of life care across the Trust, taking account of the recommendations of the independent review into care at the Gosport War Memorial Hospital. The report helped to structure the Palliative Care and End of Life Care Strategy which was published this year, the progress of which is monitored by the revitalised Transforming End of Life Care Group. The Trust has continued to work with acute colleagues, general practice and hospices to promote better co-ordination of care across the West Midlands. Alongside this we are working to develop an internal end of life care offer. A co-ordination hub, supported by BCHC is due to open in April 2020.

Patients continued to report overall satisfaction with the quality of care that BCHC provided, through the Friends and Family Test, the Patient Survey and a variety of other sources (Page 68). A number of patients presented stories to the Trust Board including their positive experience of being treated by undergraduates at the Dental Hospital, a carers experience of poor communication by the district nursing service and a young man with learning disabilities who demonstrated to the Board why the question 'what matters to you?' is so important and how he had achieved great sporting success following support and intervention by his consultant psychiatrist. These stories are important to maintain the focus of the board on all the patients cared for by BCHC.

Going forward, public and community engagement remain a priority for 2020-21 alongside improving health literacy for our patients, helping them understand more about their health and needs so that they can help themselves and working to ensure we can meaningfully engage with all sections of our communities.

The campaign to ensure that frontline clinical staff had the flu vaccines showed a final uptake of 65% (against an internal target of 60%). There were 61 active Peer Vaccinators across the Trust that allowed for greater access to vaccination for clinical teams. While we did not achieve the CQUIN target (page 49) this score surpasses the level from 2018-19 (55.4%).

The Patient Safety team support the Learning from Excellence programme, where studying excellence in healthcare can create new opportunities for learning and improving resilience and staff morale. Colleagues can report excellence in an individual or a team, and in April 19 - March 20 there were 654 nominations made, with Adult Community Services topping the chart with 369 for the year. The Patient Safety Ambassadors campaign has ran for more than 3 years, with 116 Ambassadors trained and created 74 quality improvement ideas (page 127). The new quality improvement approach for the Trust will build on this solid foundation.

This year the Trust held a number of successful Schwartz rounds, an evidence-based forum for clinical staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients.

Next year we would like to focus on supporting more Clinical Supervision, to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work to promote personal and professional development.



Marcia Perry
Director of Nursing
and Therapies

Safety and Quality of Care

Dr Doug Simkiss, Medical Director

This report allows time to reflect on the changes that we have made in 2019-20 which have improved the safety and quality of care for patients, supported staff to improve their skills and knowledge and worked with other agencies to co-ordinate treatment and improve learning. An important example of this emphasis is the Patient Safety Faculty work in the dental division with human factors training and patient safety ambassador projects that have made a real impact on safe high quality care.

Another development I am proud of is the revitalised Clinical Council as a voice for all clinical staff across the organisation, with a direct link to the Trust Board and Trust Management Board.

We worked with our colleagues in the Clinical Commissioning Group (CCG) and NHS Improvement to develop a Clinical Harms Review process, to identify when patients may come to harm while waiting for their care or treatment. This work started in the Children and Families division and was taken up by the other divisions with innovative work on describing harms in many services that was very helpful as we went through a clinical prioritisation process in response to the coronavirus pandemic.

Digital transformation is vital for our care and I was delighted that we have appointed two Chief Clinical Information Officers. Andrea Grace and Jon Higham are senior clinicians who have a particular interest in information technology. They have added a clinical perspective for colleagues in the Digital team as we develop systems for clinical care on the ward or in the home. Andrea and Jon's support of the introduction of new software and hardware is clinically pragmatic as well as novel.

They have already had impact in supporting our electronic patient record, and in our efforts to introduce an electronic Prescribing and Medicines Administration (ePMA) system.

BCHC also led the way in setting up the Community Healthcare Alliance of Research Trusts, CHART, which brings together and gives a unifying voice to the Community Healthcare NHS Trusts nationally to develop the research potential of this sector and to promote research priority setting and collaboration amongst member organisations. In 2019 the CHART working group were invited to the Department of Health and Social Care to collaborate and inform of research challenges and contribute towards solutions.



**Dr Doug Simkiss -
Medical Director**

Governor's Statements

Peter Mayer - Lead Governor

Little did we know last year how our lives would change while the Board and staff developed a new strategy and delivered many new ways of delivering services and responding to the requirements of the CQC.

We are still progressing through that change which will remain a challenge for the next 2 years.

Our challenges have increased exponentially with the COVID-19 pandemic which has been excellently addressed by our wonderful clinical and non-clinical colleagues in our hospitals and community.

We continue to provide high quality services while continuing to face major resource issues exacerbated by a national shortage of necessary supplies.

I am grateful to all those who have come forward as volunteers and as clinical colleagues from retirement.



**Peter Mayer -
Lead Governor**

The Council of Governors and Non-Executive Directors have adapted to digital communications while in lock down communicating through email, WhatsApp and video conferencing with public, staff and partner governors, sharing each other's concerns, ideas and potential solutions.

Our great gratitude to everyone who has responded to this crisis whilst maintaining essential services for every one, especially all our patients and service users.

Frances Young - Chair of Patient Experience Group

During my professional life, in education rather than healthcare, I experienced gathering demands to prove the quality of what we did. What became obvious was that the gathering of data and other bureaucratic devices were the only way to document it, yet it was always inadequate - real quality often lay hidden and unquantifiable because it was something to do with living out core values in practice. The Patient Experience Group examines lots of data, and that's important, but we also listen to stories from service users and service givers because it's stories, good or bad, that capture the heart of experience. As Chair of this group, I can assure you that this Trust consistently endeavours to improve quality, not only by record-keeping, but by learning from personal stories and focussing on its core values in everyday professional practice.



**Frances Young -
Chair of Patient
Experience Group**

Highlights of the year

- New Council of Governors following election

April 2019

- Pulse Check survey
- Clinical Effectiveness Day 20th June

June 2019

- Launch of Rainbow Badge scheme

September 2019



- Freedom to Speak Up guardians appointed
- Non-Executive Director Jacynth Ivey wins National BME Health and Care Award

November 2019

- Launch of Freedom to Speak Up

January 2020

Freedom To Speak Up

We are listening

- School health launch

March 2020

May-June 2019



- VIP Awards - spring 2019
- School Health Support Service Birmingham Contract awarded to BCHC



July 2019



SIMPLE THINGS

- Simple Things Launch

October 2019

- Black History Month conference (page 113)
- Carol Cooper Nursing Times Diversity and Inclusion Champion of the Year
- Salsabil Abdulkadir UCB Outstanding Apprentice of the Year
- Freedom to Speak Up month



February 2020

- Celebrating LGBT+ History Month



Values in Practice (ViP) Awards

Our staff awards programme is open all year round, allowing staff, patients and members of the public to nominate a colleague or team for going above and beyond to provide the very best service or care to patients.

During 2019-20 there have been two award ceremonies to celebrate staff putting our values into practice, April and November 2019

Categories are:



Here are the winners from the April 2019 ViP awards:

Caring:

Patient Neurological Rehabilitation Unit
- Clinical Administration Team



Open:

The Nutrition Nurse Team



Respectful

Susan Moon



Inclusive

Lurieteen Miller



Good Samaritan

Fatima Mulla, Dr Mark Martin,
Naz Mahmood



The Immunisation Team



Lifetime Achievement Award

Dr Imad Soryal



For more information on Values in Practice (ViP) Awards and to nominate staff or a team please go to <https://www.bhamcommunity.nhs.uk/about-us/vip-awards/>



Looking Forward... 2020-21

Our priorities for quality improvement

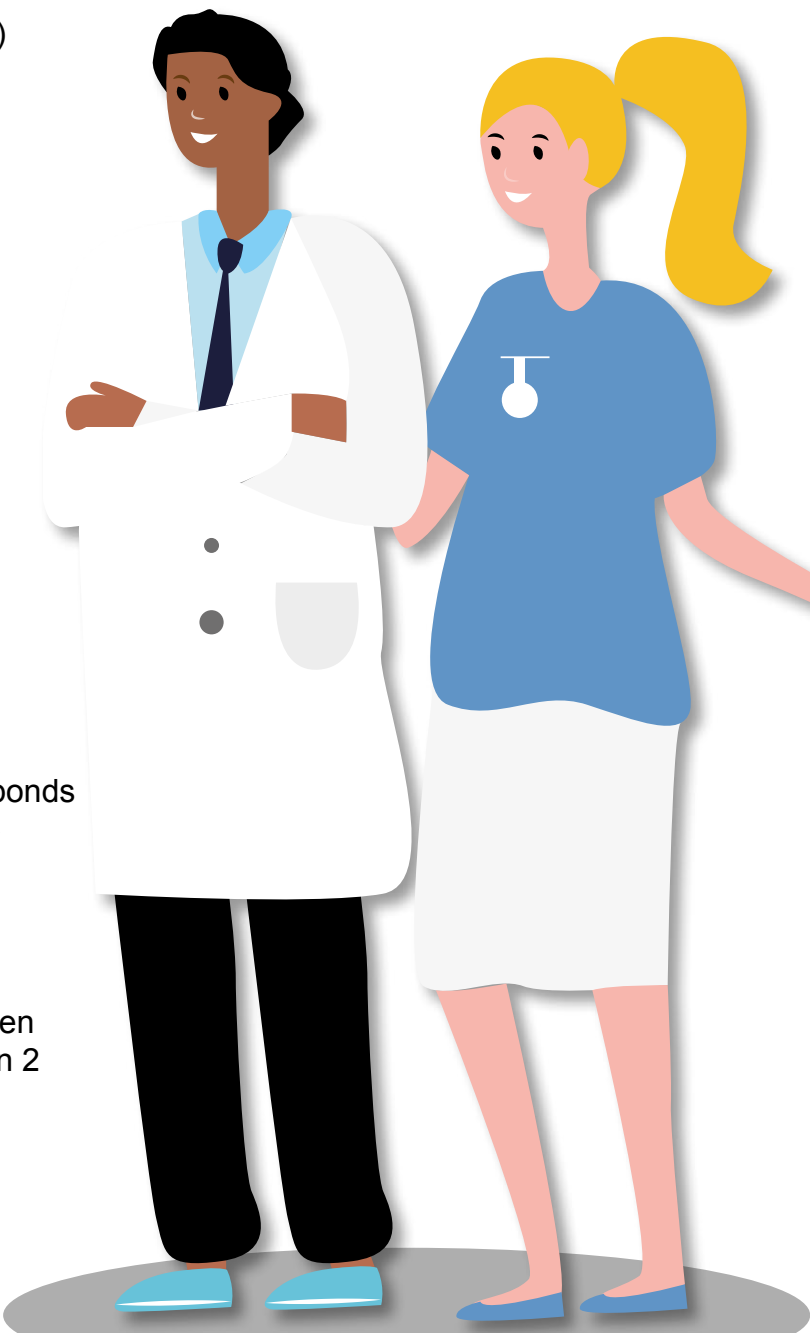
National guidance supports and recommends for NHS organisations to consult before and during compiling their Quality Reports for their organisation. The requirements stipulate that organisations must agree at least three priorities for improvement and link into the three quality domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The Trust's priorities for improvement are determined by the process of reviewing services. During 2017-18, BCHC engaged and listened to stakeholders and colleagues to support the development of its new strategy, vision and values, which provided meaningful and valuable feedback to support the development of the Fit for 2022 Improvement Programme. Those who we worked collaboratively with and/or actively engaged included:

- Public Members (Patient Experience Group - PEG)
- Council of Governors (CoG)
- Commissioners
- Members of the public
- 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 to life over the next 3-4 years. The Improvement Programme includes actions to progress each of the four 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). Four priorities were chosen last year and our achievements are reported in Section 2 of the Quality Report.



The Fit for 2022 Improvement Programme continues to be the vehicle for the Trust to implement its strategic objectives and the Board had already highlighted in Quarter 3 2019-20 the areas of focus for 2020-21. The Executive Team then met in March 2020 to review the priorities and identified the essential deliverables for 2020-21 which will be key to implementing the Fit for 2022 programme. The Quality Priorities for 2020-21 are:

Quality Priority	Strategic Objective	Priority	Quality Domain	Monitoring and Reporting Responsibilities
1	Safe, High Quality Care	Improvements in Children's Services	Patient Safety	Director of Nursing and Therapies Medical Director
2	Making Good Use of Resources	Roll out of the Electronic Patient Record (EPR)	Clinical Effectiveness	Finance Director
3	Making Good Use of Resources	Delivery of the Early Intervention programme	Patient Experience	Chief Operating Officer
4	Safe, High Quality Care	Embed Quality Improvement methodology	All three quality domains	Director of Workforce and Organisational Development
5	A Great Place to Work	Building Highly Effective teams supported by a leadership development offer	Clinical Effectiveness	Director of Workforce and Organisational Development
6	Safe, High Quality Care	Safe Sustainable Staffing	Patient Safety	Director of Workforce and Organisational Development

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 and Safety Committee.

COVID-19

Birmingham Community Healthcare NHS Foundation Trust (BCHC), along with the other NHS organisations in Birmingham, responded to the COVID-19 crisis with a number of actions to support patients, the public and staff dealing with this emergency including:

- Risk assessing each of our clinical services and standing down non-essential care in line with national guidance;
- Supporting the provision of personal protective equipment to our own staff as well as to local hospices, care and nursing homes;
- Initiating additional bed capacity within our existing estate to create space in acute hospitals to treat COVID-19 patients;
- Supporting our colleagues from a BME background who were disproportionately hit by the effects of the virus;
- Redeploying and retraining of staff to support frontline care;
- Swabbing patients and staff in the community and in-patients as part of the testing process for detecting the virus;
- Supporting research into the infection and its prevention;

- Providing patients with access to iPads to contact relatives when visiting was no longer allowed;
- Ensuring that those staff who needed to self-isolate could do so and continue working from home;
- Working with colleagues in care and nursing homes, to support them and their patients;
- Establishing a “letters to loved ones” e-mail address for friends and families to send messages to patients, which could then be passed to them or read out by staff;
- Increasing use of teleconferencing facilities for staff to engage with patients and for colleagues to meet at a safe distance and discuss the way forward.

The Trust continues to support Birmingham to overcome COVID-19.



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Looking back: 2019-2020

Review of our quality priorities for 2019-20



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

Goals	Progress
1. Leadership development will support managers to understand and practice "inclusive leadership".	
2. Formal HR processes to ensure that decisions to begin formal processes are fair and that once commenced processes are completed without delay.	
3. Recruitment and development set targets for increased BME representation in senior posts and in consultation with you agree the action we will take to deliver them.	
4. Zero tolerance to strengthen our response when colleagues face abuse from patients, families or the public on grounds of race.	
5. Tracking progress will include indicators from the Workforce Race Equality Scheme (WRES) in our monthly performance report.	



Achievements

- Board and senior leaders WRES Workshops delivered by Yvonne Coghill, Director of WRES Implementation. Inclusive leadership integrated into Leadership Development Programme.
- Two Executive Directors have participated in the National WRES Expert Programme.
- Five Equality and Diversity Staff Networks have been established.
- Review and Revision of Disciplinary Policy completed to incorporate escalation processes for suspension, emphasis on early and informal resolution and decision tree structure prior to formal investigation.
- Revised Recruitment processes to ensure no single gender or single ethnicity selection panels and that all career development opportunities are formally advertised.
- WRES Key Performance Indicators (KPI) are included within the Quality and Performance Report and Divisional targets and trajectories are agreed for 2020-21. Making an impact on Equality and Diversity is included in the Executive Director objectives.

- Datix Incidents are now reportable by protected characteristics and are reviewed weekly by the Executive Team.
- Governance arrangements revised with CEO chairing the Equality Diversity and Human Rights (EDHR) Steering Group and reporting directly to the Workforce and Organisational Development Trust Board Sub Committee.
- WRES and Workforce Disability Equality Standard (WDES) Staff Survey indicators all showing improvement against 2018 results.



Moving Forward

- The initial priority will be to ensure that the range of employment policies and process changes are embedded within the organisation.
- The development and delivery of a plan for positive action will feature as a key objective this year.
- The Trust will be seeking to implement the Cultural Ambassadors Programme and develop Reverse Monitoring in 2020-21.
- The support package for staff subject to racial abuse will be finalised and work will continue to strengthen the Staff Networks.
- A greater focus will be given to the provision of Equality and Diversity in service delivery 2020-21.



Quality Priority 2



Establish and sustain a strong safety culture supported by a robust approach to clinical governance and quality assurance.

Goals	Progress
1. Review and publish the Clinical Quality Governance and Safety Framework and develop a quality and safety approach throughout all levels of the organisation to create and sustain a strong quality safety culture.	👍
2. Implement the quality and safety framework to improve the understanding and capability for measurement and monitoring of safety and quality.	👍
3. Monitor, review and adapt the impact and effectiveness of the quality and safety framework by establishing a range of metrics from each Quality and Safety Executive (QSE) subcommittees which will be reported on a quarterly basis.	👍
4. Utilise the Framework to provide assurance on quality and safety from the frontline to the Trust Board by improved quarterly reporting from QSE to Quality and Safety Committee (QSC).	👍
5. Establish robust team clinical governance arrangements which feed into Divisional Clinical governance committees - by ensuring corporate support for each service and reporting attendance to QSE.	👍
6. Fully establish the principle of Divisional Deep Dives at QSC.	👍

Achievements



1. Clinical Quality Governance and Safety Framework

The revised Clinical Quality Governance and Safety Framework was ratified by the Quality Safety Executive (QSE) committee in November 2019. This document describes for clinicians, managers and directors the way in which BCHC will make the vision of safe high quality care a reality for patients and carers. The framework provides strategic direction for all staff involved with providing and supporting the delivery of care by describing how clinical quality will advance and be governed

over the following three years. The Framework provided a guide to managers and directors as part of the preparation of their interviews for the Care Quality Commission.

2. Implement Clinical Quality Governance and Safety Framework

An action plan for the implementation of the Framework was approved in January 2020 and will be monitored by QSE on a six monthly basis. The plan includes work on:

- Improving clinical outcomes;
- Improving links between the data collected by the Trust and Personal Development Review (PDR)/Revalidation processes;
- A review of the patient safety visit process.

The Trust is utilising statistical analysis to make better use of data. The mortality data is now presented in using a statistical process chart to help identify when a problem has occurred, or to show when actions to improve care are having an impact.

3. Monitor, review and adapt the impact and effectiveness of the quality and safety framework

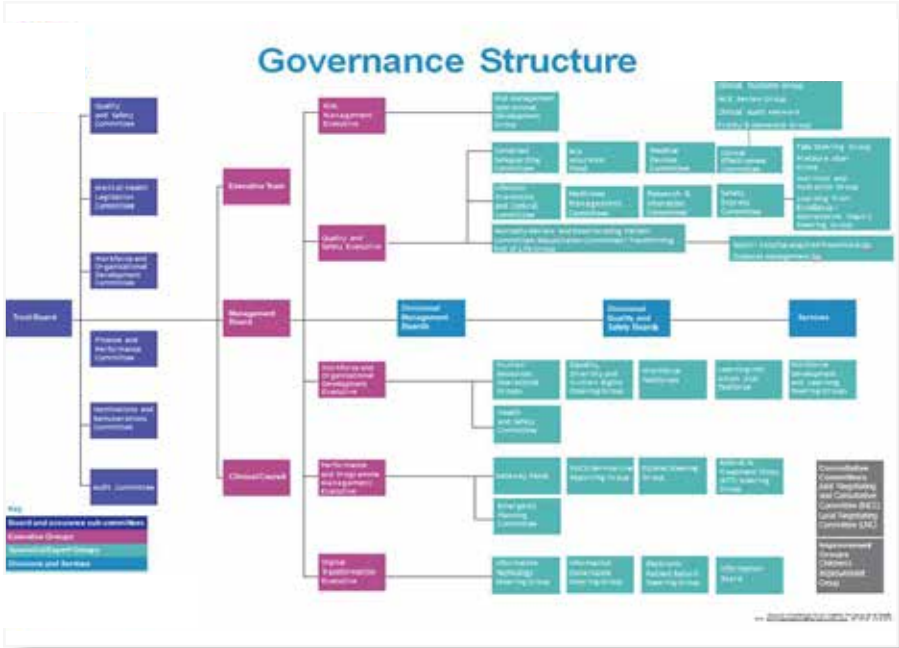
Each division produces a quarterly quality report for their own committees and QSE. The reports have been updated to include additional information on CQC self-assessments, patient feedback, Listening into Action Projects and the closing incidents indicator. Going forward this report will also include details of the Clinical Harms Reviews that services are undertaking for patients who are on a waiting list.

4. Utilise the Framework to provide Assurance on quality and safety from the frontline to the Trust Board

The Trust has revised the committee structure and streamlined reporting. QSE continues to report to Quality Safety Committee (QSC) on a monthly basis alongside additional reports from Medical Director and Director of Nursing and Therapies. Additional reports provided as requested by QSC.

5. Establish robust team corporate clinical governance arrangements which feed into Divisional Clinical governance committees

Corporate senior managers have agreed to support divisional Quality Safety Boards, timetable of attendance co-ordinated by Clinical Governance team. This will allow improved support to local governance for services and to allow the corporate senior managers to share organisational initiatives. This will be monitored by the QSE be reviewed in Q4 of 2020-21.



6. Divisional Deep Dives

The process for divisions to report to Quality and Safety Committee to allow them to highlight issues and concerns and promote good practice is now well established. This runs in parallel with the corporate reports from the Medical Director and the Director of Nursing and Therapies. In 2019-2020 there were a number of deep dives from each of the divisions and from Medicines Management. Subjects highlighted include:

- Near miss reporting and Human Factors training in Dental Services;
- Pharmacists independent prescribers - Medicines Management;
- The Transforming Care Programme and Improving Oral Hygiene for service users - Learning Disabilities;
- Use of 'Small Talk' to cascade messages including lessons learned and maintaining robust lone working arrangements in all 50 teams - Adult Community Services;
- Improved tracheostomy care and structured judgement review on all deaths and lessons learnt.

The reporting process will continue for 2020-21.



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.

Goals	Progress
1. Develop a co-designed BCHC improvement approach, including a range of behaviours and tools, to promote a culture where everybody can participate in improvements in quality.	
2. Develop a learning framework to promote the BCHC improvement approach within and across clinical divisions and corporate directorates to enable all colleagues to identify and act on opportunities to improve quality.	
3. Establish a means to evaluate the impact of the co-ordinated BCHC improvement approach, with a baseline and progress against this reported to the Quality and Safety Committee.	
4. Devise a means for colleagues to keep informed about the on-going BCHC improvement approach, how they can learn more, get involved and increase Trust-wide capability and capacity in quality and safety improvement.	

Achievements



- Colleagues from across the Trust have helped to co-design our improvement approach, ensuring that we build on existing good practice methodologies already in place. The first session demonstrated that we could bring together key elements of existing methodologies into a single approach for the organisation. Following an engagement exercise and colleague survey, our single approach to improvement will be called **BCHC Improving Together**.
- Based on learning from the Listening into Action Simple Things campaign, five teams explored the improvement huddle concept to test simple problem solving and making quality improvements within teams, considering how the principles of improvement huddles might need to be adapted for different settings within BCHC. Feedback was very positive, with all teams opting to continue to pilot improvement huddles until the end of March 2020. This will inform the design of our improvement huddles, which will now be a key component of our BCHC Improving Together approach.
- The nationally accredited NHS Improvement Quality, Service Improvement and Redesign (QSIR) programme has been adopted as our Quality Improvement (QI) programme which will be delivered at a number of levels.

- Quality Improvement Practitioner** - a five-day QSIR intensive course over four months. 22 colleagues joined the first cohort in February 2020.
- QSIR Fundamentals** - a one-day course aimed at all staff, commencing October 2020
- Quality Improvement Principles** - a half-day course as part of the Leaders Programme commencing April 2020
- Improvement Coaches will be developed to support teams to make improvements. The coaches will be drawn from existing Patient Safety Ambassadors (PSAs) and those who have undertaken the QSIR Practitioner training.

A number of key principles have been agreed and will define how we continue to develop the BCHC Improving Together approach. This work will be overseen by the Quality Improvement Steering Group, established in September 2019, which reports to the Quality and Safety Committee and is guided by the Clinical Council.





Key Deliverables for 2020/21	High level timescale
Finalise and roll out the BCHC Improving Together Approach	Roll out from April 2020
Roll out Quality Improvement Practitioner training	Cohort 2 to commence in September 2020 and cohort 3 to commence in February 2021
Develop online QI resources	July - September 2020
Build library of case studies	July - September 2020
Develop and implement plan to visibly celebrate success including link to staff awards	September - December 2020
Agree approach to measuring improvement with Business Intelligence team	July - September 2020



Quality Priority 4

Ensuring that Community Children's Services demonstrate the healthiest and happiest start in life for the children of Birmingham.

Goals	Progress
Implementation of the recommendations from the Care Quality Commission (CQC) Inspection, the Special Educational Needs and/or Disabilities (SEND) inspection and the additional Trust-wide recommendations will support delivery of this action	
Influence the STP to promote the family approach to service input	

Achievements

Implementation of recommendations from the CQC and SEND inspection



The Care Quality Commission inspection of BCHC and the Special Educational Needs and/or Disabilities (CQC and the Office for Standards in Education, Children Services and Skills (Ofsted)) of Birmingham City Council and NHS Birmingham and Solihull Clinical Commissioning Group, both in 2018 made a number of recommendations to ensure that children and young people in Birmingham receive good services that respond to their needs, and are able to fulfil their potential.

Both reports made a number of requirements which the Children and Families Division, supported by the Trust have been working to address. The Children's Improvement Group (CHIG) meets on a monthly basis, chaired by the Chief Executive, supported by the Director of Nursing and Therapies, Medical Director and Chief Operating Officer along with the clinical and managerial leads from the division to review progress. The actions required have been included in the Fit for 2022 implementation plan, which sets out each of the actions to meet the Trust strategic objectives. There were 26 original recommendations of which

- Seventeen have been completed
- Five are on track
- Four remain outstanding

Improvements

The Division has:

- Met the targets for safeguarding children and safeguarding adults training;
- Systems and processes in place to assess, monitor and mitigate the risk to staff lone working;
- Developed a process for reviewing and assessing clinical risk for those children and young people on long waiting lists for services within the division and prioritising earlier appointments / assessments if required.

Ongoing work

The division has reset the Birmingham Forward Steps (BFS) programme, focusing on 4 key priority areas of work (Vision, Governance, District Leadership and Pathway/Outcomes). An action plan to address concerns and is RAG reviewed monthly.

The Children's Therapy Services introduced the Therapy Outcome Measure (TOM) in 2018-19 and implemented it across all services in 2019. Outcome measures help show the level of improvement made by each patient. As part of the move to an Electronic Patient Record (EPR), RiO (our computer system), has been configured to enable outcome measures to be reported at a service level, rather than needing to review individual patient records.

Outstanding actions

The CQC carried out a focused inspection of our Health Visiting service in June 2019 as a follow up to their 2018 inspection. Following the visit, the CQC issued a Section 31 notice to the Trust which is an 'urgent notice of decision to impose conditions on their registration as a service provider in respect of a regulated activity'. This requires us to deliver our agreed action plan to improve recruitment and retention in health visiting and reduce caseloads as a result. This work is progressing as planned and we have doubled our health visitor training capacity but we do not expect to be able to approach full establishment until financial year 2020-21.

The 4 outstanding requirements from the CQC Inspection are:

Requirement	Actions
Health Visitor Safe Staffing	The division has a current focus on retention and recruitment of additional Health Visitors into the service. In addition there is an ongoing review of delivery model with a focus on new ways of working and specialist roles.
Health Visitor Caseloads	Mitigations are in place including the addition of public health nurses, strengthening the integrated approach with Birmingham Forward Steps partners re first and second year reviews, the management of Children in Care caseloads and additional student cohorts.
Health Visitor Safe Staffing* (linked to first requirement)	
Transition	Revision of the existing transition policy with further refinement and communication with regards to the revised service delivery model.

Influence the STP to promote the family approach to service input

The Trust has met with the Clinical Commissioning Group to agree an approach for future investment in Children's Services. The division has:

- Recruited additional Speech and Language Therapy (SLT) and Occupational Therapy (OT) staff to support the SEND improvement work, and reduce long waits for patients for SLT, OT and Physiotherapy;
- Recruited new staff to mobilise the revised Neuro-developmental pathway;

Ongoing Work

The Children and Families division continue to work with commissioners:

- Birmingham Forward Steps - the division is working with partners to create and develop clinical outcomes for early years' reviews. Considering the early help entitlement and 'Ages and Stages' questionnaires - children are measured against 5 domains;
- Continue to recruit staff to implement Neuro-developmental pathway;
- Mobilisation of the Birmingham School Health Support Services (BSHSS) as planned.

Implementing improvements in Children Services remains a Quality Priority for 2020-21.

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 2019-20 and our commitment to quality improvement.

Review of services

During 2019-20 the Birmingham Community Healthcare NHS Foundation Trust provided and/or subcontracted 111 relevant health services.

Birmingham Community Healthcare NHS Foundation Trust has reviewed all of the data available to them on the quality of care in 111 of these relevant health services. The income generated by the relevant health services reviewed in 2019-20 represents 92.26% of the total income generated from the provision of relevant health service by the Birmingham Community Healthcare NHS Foundation Trust for 2019-20.



Board of Directors



Richard Kirby
Chief Executive
Officer



Chris Holt
Chief Operating
Officer



Marcia Perry
Director of
Nursing and
Therapies



Ian Woodall
Chief Finance
Officer



Michelle Alli
Director of
Corporate
Governance



**Dr Doug
Simkiss**
Medical
Director



**Dr Suzanne
Cleary**
Director of
Strategy and
Partnerships



David Holmes
Workforce and
Organisational
Development
Director



Dr Barry Henley
Chair



Jerry Gould
Non-Executive
Director



**Professor
David Sallah**
Non-Executive
Director



Jacynth Ivey
Non-Executive
Director



Sukhbinder Heer
Non-Executive
Director



Jenny Belza
Non-Executive
Director



Salma Ali
Non-Executive
Director

Participation in Clinical Audit

During 2019-2020, 7 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 per cent 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 2019-20 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)
- National Audit of Care at the End of Life (NACEL)
- National Asthma and Chronic Obstructive Pulmonary Disease (COPD) audit programme
- National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
- National Diabetes Audit – Adults National Foot-care Audit
- Sentinel Stroke National Audit programme (SSNAP)
- UK Parkinsons Audit

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust participated in during 2019-20 are as follows:

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- National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
- National Diabetes Audit – Adults National Foot-care Audit
- Sentinel Stroke National Audit programme (SSNAP)
- UK Parkinsons Audit

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 2019-20, 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.*

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
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) audit programme.	Yes	(140)100%
National Audit of Care at the End of Life (NACEL)	Yes	100% (23 cases submitted)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Rolling data collection Total Patients registered 12 (10 in cohort 1 and 2 in cohort 2).
National Diabetes Audit – Adults National Foot-care Audit	Yes	N/A Rolling data collection No min ascertainment required for this audit.
Sentinel Stroke National Audit programme (SSNAP)	Yes	100% Case ascertainment Q 3 Band A and Audit Compliance an A (improvement from previous year)
UK Parkinsons Audit	Yes	100% 20 Elderly Care, 10 Occupational Therapist and 10 Physiotherapy cases


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

Please note in addition to this BCHC participates in a number of national audits which are not commissioned as part of the NCAPOP/NCEPOD national audit programme.




National Clinical Audits

The reports of 75 national clinical audits were reviewed by the provider in 2019-20 and Birmingham Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Audit	National Audit of Care at End Of Life
	<p>NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute and community hospitals. It comprises of three elements:</p> <ul style="list-style-type: none">• Organisational level audit - A focus on Specialist Palliative Care workforce and availability.• Case Note Review - Focus on recognition of death and individual plan of care.• Quality Survey - designed to collect carer feedback on their experiences of care and support received during the patient's final admission in hospital. <p>The 2019 audit has identified some areas of significant improvement in documentation of end of life care since 2018. These include:</p> <ul style="list-style-type: none">• Regular documented review of individual plans of care. Where these were in place there was good documented evidence that these were all reviewed regularly.• Documented assessment of physical symptoms with good evidence of review.• Evidence of prescribing and use of anticipatory medication at the end of life.• Assessment and review of nutrition and hydration needs with good evidence that this continued to be considered once it was recognised that the patient was dying. <p>Alongside this, there is still some scope for further improvement in a number of areas, including:</p> <ul style="list-style-type: none">• Recording of patient wishes for care at the end of life, including preferred place of death.• Improvement in the recording of discussions with both patients and families - this was a theme throughout the audit, particularly in relation to nutrition and hydration, anticipatory medication, use of syringe drivers and discussion that the possibility that the patient may die. Although it is acknowledged that these conversations may have taken place, review of the notes does not provide evidence of this, which could then potentially impact on continuity of care.• Recording of indication for use of anticipatory medication - only 30% of patients had an indication for use included in their prescription for all medications prescribed.• Documentation of assessment of non-physical symptoms - this contrasted sharply with the high level of documentation of physical symptoms.• Individualised plan of care that addressed patient's end of life needs - a clear plan was not evident in over a third of patient notes, which equated to a total of 8 patients.

	<p>The results on the audit were presented and results discussed with relevant divisional leads within ASR and Sheldon Unit and the following actions have been undertaken:</p> <ol style="list-style-type: none">1. New individualised care plan 'My Individualised End of Life Care Plan' piloted on the Sheldon Unit.2. Agreed to work with Medicines Management and Medical Team to consider how improvements can be made in relation to individualising the prescribing of anticipatory medication with clear indications in place for use.3. New End of Life education and training programme commenced for staff.
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Audit	Sentinel Stroke National Audit Programme (SSNAP)
	<p>SSNAP Annual Report 2019 (Published 13 June 2019) examines the findings of data collected during 5 years from April 2013-March 2018.</p> <p>Sentinel Stroke National Audit Programme - Organisational Audit report published Dec 2019.</p> <p>Site specific SSNAP reports generated by SSNAP for BCHC during 2018-19.</p>
	<p>SSNAP requires all services admitting patients with stroke to complete a minimum data set for all patients. The core data set includes acute care, inpatient rehabilitation, early supported discharge, community follow up and six month reviews:</p> <ul style="list-style-type: none">• BCHC has been submitting data for its inpatient service since January 2014 and receives site specific reports three times per year quarterly on clinical care of patients with stroke.• Early Supported Discharge, Community Stroke Team and Birmingham Neuro-Rehabilitation Team (community follow up provider) are submitting data for SSNAP with the aim of generating frequent reports. <p>Key messages and improvements over time 2019-20</p> <p>Following review of the national reports and local data our key improvements have been:</p> <ul style="list-style-type: none">• Provision of therapy services (Occupational Therapy, Physiotherapy and Speech and Language Therapy) maintained as level B or above for last three quarters despite perception of increased patient acuity and increased diversity in referral source. Strong performance by the Trust when comparing to regionally benchmarked data (as reported in most recent Patient-Centred Performance Table July-Sep 2019 published Nov 2019).• A registered psychologist joined the stroke service in early 2019 and subsequent SSNAP scores in relation to recognition of need for psychological support for patients has positively increased. In addition, assessment of mood at discharge for patients seen by the service has been consistently above 97% compared to a national average of 92%.• Assessment of cognition of patients at discharge has been 97% - 100% compared to national average of 95%.


<div data-bbox="112 107 249 247"> <div>Action</div> <div>Taken</div> </div>	<div data-bbox="290 96 492 128"> Actions taken </div> <div data-bbox="290 144 1353 216"> Following a review of a national report, a paper to Divisional Quality and Safety Board was submitted February 2020 and the following actions have been taken: </div> <div data-bbox="290 233 1353 825"> <ul style="list-style-type: none"> • Review of stroke rehabilitation care pathway with support at Executive Team level. • 2018-19 regional review of Early Supported Discharge for stroke patients chaired by the Trust's Consultant Physiotherapist for stroke services. As a result of this work a gap analysis was prepared for consideration by Birmingham and Solihull Clinical Commissioning Group (BSOL CCG). • Multi-sector engagement to put forward a bid to be a national pilot site for integrated community rehabilitation model in Jan 2020. This collaboration provides a platform moving forward to further develop the stroke pathway across the CCG area. • Appointment of a project support manager to deliver local changes within current contract to improve access to rehab and follow up work from regional Early Supported Discharge project. • Continue to maintain close links with Stroke Association which includes volunteers and commissioned family support service. </div>
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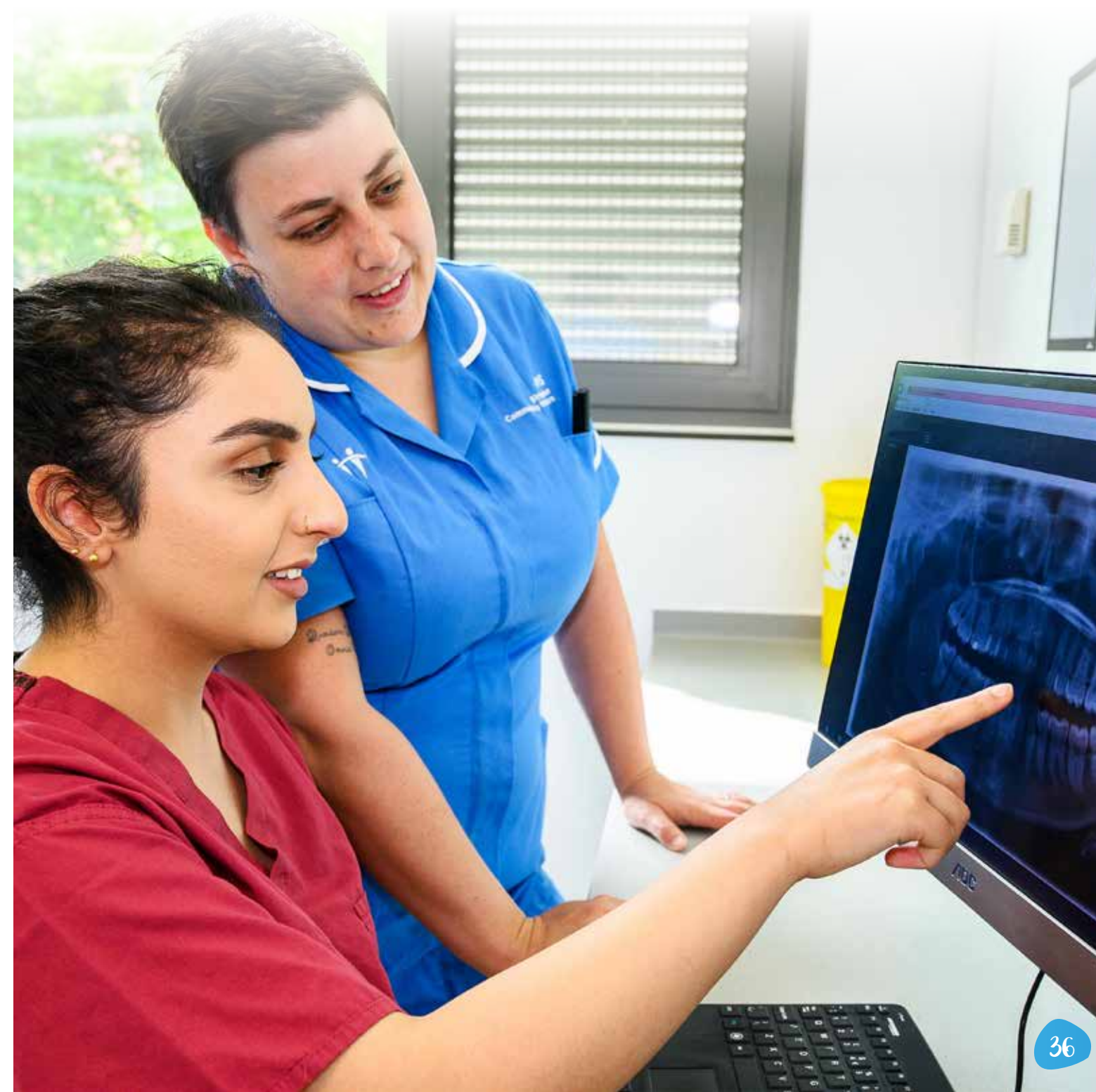
Audit	UK Parkinsons Audit National Parkinsons Disease Audit - Service level benchmarked reports received and reviewed February 2020
<div data-bbox="112 984 249 1125"> <div>Action</div> <div>Taken</div> </div>	<div data-bbox="290 972 1038 1003"> Key messages and improvements over time 2019-20 </div> <div data-bbox="290 1020 471 1052"> Elderly Care </div> <div data-bbox="290 1068 1374 1535"> <ul style="list-style-type: none"> • Documentation of discussions regarding end of life care was 66.7% - far higher than national averages which ranged from 36.2% to 38%. • Non motor assessment - Trust achieved 85% or above for all aspects of the assessment with a number of areas achieving 100%, higher than national averages. • Enquiries re mood/hallucinations- consistently implemented. • Motor assessment – Trust was above national average in all areas except for documenting enquiry made whether patient was at risk of fracture/ osteoporosis. • 100% achieved for ensuring patients taking dopaminergic drugs are monitored for impulsive/compulsive behaviour – national average was 61.2 – 64%. • Positive patient feedback. </div> <div data-bbox="290 1551 501 1583"> Physiotherapy </div> <div data-bbox="290 1600 1359 1799"> <ul style="list-style-type: none"> • Time from referral to initial assessment was 17 days for routine appointments compared to national average of 46.3. • 100% patients offered exercise advice compared to national average of 95.2%. • All patients were seen on an individual basis. • More people referred to Occupational Therapy than the national average. </div> <div data-bbox="290 1816 608 1848"> Occupational Therapy </div> <div data-bbox="290 1864 1368 2013"> <ul style="list-style-type: none"> • 90% achieved for providing information and support for family and friends compared to national average of 43%. • Intervention strategies - higher use of intrinsic and extrinsic cueing techniques and recognising varying levels of ability due to medication. </div>

<div data-bbox="1576 107 1712 247"> <div>Action</div> <div>Taken</div> </div>	<div data-bbox="1774 96 2062 128"> Actions being taken </div> <div data-bbox="1774 138 2858 525"> <ul style="list-style-type: none"> • Parkinsons Disease Nurse Specialist will share service specific results to the wider Parkinsons Disease service and Trust Clinical Effectiveness Committee. • Consider appropriate training courses for Occupational Therapists and Physiotherapists in the service. • Elderly Care - improve recording of enquiry of risk of fracture/osteoporosis as part of assessment of motor assessment. • Continue routine weighing of patients based on learning from previous national audit. • Ensure appropriate support and advice available to patients including literature available re Lasting Power of Attorney. </div>
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Audit	National Chronic Obstructive Pulmonary Disease Audit (COPD)
	<p>Mar 2019-onwards continuous data collection (COPD patients with consent)</p> <p>May 2020: planned publication of national clinical report</p> <p>The publication of the national report is due May 2020 therefore comments below relate to service level data and Quality improvement and redesign projects only.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> BCHC is now working in partnership with acute services at Birmingham Heartlands Hospital, Sandwell and West Birmingham Hospitals and Primary Care Networks to increase the referral rate to pulmonary rehabilitation (PR). PR is now offered to all patients as part of a COPD discharge care bundle at COPD follow ups and following exacerbation. BCHC has signed up to and is working towards PR Accreditation (Royal College of Physicians). Collaborative work with Secondary care trusts and BSol Clinical Commissioning Group has produced a standardised referral form and service specification. All patients (meeting inclusion criteria) that are treated for an acute exacerbation in the community setting are offered pulmonary rehabilitation from BCHC clinicians in Admission Avoidance and Assisted Discharge teams- these referrals can be processed more quickly as the need for initial assessments is not required. Regular GP forums are attended to promote referrals to pulmonary rehabilitation for those patients not known to respiratory community services. All referred patients now receive an initial assessment and start date for pulmonary rehabilitation within national guidelines and below the national average waiting times. Posters and flyers have been circulated to GP practices to promote the service. These are available in different languages. To work with BCHC Communications team to create information packs, a short film of a pulmonary rehabilitation session on DVD, Patient education, venues and times, community links, patient stories, etc. To be accessed by all on a PR webpage/ App. Business case completed- 3 new venues have opened central and south Birmingham. An extra clinic has been added 'Prehab' patient education, prior to initial assessments to reduce the amount of Did Not Attends at initial assessments, reducing the waiting lists and time spent addressing barriers to treatment at initial assessment. Extended PR classes are being introduced to see more patients at our busier venue in the south of Birmingham. Standard Operating Procedures are being updated to reflect the standards of an accredited service. IT systems have been updated to more accurately reflect the data needed for commissioners and national audits. Outcome measures now fall in line with national and accredited standards and exercise prescription is accurate and patient centered.

	<ul style="list-style-type: none"> Support staff are working towards or have gained specific qualifications in rehabilitating patients with chronic lung conditions. Leaflets, exercise diaries and patient education have all been updated.
Audit	National Confidential Inquiry into Suicide and Homicide: Annual Report
	<p>Following a report to Clinical Effectiveness Committee the Trust revised the Suicide Prevention Policy which was ratified in October 2019. Work is on-going with divisions to revise the training and guidance available to support staff in the event they are approached by patients or colleagues who may be considered vulnerable or at risk.</p>



Local Clinical Audits

The reports of 147 local clinical audits were reviewed by the provider in 2019-20 and Birmingham Community Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Dental Services Division

Title	An Observational Audit for 'Stop Before You Block' and 'Wrong site Dental Extraction' Local Safety Standards for Invasive Procedures (LocSSIP) Compliance.
Audit Aim:	<p>To enhance patient safety by finding the compliance of clinicians with the 'Stop Before You Block' and 'Wrong Site Dental Extraction' LocSSIPs.</p> <p>To construct a usable observational audit tool to assess LocSSIP compliance. This can then be used across all specialties and in community clinics.</p>
Overall identified:	<p>In previous years, there have been two cases of wrong site dental extraction and three cases of wrong side inferior alveolar dental nerve block. Local Safety Standards for Invasive Procedures should be followed in all cases to improve patient safety and reduce wrong site surgery.</p> <p>This audit was important as it:</p> <ul style="list-style-type: none">• Monitors for compliance with the LocSSIPs for wrong site dental extraction and wrong side Inferior Dental Nerve Block (IDNB).• Contributes to patient safety.• Allows assessment of how workable the LocSSIPs are in real world practice and any barriers to their use. <p>A pilot was initially undertaken to test the data collection audit tool. The audit included an observational audit of 30 extraction cases undertaken in oral surgery treatment clinics. Specialty Registrars, Specialty Dentists, Dental Core Trainees and Undergraduate Dental Students included in audit.</p>
Key Successes:	<ul style="list-style-type: none">• Positive results for 9/14 standards.• LocSSIP for both 'Wrong Side IDNB' and 'Wrong Site Dental Extraction' are largely being followed in the Oral Surgery Department with above 90% compliance.
Key Concerns:	<ul style="list-style-type: none">• 5/14 standards require improvement.• Further improvements can be made in three factor patient verification, assistant and clinician confirming site out loud.
Actions taken following the audit:	<ul style="list-style-type: none">• Dissemination of results at Oral Surgery Governance Meeting.• Results presented at the Dental Celebrating Excellence event - July 2019.

Changes to Practice:	<ul style="list-style-type: none">• Re-audit at regular quarterly intervals – Spot Checks.• Video tutorial demonstrating LocSSIPs to be shown to all new staff in their induction to the Dental Division prior to clinical practice.• Observation of all new starters undertaking the LocSSIP correctly prior to independent practice.• White boards to write treatment plan in enclosed surgeries and sedations bays in Oral Surgery Department.
Future Plans:	<ul style="list-style-type: none">• New staff and students will now be trained in how to carry out the LocSSIP's through a video tutorial as part of induction process.• Adaptation of this audit tool for use in all specialties and community clinics to take place.



Title	Assessment of Inhalation Sedation Pathway for Paediatric Patients at Birmingham Dental Hospital – A service evaluation.
Audit Aim:	<ul style="list-style-type: none"> Assessment of current waiting time for treatment under inhalation sedation in the Paediatric dental department. Determine how patients are assessed for treatment under inhalation sedation. Identify the average number of visits for paediatric patients undergoing inhalation sedation. To assess patient /parent satisfaction of service.
Objectives	<ul style="list-style-type: none"> To assess waiting time from referral acceptance to first treatment appointment and if this differs between staff grade. To assess if patients have more than one assessment appointment. To identify if patients have been listed by senior staff member in Paediatric dental department. To identify the average number of visits for treatment under inhalation sedation and if suitable follow up arranged.
Overall identified:	<ul style="list-style-type: none"> 40 patients included in data analysis. Average waiting time for treatment was 16 weeks. 18 week target from referral to treatment met in 67.5%. 100% of patients have been listed by a senior staff member in Paediatric department = 100%. 17.5% had more than 1 assessment appointment which resulted in an additional 6 week waiting time. 2.4 visits needed (on average) to complete treatment plan with inhalation sedation. Patients and parents had a very positive experience. 80% of parents reporting that it prevented their child from having a general anesthetic for dental treatment.
Actions taken following the service evaluation:	<ul style="list-style-type: none"> Results presented at the Dental Celebrating Excellence event - July 2019. Feedback to staff if a child suitable for dental treatment with inhalation sedation, then where reviewed by a paediatric dentist outside of department consent and treatment plan to be carried out and then booked directly for treatment.
Recom-mendations to change practice:	<ul style="list-style-type: none"> Standardise pathway and access to inhalation sedation clinics regardless of initial assessment clinic. General Anaesthetic assessment clinics to be led and completed by Paediatric Dental Department. Education of staff members on patient suitability for inhalation sedation. Incorporate patient and parent feedback into overall evaluation of the service.

Adult and Specialist Rehabilitation Services Division

Audit Aim:	To re-audit the Local Clinical Handover process at Moseley Hall Hospital.
Overall identified:	Handovers should be conducted between healthcare teams in a structured, uniform pattern to ensure effective and smooth transfer of patient care, maintain patient safety, prevent ambiguity between the team members and circumvent inappropriate treatment (Future Hospital Royal College of Physicians, 2017). The clinical handover audit was completed by a Junior Doctor who was supervised by a Consultant Geriatrician in December 2019.
Key Successes:	<ul style="list-style-type: none"> 100% handover compliance at 4:30pm handover during weekdays. 9pm weekday handover compliance increased from 50% to 80%. 100% handover compliance over the weekend. Nurses attendance increased from 18% to 63%.
Key Concerns:	<ul style="list-style-type: none"> There were no concerns noted.
Actions taken following the audit:	<ul style="list-style-type: none"> Handover protocol sent to Locum Doctors via the Recruitment Agencies. New handover sheet implemented. Nurse in charge to be present at 9pm handover. Doctors reminded to document tasks clearly at post take ward round and to adhere to the handover protocol.
Changes to Practice:	<ul style="list-style-type: none"> New structured handover sheet implemented. Nurses to be involved in the handover process.
Future Plans:	<ul style="list-style-type: none"> A further re-audit to be completed in 6 months.



Learning Disability Services Division

Audit Aim:	<ul style="list-style-type: none"> Re-audit of the prescribing practices of Sodium Valproate and Depakote in Birmingham Community Healthcare Learning Disability (LD) Service.
Overall identified:	<ul style="list-style-type: none"> 38 females on Sodium Valproate/Depakote were identified, compared to 49 last year. Reasons for this difference are due to patient death or being discharged. No new starters on medication were found. 74% had alternative medication discussed. 66% had risks documented in the notes. 58% had documentation of capacity to consent to treatment. Only 13% of patients were enrolled in a pregnancy prevention programme.
Key Successes:	<ul style="list-style-type: none"> Prescribing practices for Sodium Valproate or Depakote have improved following this audit compared to the initial audit - as shown in the graphs below. Areas of improvement have been documenting consent to prescribing and discussing the risks with the patient.
Key Concerns:	<ul style="list-style-type: none"> Despite the above improvements, the team are not meeting the set standards according to the Medicines and Healthcare Regulatory Agency (MHRA) recommendations.
Actions taken following the audit:	<ul style="list-style-type: none"> Database of patients on Sodium Valproate or Depakote (within LD) to be started / monitored by pharmacist or nominated clinician in line with RiO functionality. Checklist of the criteria required to start a person on these medications as specified by MHRA to be documented clearly in the notes or clinical letter. Dissemination of re-audit results – emphasis on informing clinicians responsible for prescribing Sodium Valproate or Depakote to ensure checklist of points as recommended by MHRA standards are updated in the patient clinical notes/clinic letter. Repeat audit in 1-2 years' time.
Changes to Practice:	<ul style="list-style-type: none"> Appropriate patient information leaflets to be produced in order to provide patients with an informed choice. More awareness needed to discuss enrolment onto Pregnancy Prevention Programme for women of childbearing age and documenting that this conversation has taken place. Should they not decide to enrol onto a Pregnancy Prevention Programme, reason for this need to be clearly documented.
Future Plans:	<ul style="list-style-type: none"> Action to be discussed at the Clinical Effectiveness Board and appropriate action to be taken in line with MHRA recommendations.

Service evaluation

Aim:	Examining the effectiveness of an accessible care plan
Overall identified:	12 members of staff completed the accessible care plan with service users and provided feedback on its utilisation and 5 of their service users also offered feedback.
Key Successes:	Both staff members and service users gave positive feedback following their use of the accessible care plan. They have reported ways in which they found the care plan to be effective, for both themselves and others, and have offered constructive feedback with regards to recommended changes to be made to the pilot care plan in order for it to be used routinely within the service.
Key Concerns:	Unfortunately, the care plan was not used as widely as we had hoped; however there could be a number of factors related to this. One could suggest that staff members saw completing the care plan as an addition to their already busy workloads and were unable to find the time to do so. Others may have been unable to identify appropriate service users to complete the care plan with, for example, some members of staff assumed that the care plan must be used at the start of the referral/therapy. Another reason may be that certain professions may already have similar documents that they use (that the wider MDT may be unaware of) and therefore felt that this may be repeating work already completed with their service users.
Actions taken following the audit:	<ul style="list-style-type: none"> A task & finish MDT group met to review the plan to make suggested changes. Re-promote the accessible plan across the MDT.
Changes to Practice:	<ul style="list-style-type: none"> This will now be adopted as standard practice across the LD Division. <p>The accessible care plan was well received by both clinicians and service users. The results demonstrated however, that more thought needs to be given to how to make the plan easier for clinicians to use /dove-tails into existing work processes. The changes we recommend (based on the above feedback) are:</p> <ol style="list-style-type: none"> Adding a front sheet/ instruction page. To include: <ol style="list-style-type: none"> Highlighting the flexibility (could use any section in any order- tailor to service user and work). That we have ordered the plan to reflect the core patient journey does not mean that it every section needs to be completed or that it must be completed in that order. Suggest they complete page 1 during assessment and then dip into other pages as needed along the patient journey. If working with multiple members of staff, suggest wherever possible meeting together to co-produce one plan (that reflects the work done with each MDT clinician). Co-produce with service users wherever possible.

Changes to Practice:	<p>2. Changes to the existing form:</p> <p>a. Add a short summary first page (following instruction page) that ideally is completed at the end of assessment. Leave copy with service user and upload the copy onto RiO documents. Suggested format: (i) The problem (ii) What I am already doing that helps (iii) Next steps/ plan.</p> <p>b. Divide the section on 'what we will do to reach the goal(s) into 2 columns: (i) what I can do and (ii) how staff will support me.</p> <p>c. Enlarge and simplify the traffic light symbols in final section.1</p> <p>3. Work with colleagues in Speech and Language Therapy to improve consistency and accessibility (layout, photos, symbols etc).</p>
Future plans	This will now be adopted as standard practice across the Learning Disability Division.



Children and Families Services Division

Audit Aim:	To ensure that children with Down syndrome attending Allens Croft Child Development Centre were being seen on a regular basis and that their health needs were checked and addressed. (Children with Down Syndrome are more susceptible to health conditions affecting their thyroid, heart, eyes, breathing and hearing).
Overall identified:	Further work required to ensure timely follow up of health needs for young people with Down Syndrome in accordance with local and national best practice guidance.
Key Successes:	All relevant patients evaluated.
Key Concerns:	Lack of timely follow up, with 100% of patients experiencing delayed appointments. 2 patients definitely had delayed blood testing, and almost 50% waited more than a year for a repeat blood test.
Actions taken following the audit:	<ul style="list-style-type: none"> A specific clinic has been introduced at Allens Croft CDC for children and young people with Down Syndrome. It has been recommended that other centres in the city also set up these Down Syndrome specific clinics. (There is already a clinic at Bacchus Road).
Changes to Practice:	A spread-sheet has been introduced to support the service in tracking Down Syndrome patients.
Future Plans:	To re-audit using the same criteria 1 year after the introduction of the above.

Audit Aim and Criterion:	<p>A re- audit of care plans for children and young people (CYP) admitted to Turtles Unit (Edgewood Road) for short breaks.</p> <ul style="list-style-type: none"> To provide assurance that the updated care plans for CYP attending Turtles Unit provide safe holistic care that is reflective of their current needs. To check if recommendations from the initial audit of care plans have been implemented, embedded, sustained and are in line with current Trust Record Keeping Policy, NMC Code of Practice and Standard Operating Procedure for Assessment of Risk and Planning of Care for CYP who attend Turtles Short Break Service. To check if written care plans are accessible to all clinical staff and social care staff on the unit. To provide assurance that the gaps identified in a recent external review have been addressed, changes implemented and embedded across the unit. To assess the completeness of all care plans. To check if all relevant risk assessments are complete and up to date. To check if the Voice of the Child is evident within the care plan. To review engagement in agreeing the care plan with CYP/person with parental responsibility.
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Overall identified:	39/48 (81%) of standards were compliant. 25 standards had sustained compliance scores & in 6 standards compliance scores had increased. Unfortunately 17 standards had decreased in compliance scores compared to the previous audit, but only 6 were not compliant.
Key Successes:	Over 50% of standards scored 100% compliance. 3 standards not previously 100% compliant now scored 100%. There had been increased compliance for: <ul style="list-style-type: none"> Evidence within the progress notes that the care plan has been reviewed following phone home. Evidence that the care plan has been reviewed. Person with parental responsibility signed the care plan. Manual handling risk assessment reviewed at the time of most recent stay. Review date identified for the bed rail risk assessment. Bed rails risk assessment signed.
Key Concerns:	8 standards did not reach the 85% compliance score.
Actions taken following the audit:	<ul style="list-style-type: none"> New section added to parent's signature page regarding implied consent to care. Essential Care Indicators introduced which test if there is a final entry on discharge reviewing stay rather than outcomes. Raised at BCT/Heath management meeting that poor compliance of BCT staff signing bed sleeping risk assessments. BCT deputy manager dedicated to Turtles now in place and is supporting reviewing and signing of risk assessments. New templates now in use containing review date for manual handling and bed sleeping risk assessments.
Changes to Practice:	Staff utilise any ad-hoc visit by parents to Turtles to check care plan and gain signature, including the 6 monthly short break review meetings. (It had proven very difficult to gain return copies of signed care plans from families as children mainly use school transport when arriving for their short break).
Future Plans:	There will be a further audit in June 2020.

Adult Community Services

Title	Community End Of Life Care Audit 2019
Audit Aim:	The audit aims to identify if the care documented reflects NICE guidance and the Five Priorities for Care of the Dying Person, focusing on where there are areas for improvement and where there is good practice which can be shared across the division.
Overall identified:	
Key Successes:	Areas of good practice include: <ul style="list-style-type: none"> Individualised care planning - 87% of patient notes included an individualised plan of care which addressed the end of life care needs identified for each patient. Evidence of anticipatory prescribing in 86% of patient notes. Assessment of patients' physical symptoms and social and practical needs with a good level of evidence of on-going review in care plans.
Key Concerns:	Improvement areas focus on two key elements: <ul style="list-style-type: none"> Documentation of patient wishes and choices. Documentation of discussions with patients and families related to: <ul style="list-style-type: none"> Recognition of dying. Medication and explanations around reasons for use. Involvement in discussing the plan of care. Risks and benefits of nutrition and hydration options at the end of life. DNACPR.
Actions taken following the audit:	<ol style="list-style-type: none"> Present and discuss the results at divisional clinical effectiveness committee. Agree plan for dissemination of results to community teams. Review results against those of the night service audit to identify any common themes emerging. Incorporate learning from this audit into the assessment and care planning session of the recently introduced palliative care education programme. Ensure teams embed use of the new leaflet 'What to expect when a person is dying' to support discussions with families and prompt documentation of its use.
Future Plans:	Audit to be added to annual audit programme for division.

Title	Analysis of strategies used to overcome patient non-concordance with pressure ulcer preventative care in patients at risk of pressure ulcer development.
Audit Aim:	<ol style="list-style-type: none"> 1. To assess whether the Decisions Against Advice form is used for patients who are non-concordant with pressure ulcer care. 2. To establish if the patient's rationale for non-concordance has been discussed, identified & recorded. 3. To determine whether patients are being offered alternative options with care if they have declined best practice interventions.
Objectives	<ol style="list-style-type: none"> 1. To ensure that patients who are non-concordant with pressure ulcer preventative care are receiving support to encourage their engagement. 2. Reduce pressure ulcer numbers & severity.
Overall identified:	
Key Successes:	Virtually all patients received verbal advice on care & their records indicated this was repeated regularly & at most visits. Written information was provided in the form of the SSKIN patient information leaflets on pressure ulcer prevention.
Key Concerns:	Top tip guides have been produced & disseminated electronically & provided as handouts at training events in the past, but lack of feedback might suggest these have not always been utilised, which is understandable given the volume of emails & amount of information staff receive.
Recommendations to change practice:	<ul style="list-style-type: none"> • To become an agenda item at key meetings in 2020-21. • To organise a consensus on what actions are required. • To develop an action plan: <ul style="list-style-type: none"> • If this includes training, to identify how & by whom should this be delivered. • To consider patient information on what could happen if they choose not to follow healthcare advice on pressure ulcer prevention, what they should expect from us if they choose not to follow advice, to articulate their rationale for their decision so as we provide alternative options etc. • To consider a top tips pocket guide for staff. • To consider an annual audit. • To consider training that supports staff in having "courageous conversations" to enable identification of underlying reasons for patient "non-concordance".
Future Plans:	Annual audit

Please note a number of local clinical audits for the 2019-20 reporting period had data collection which spanned quarter 4 (Jan-March 2020) and quarter 1 of the 2020-21 reporting period (Apr - June 2020). The Trust anticipates the reports associated with these audits will be completed during Quarter 1 2020-21 following data verification and analysis.

Examples of further audits completed in 2019-20 are included in the Quality Report and will also be detailed in the Trust's clinical audit annual report (anticipated completion date July 2020). To request a copy of the report please contact clinical.audit@bhamcommunity.nhs.uk.

Participation in Clinical Research

The number of people receiving relevant health services provided or sub-contracted by BCHC in 2019-20 that were recruited during this period to participate in National Institute for Health Research (NIHR) Portfolio Research* approved by a research ethics committee was over 4300

**Portfolio Research refers to the projects funded or adopted by the NIHR through open competition.*



Commissioning for Quality and Innovation (CQUIN): 2019-20

What are CQUINs?

CQUIN schemes are quality improvement projects agreed between the Trust and Commissioners within the annual contract. From April 2019, CQUIN schemes are of one-year duration in line with the rest of NHS England's contracts.

The NHS standard contract and Specialised service contracts apportion 1.25% of the applicable contract value to the CQUIN scheme, payment of which is dependent upon the achievement of specific targets and/or milestones.

A proportion of Birmingham Community Healthcare NHS Foundation Trust's income in 2019-20 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 2019-20 are available from our website.

www.bhamcommunity.nhs.uk/about-us/publications/cquin or by calling 0121 466 7267.

Commissioner	CQUIN Scheme	CQUIN Weighting	Value of CQUIN	Projected Year End Performance	Projected Lost Income
CCGs	Improving uptake of flu vaccinations for frontline clinical staff	0.31%	£477,368	Partially met	£238,684
CCGs	Three High Impact Options to prevent Hospital falls	0.47%	£716,052	Met	£0
CCGs	Introducing sepsis screening in the community	0.47%	£716,052	Met	£0
CCGs sub total		1.25%	£1,909,471		£238,684
NHSE	Patient Recorded Experience Measures (PROMs) and Patient Recorded Outcome Measures (PREMs) at the Dental Hospital	1.25%	£202,596	Met	£0
NHSE sub total		1.25%	£202,596		£0
NHSE - Specialised Services	Neuro-Rehabilitation (INRU) local scheme	1.25%	£233,126	Met	£0
NHSE Specialised Services sub total		1.25%	£233,126		£0
Grand Total			£2,345,193		£238,684

CQC Registration

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

The CQC inspected the organisation in 2018 and we were rated "Requires Improvement" overall; our children's services were rated "Inadequate". In August 2018, the CQC issued a Section 29A Warning Notice advising us of five areas in which significant improvements were required. We have made significant progress in four of the five areas (governance and oversight, infection control, transition and safeguarding). However, further improvement is required in the fifth area relating to staffing levels, caseloads and the risk to children as a result.

The CQC carried out a focused inspection of our health visiting service in June 2019 as a follow up to their 2018 inspection. Following the visit, the CQC issued a Section 31 notice to the trust which is an 'urgent notice of decision to impose conditions on their registration as a service provider in respect of a regulated activity'. This requires us to deliver our agreed action plan to improve recruitment and retention in health visiting and reduce caseloads as a result. This work is progressing as planned and we have doubled our health visitor training capacity but we do not expect to be able to approach full establishment until financial year 2020/21.

During January and February 2020, the CQC undertook a Well-Led Inspection and an inspection of a number of core services including End of Life Care, Children and Young People's Services, Adult Community and Specialist Services and Learning Disability Services. The Trusts' CQC Inspection Report was published on 27th May 2020 and the outcome of the inspection can be seen in the ratings grid below.

In summary, the Trust remains Requires Improvement overall with 30 out of 36 services rated as Good or Outstanding. We have been rated overall Outstanding for Caring. 5 of our 6 core services are rated Good, and our children's services rating has improved to Requires Improvement. Our one remaining Inadequate rating (in the responsive domain for children's services) applies to long waiting times for specialist children's services (including neuro-developmental assessments), which it is recognised we are working to address.

Our 2020 CQC Ratings

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement → ← April 2020	Good → ← April 2020	Outstanding ↑ April 2020	Requires improvement ↓ April 2020	Requires improvement → ← April 2020	Requires improvement → ← April 2020

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good → ← April 2020	Good → ← April 2020	Outstanding ↑ April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020
Community health services for children and young people	Requires improvement ↑ April 2020	Requires improvement → ← April 2020	Good → ← April 2020	Inadequate ↓ Sept 2018	Requires improvement ↑ April 2020	Requires improvement ↑ April 2020
Community health inpatient services	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community end of life care	Good → ← April 2020	Good → ← April 2020	Outstanding → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disabilities services	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020	Good → ← April 2020

Our full CQC report can be accessed via the following link: <https://www.cqc.org.uk/provider/RYW>

Our Information Governance (IG)

Toolkit attainment level

Information Governance is the way by which the NHS handles all organisational information, but particularly personal and sensitive information about patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, ethically, confidentially, securely, efficiently and effectively, in order to deliver the best possible care.

BCHC's Data Security Protection Toolkit for 2019-20 has not yet been submitted. The submission date has been delayed by NHSX to 30th September 2020 due to the COVID-19 outbreak. The Trust continues to focus on submitting a completed toolkit to achieve 'standards met' by this deadline.

The DSPT submission was not fully achieved during 2018/19 and an action plan was agreed with NHS Digital. BCHC confirmed in the baseline submission during October 2019 that two of the three actions had been completed. The outstanding action relates to IG training and the Trust remains focussed on achieving the minimum 95% requirement of all staff receiving mandatory IG training.

Clinical Coding

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 2019-20.

The submission date has been delayed by NHSX to 30th September 2020 due to the COVID-19 outbreak.

Data Quality

Data quality is the assessment of the data fitness to serve its intended purpose in a given context and it is typically quantified by factors such as accuracy, completeness, reliability, relevance and how 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. Staff who record information 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.

These actions are underpinned by the Data and Information Strategy 2019-22 and governed by the Trusts information Board.

Implement online Trust approved web forms and applications that enables capture of data in controlled and validated ways

We will monitor the standardisation process and output through Trust data warehouse technologies

Automation of all possible manual tasks through technology, leading to reduction in manual data entry errors, resulting in an overall improvement in data quality

Continue with Trust data quality initiatives to ensure standards are adhered to and systems are continuously validated and aligned to operating procedures

Ensure all Trust systems continue to have adequate and readily available training that promotes standards and meet user requirements, leading to a more consistent user knowledge and behaviour, resulting in an overall improvement in data quality

Promote the Trust's 2020 data quality policy

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

These actions are underpinned by the Data and Information Strategy 2019-22 and governed by the Trusts information Board

Learning from deaths

Division	Adult and Specialist Rehab	HMP B'ham	Adult Community Services	Learning Disabilities	Children and Families
No. of deaths	173	1	8	39	107

During 2019-20, 328 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:

- 70 in the first quarter
- 77 in the second quarter
- 89 in the third quarter
- 92 in the fourth quarter

By 31/03/2020, 168 case record reviews/ investigations had been carried out in relation to 168 of the 328 deaths. In 168 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:

- 44 in the first quarter
- 40 in the second quarter
- 44 in the third quarter
- 40 in the fourth quarter

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter
- 0 representing 0% 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.

(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).

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 2019-20 Adults Specialist and Rehabilitation Division, Learning Disabilities and Adult Community have identified key themes for learning where there are gaps in practice and also including good practice. Key themes include as follows:-

1. Standardised the approach for all deaths including Adults, Children and Learning Disabilities in all settings with the Trust agreeing additional resources to support the Child Death Review Process and the ongoing commitment to the Adults programme to comply with the CQC Learning from Deaths national guidance. The Children and Families Division's Child Death Review Process uses a screening tool to review all child deaths up to the age of 18 years. Any good practice and learning identified from this is triangulated with other external processes including the multi-agency Sudden Unexpected Death in Childhood (SUDIC) protocol.

2. The accuracy of death certification and cause of death has been improved by following the Medical Examiner's guidance and the need for community Trusts to be compliant with the national process by 1st April 2021.
3. Learning from Excellence (LfE) has identified areas of good practice associated with End of Life Care and making sure that individuals receive the right care at the right time and families are supported.
4. The revised National Early Warning score (NEWS2) tool implemented well in the inpatients was extended to the community with nursing staff and AHPS using the patient observation chart and the Sepsis screening tool in patients' own homes.
5. Safety huddles are being rolled out across the Trust to share learning quickly and discuss cases for improvement and learning

A variety of Quality Improvement work streams identified from reviews include:-

- Sepsis: recognising and treating in adults and children's services;
- The prevention of blood clots and medication prophylaxis;
- Management of constipation and effective bowels and bladder care, monitoring, documentation and escalating;
- Prescribing, administration, documentation and monitoring of Controlled Drugs;
- End of life care including initiation, completion, appropriateness of documentation, holistic care: spiritual needs, non-pharmaceutical care, bereavement support for families in adults and children services;
- Multidisciplinary team working and effective communication and handover;

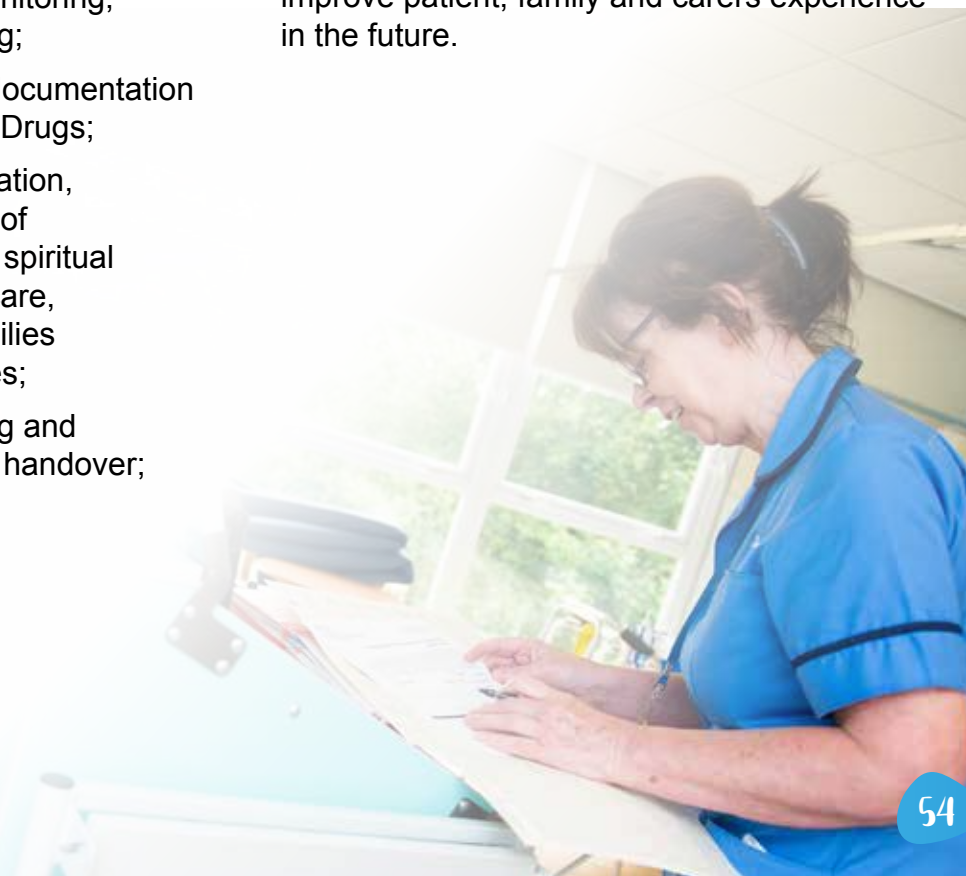
- Dysphagia, management of aspiration pneumonia and including oral suction;
- Medication management - allergy; prescribing of homely remedies;
- Managing and monitoring Lying and Standing Blood Pressure with Falls Prevention work;
- Management of hydration.

8 case record reviews and 8 investigations completed after 31/03/2019 which related to deaths which took place before 31/03/2019. These reviews were undertaken in the month of April 2019 and wholly related to patient deaths that occurred in March 2019.

0 representing 0% of the patient deaths before 31/03/2019 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 2018-19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Every death is a significant and sad event, even though some cannot be avoided. BCHC aims to ensure that every death is reviewed in accordance with national guidance to ensure that the appropriate care has been provided and capture anything that can be learnt to improve patient, family and carers experience in the future.

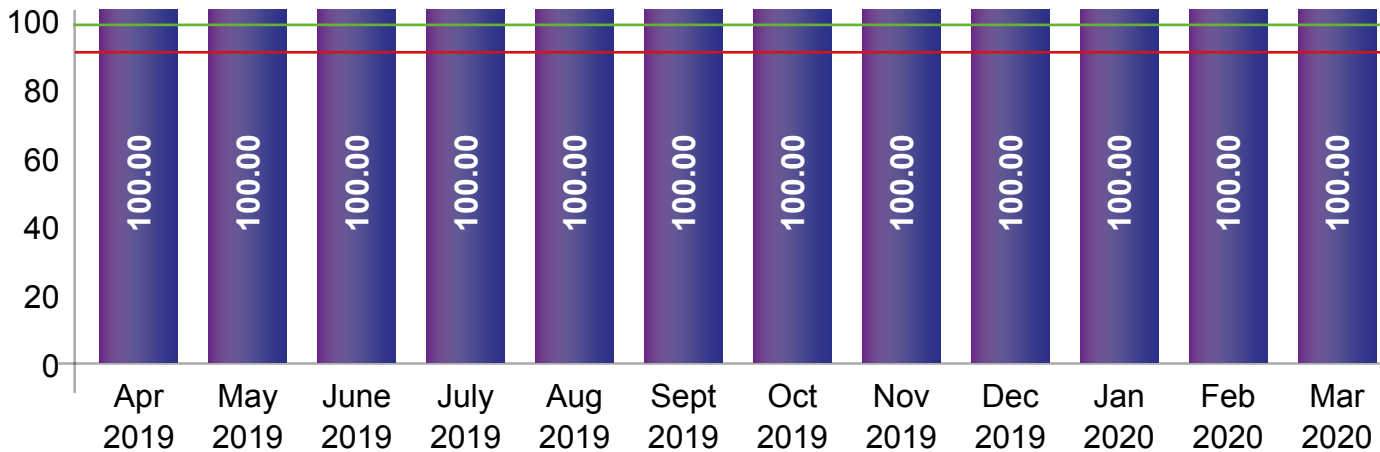


Care Programme Approach

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

The Care Programme Approach (CPA) is a partnership working model used in secondary mental health and learning disability services to co-ordinate care, treatment and support for people with complex needs, relating to their mental health or learning disabilities. The Learning Disabilities Division monitor two indicators relating to this model. The first are patients who should receive a follow up consultation within 7 days of discharge from an inpatient facility and it is positive to report full achievement of this target.

BCHC considers that this data is as described as the number of referrals to BCHC during 2019-20 was only 7, therefore the volume was low and the service have been able to prioritise seeing these patients.



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.

28 Day readmission rates are a nationally defined measure designed to monitor the safety of discharges from acute hospitals. In a situation where a discharge is made too early and an emergency re-admission is required acute hospitals are required to treat the second admission without additional funding as a penalty for what is assumed to be an unsafe initial discharge. However in the case of a community trust a readmission within 28 days is not necessarily a reflection of poor practice and of course in most emergency situations admission to an acute would not be registered as it would take place in a different Trust.

	Number of patients readmitted within 28 days (emergency readmission)	28 day emergency readmission rate
Total 2019-20	67	1.8%

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 (RiO) and has been internally verified
- 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
- Each discharge is checked for a subsequent emergency readmission to any inpatient unit in the Trust
- The days between discharge and readmission date are calculated. If within 28 days, that readmission is included
- The majority of BCHC emergency readmissions happen when a patient is transferred to an acute hospital to receive acute care and then the patient returns to BCHC

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.

NHS Number and General Medical Practice Code Validity

Birmingham Community Healthcare NHS Foundation Trust submitted records During 2019-20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

FY 2019-20 figures (to date):	% with valid NHS number:	
	Numbers	%
Inpatients (based on admissions)	3938 / 3968	99.2%
Outpatients (based on actual OP contacts)	530985 / 531374	99.9%

	% with valid GP practice code:	
	Numbers	%
Inpatients (based on admissions)	3808 / 3968	96%
Outpatients (based on actual OP contacts)	513229 / 531374	96.6 %



Staff Survey 2019

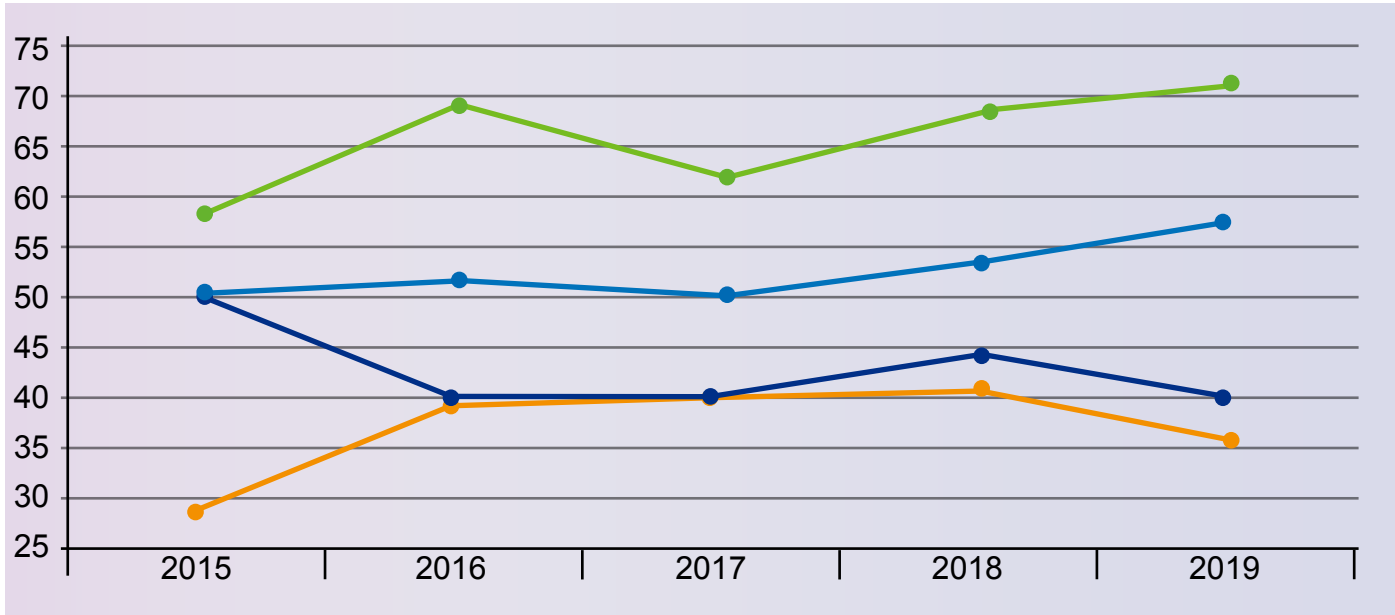
The National Staff Survey was undertaken by our contractor Quality Health for a total of 121 NHS organisations between September and December 2019.

The annual Staff Survey 2019 questionnaires were sent to 4,572 eligible colleagues at BCHC through a mix mode allocation of online and paper surveys.

Each staff member could only receive one type of questionnaire.

Colleagues selected to participate online were sent an email invitation directly to their work email address inviting them to securely log into the online questionnaire portal and provide their responses.

BCHC Response Rate Chart



Best	57.8%	68.7%	62.0%	68.3%	70.7%
Your org	49.8%	39.9%	39.8%	44.1%	40.9%
Median	49.8%	51.5%	50.1%	53.2%	57.5%
Worst	28.4%	38.9%	39.8%	40.4%	35.9%

Colleagues selected to complete paper questionnaires received these through our organisation's internal post.

After excluding respondents that were later known to be ineligible, a usable sample of 4,511 remained.

From the usable sample, 1,844 questionnaires were returned yielding a response rate of 40.9%.

Staff Survey 2019 Results



Overall our scores have improved

The results are broken down into 11 themes. Our scores improved in 10 of the 11 themes - with significant improvement in 8 of these. Whilst this is a positive improvement, the Trust remains below average for comparator organisations in 10 of the 11 themes.

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 2019 score is significantly high than last year's, whereas ↓ indicates the 2019 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 'N/A'

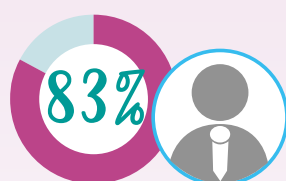
Theme	2018 score	2018 Respondents	2019 score	2019 Respondents	Statistically Significant change?
Equality, diversity and inclusion	8.8	1922	8.9	1813	Not significant
Health and wellbeing	5.6	1944	5.9	1820	↑
Immediate managers	6.7	1946	6.9	1826	↑
Morale	5.7	1923	6.0	1798	↑
Quality of appraisals	5.0	1680	5.3	1554	↑
Quality of care	7.3	1658	7.5	1540	↑
Safe environment - Bullying and harassment	8.0	1920	8.1	1789	Not significant
Safe environment - Violence	9.6	1918	9.6	1797	Not significant
Safety culture	6.6	1932	6.8	1820	↑
Staff engagement	6.7	1958	7.0	1834	↑
Team working	6.5	1917	6.7	1796	↑

*Statistical significance is tested using a two-tailed t-test with a 95% level of confidence

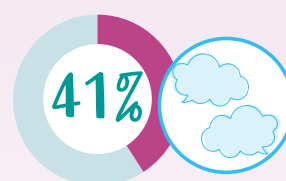
Some of the areas where the Trust saw significant improvements are:

- Senior managers act on staff feedback +8 percentage points ↑
- We act on concerns from patients +6 percentage points ↑
- Communication between staff & senior managers is effective +6 percentage points ↑
- We treat staff involved in incidents fairly +6 percentage points ↑
- Recommend us as place to work +6 percentage points ↑

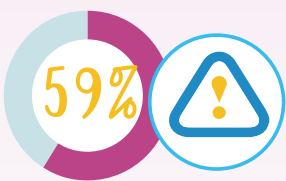
Results Summary by theme



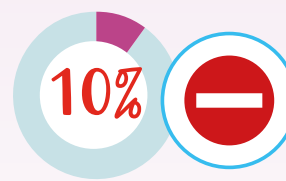
Know who the Trust's senior managers are



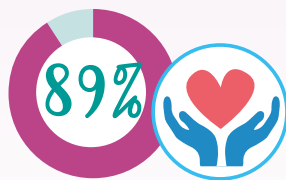
Agreed that communication between senior managers and staff is effective



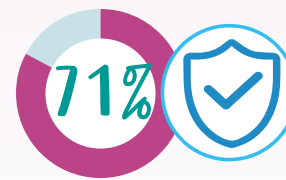
The organisation treats those involved in incidents fairly



Reported experiencing physical violence from patients/public in the previous 12 months



Were satisfied with quality of care they provide



Staff are more positive about the Trust taking action to ensure they incidents do not happen again

Overall, whilst the scores have improved significantly there is still much room for improvement. The Trust has therefore prioritised 5 themes which will be taken forward in response to the results:



1. Immediate Managers



2. Equality, Diversity and Inclusion



3. Health & Wellbeing



4. Safety Culture



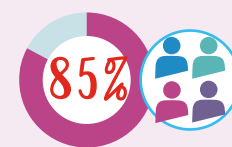
5. Safe Environment - Bullying and Harassment

A Great Place to Work

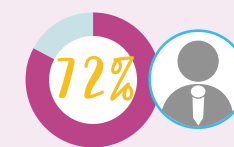


Each of these themes are consistent with the Trust's Fit for 2022 plans and strategic objective to become a 'Great Place to Work'.

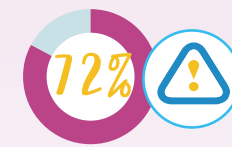
Trust priority areas for improvement & action:



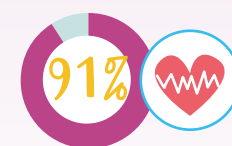
Still significantly low in EDHR, to continue to improve on equality & diversity with focus on race equality



Continue to provide leadership development opportunities that develop our leaders and engage and empower teams



Support colleagues to have the opportunity to speak up, report concerns, errors and near misses



Focus on health & wellbeing and recruitment as priorities to reduce stress and workload demands



Said they experienced harassment, bullying or abuse from managers or other colleagues

Staff Friends & Family Test

The Staff Friends and Family Test (FFT) is completed quarterly, exceeding the mandated requirements. During quarter 3, it is included in the Staff Survey.

Below are graphs that show our Trust results each quarter and the Staff Survey Quarter 3 data, from 2015, as this is the span of data NHS England makes available.

Please note that the average and best and worst organisational scores are based on our sector for the quarter 3 results but on the national results for other quarters - this reflects the different ways NHS England handles the data for National Staff and Staff FFT.

1. Staff Survey - Staff Friends & Family Quarter 3 Scores

Year	Would Recommend - Care	Average Score Sector	Would Recommend - Work	Average Score Sector
2019	70.0%	78.3%	59.2%	66.3%
2018	67.4%	74.8%	53.0%	59.4%
2017	72.8%	73.0%	59.0%	57.4%

2. Staff Friends & Family Quarter 3 Detailed Scores

Q.21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

	2015	2016	2017	2018	2019
Best org	82.9%	86.2%	82.7%	89.2%	85.5%
BCHC	66.5%	64.7%	72.8%	66.2%	66.2%
Average org	73.8%	73.1%	73.0%	74.8%	78.3%
Worst org	66.5%	64.7%	66.2%	36.6%	35.6%

Q.21c I would recommend my organisation as a place to work

	2015	2016	2017	2018	2019
Best org	67.2%	70.6%	67.3%	67.3%	73.8%
BCHC	50.0%	54.7%	59.0%	53.0%	59.2%
Average org	57.2%	54.7%	57.4%	59.4%	66.3%
Worst org	47.8%	44.3%	45.2%	36.0%	39.2%

www.nhsstaffsurveys.com provides full data that can be filtered in varying formats.

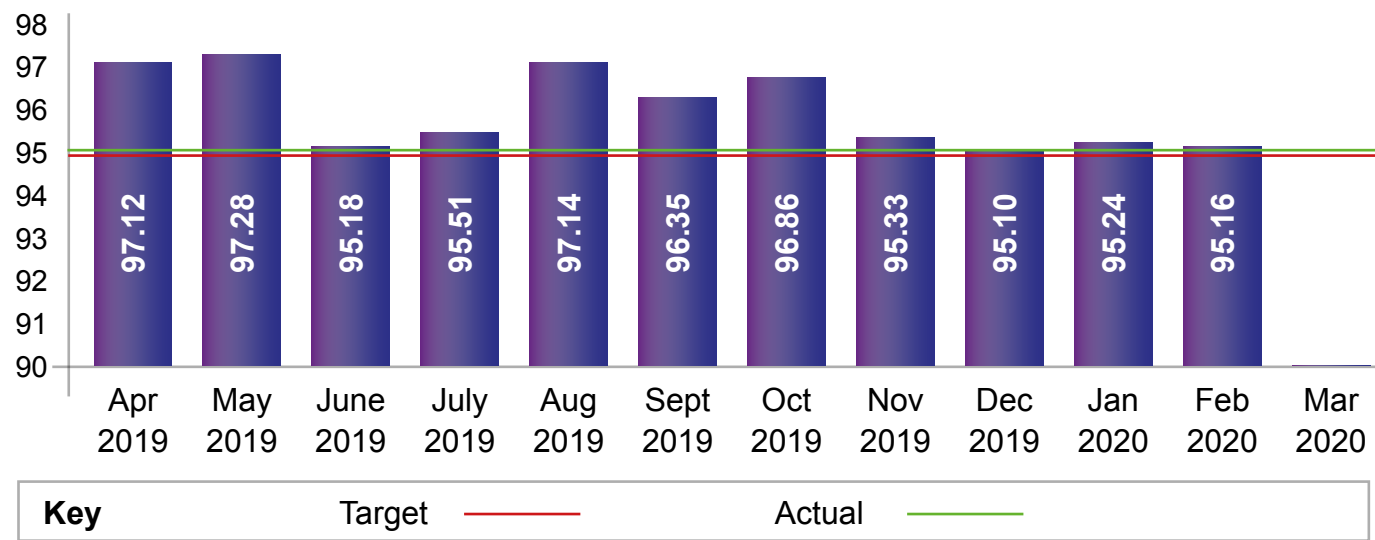
Venous thromboembolism (VTE)

Venous thromboembolism (VTE) forms part of the work programme for patient safety, which is one of the Trust's quality priorities.

VTEs are blood clots which form in veins and can then spread to other areas forming dangerous blockages. VTEs are a key risk for immobilised and especially post-surgery patients. BCHC is required to risk assess all adults who are admitted as in-patients for VTE within 24 hours of admission using the criteria in the National VTE Risk Assessment Tool.

Indicator: the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Percentage of patients assessed for VTE within 24 hours of admission



The Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- BCHC risk assesses all adults who are admitted to our in-patients for VTE within 24 hours of their admittance using the criteria in the National VTE Risk Assessment Tool.

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:

- Ensuring that at least 95% of admissions are screened within the 24 hour period with a small number taking place after a delay.
- Each month the number of assessments reported on has been between 200 and 250 which gives assurance that the majority of patients are therefore being screened and the assessment is reporting a representative position.

No data is shown for March 2020 as a result of changes to admission practices in the early stages of the NHS response to the COVID-19 pandemic. Whilst VTE assessments on admission continued to be carried out as normal up to 19 March 2020 this activity was not retrospectively audited in April 2020, the following month. The assessments are currently on pause, therefore there will be no data for April 20.

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 4 cases of Clostridium difficile infections in 2019-20. All cases have a detailed root cause analysis completed which is reviewed by the commissioners. Each case reviewed in 2019-20 has been classed as unavoidable. This means that there was nothing the Trust could have done to prevent these cases.

Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

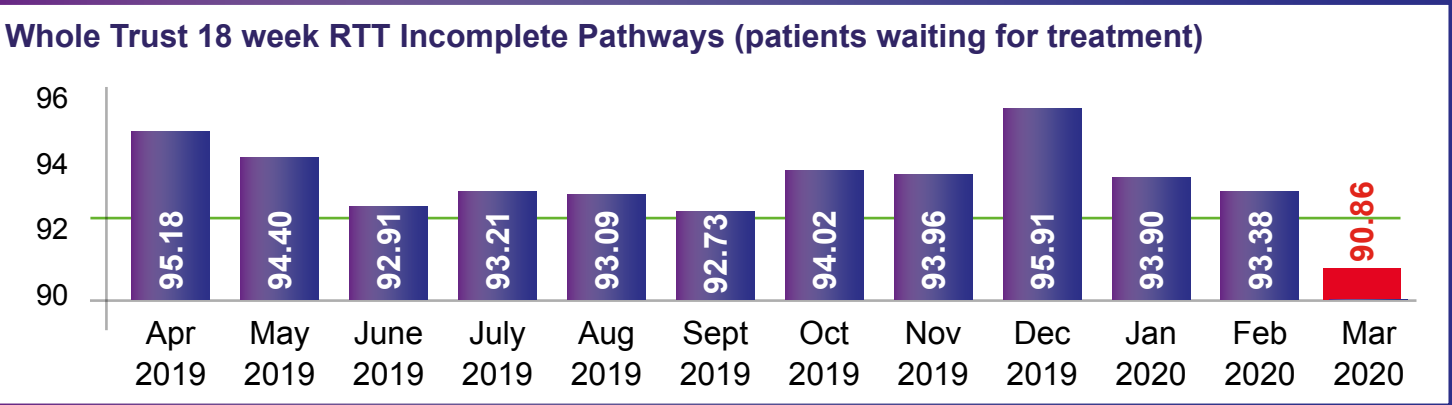
Data is received from specimen laboratories directly. This data is also checked through a national database by commissioners monthly.

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.

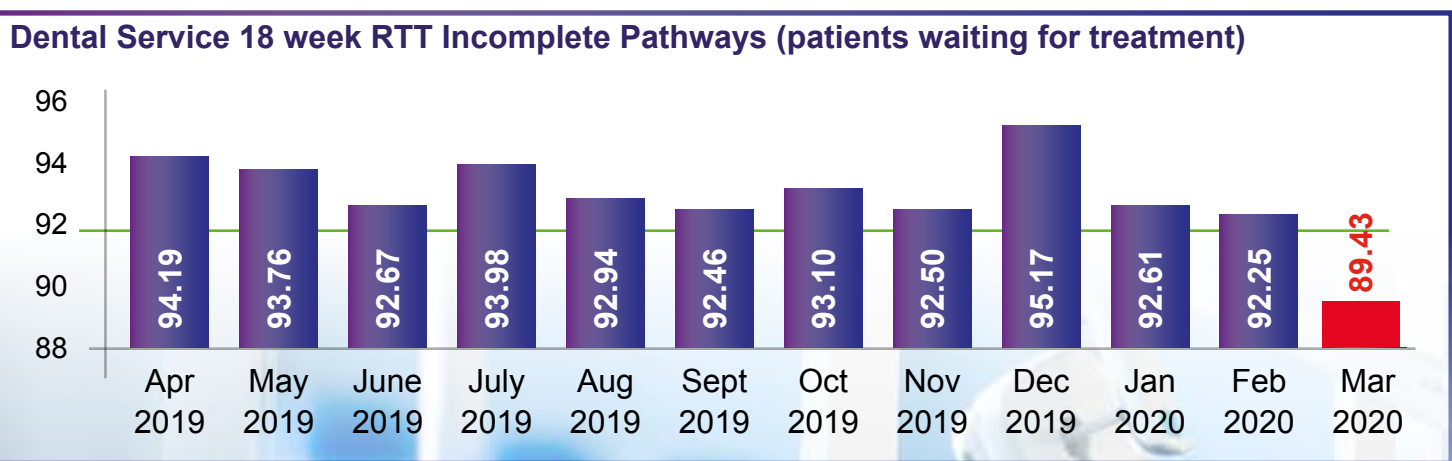


Incomplete Pathways

Incomplete pathways represent those patients who have been referred on to consultant led referral to treatment (RTT) pathways, but whose treatment had not yet started at the end of the reporting period. The incomplete waiting time standard was introduced in 2012 and states that the time waited must be 18 weeks or less for at least 92% of patients on incomplete pathways.

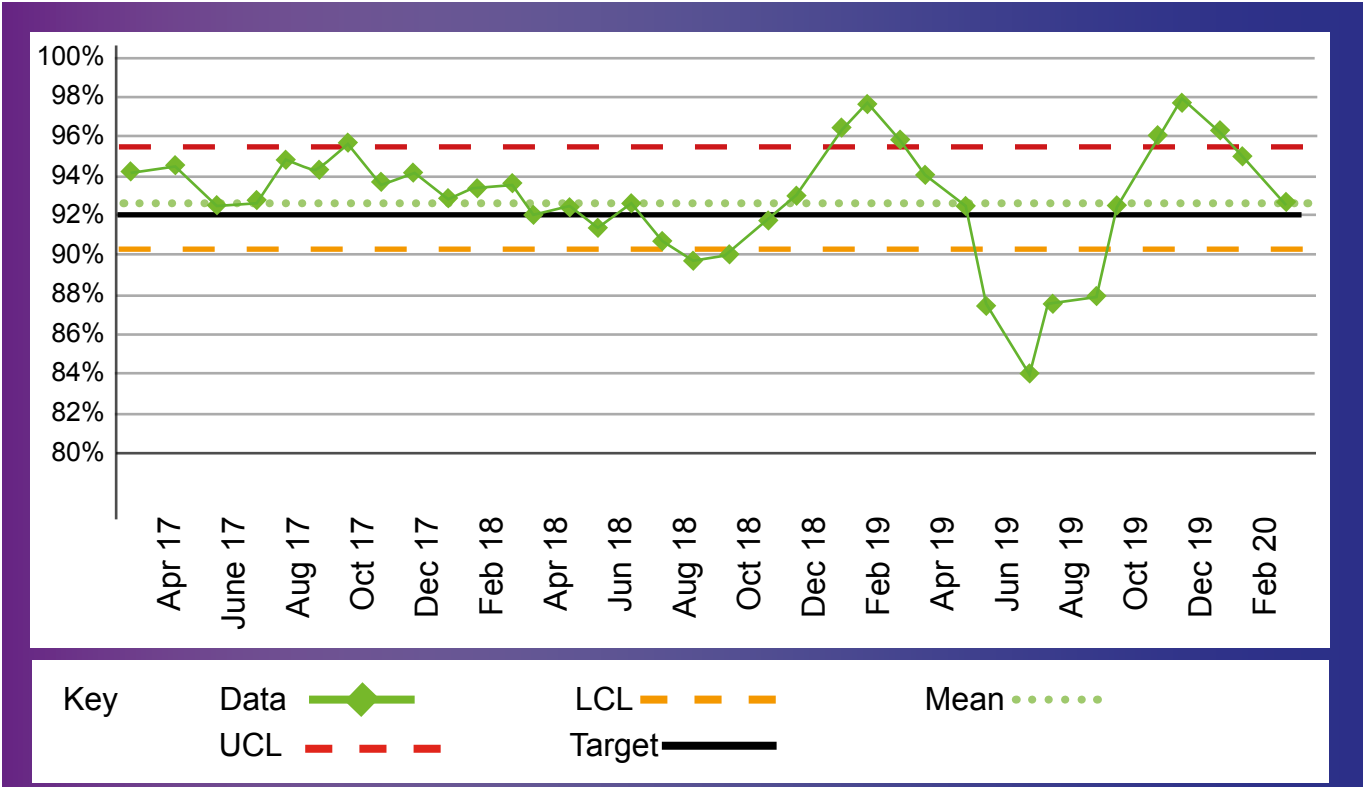


Throughout 2019-20 the majority of patients waiting for treatment on consultant led pathways were seen within 18 weeks of referral. The nationally set target of 92% was achieved each month except March 2020 when many patients had their appointments cancelled due to risk of COVID-19 infection leading to unavoidable increases in the waits for treatment.



The Dental Hospital carry out a significant number of consultant led pathways and have efficient scheduling systems in place to ensure that they are able to cope with fluctuating workloads. The service was able to achieve the 92% standard throughout the year until patient cancellations in March 2020 caused additional waits for patients. The impact of cancellation can be seen in the number of patients who did receive first treatment. In March 2020, the Dental service saw 322 out patients for first treatment on an RTT pathway and 'stopped their clock' as a result. However in February 2020 there were 654 such appointments.

Children & Families 18 week RTT Incomplete Pathways (patients waiting for treatment)



During 2019-20 the Children's Community Paediatric Services came under pressure with staffing problems meaning that consultant roles were vacant and delays increased. The service fell beneath the 92% standard for four months from June 2019, however the Trust was able to continue to achieve the national target and additional consultants were appointed on extended locum roles. The impact of these additional roles and the rescheduling of patients can be seen where activity peaked in December as a backlog of new patients was seen.

Patient Safety Incidents

An incident is any event which gives rise to or could give 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 2019-20, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Year	Total Incidents	Severe	Death	Total	%
2019/20	10809	42 Severe	106	148	1.4
2018/19	8343	25 Severe	49	74	0.88
2017/18	7450	45 Severe	41	86	1.15
2016/17	7044			26	0.4

The Trust continues to report all patient deaths in compliance with the National Quality Board 'National Guidance on Learning from Deaths' March 2017. This 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, all patient deaths notified to or noted by BCHC are also reported. This includes 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 and accounts for all incidents recorded as 'deaths'.

There have been no deaths reported which have been reported as a Serious Incident, i.e. which were identified to have occurred due to an untoward event caused by the Trust (as reported on page 53).

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 01/04/2020

During the period 1 April 2019 and 31 March 2020 a total of 10809 incidents have been reported.

Incident by type

Incident Type	Total 2019/20	Total 2018/19
Information Governance	322	315
Fire Safety	41	28
Infrastructure	383	320
Medication, Medical Gas, Medication Delivery System	872	776
Patient Incident*	7368	5357
Security	366	365
Staff, Visitor, Contractor Incident	1457	1182
Total	10809	8343

*Changes to include the reporting of Deep Tissue Injury/Moisture Associated Skin Damage as incidents

Top 3 Incidents

Top 3 Incidents	Incident by type	2019/20	2018/19
Patient Incident	Care delivery (inc. pressure ulcers)	3872	2115
	Admission, transfer, discharge, access to services	832	649
	Slips, trips, falls	633	751
Staff, visitor, contractor incident	Violence, abuse, assault	573	411
	Staffing issues	443	330
	Contact injury	89	82
Medication	Administration	474	383
	Prescribing	120	119
	Storage	114	82

Serious Incidents

The Trust reported 114 Serious Incidents in 2019-20, of which a total of 9 were reclassified, leaving a total number of 105. This compares to a total of 76 Serious Incidents being reported during 2018-19. The reported Serious Incidents for 2019-20 have been summarised below:

Type	Total
Accident Meeting SI Criteria	1
Apparent /actual/suspected self-inflicted harm meeting SI Criteria	1
Grade 3 Pressure Ulcer	52
Grade 4 Pressure Ulcer	32
Commissioning Incident meeting SI Criteria (Near miss consent/Safeguarding)	1
HCAI/Infection Control	5
Medical equipment/ devices/disposables incident meeting SI criteria	1
Potential Treatment Delay	1
Slips trips and falls	9
Surgical/invasive procedure incident meeting SI criteria	2
Total	105

It should be noted, however, that during the reporting period, the Trust now reports all Category 3 community acquired pressure ulcers, whereas in the past, those smaller than 2cm x 2cm were not reported as Serious Incidents, but were subject to internal review.

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 2019-20, the Trust reported no Never Events as compared to 2 Never events in 2018-19.



Patient and Service User Experience

Patient and service user experience continued to report excellent performance in 2019-20 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 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
%	95	96	95	96	96	94	93	97	96	96	95	95

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

Month	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
%	94	96	94	96	95	94	94	95	95	95	94	90

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 responded to the survey each month varied as did the teams surveyed. During 2019-20 the patient experience team worked hard to improve the response rates with approaches such as card for patients and electronic devices to source feedback. It is therefore positive to report an increasing response rate from previous years with the lowest sample size in August 2019 being our lowest at 1157 and May 2019 being our highest at 2084. This gives us assurance that the views reported are representative of a significant number of patients and that patients who want to provide feedback are supported to do so.

Complaints 2019 – 2020



Number of Complaints by Division

Division	Number of Complaints
Adult Specialist Rehabilitation	49
Adult Community Services	52
Children and Families	67
Dental	50
Learning Disability	16
Corporate	0
Trust Total	234

Total Activity by per 100 WTE staff

	2019-20	2018-19
Total WTE	48,299.25	48,587.26
Number of Complaints	234	194
Complaints per 100 WTE staff	0.48	0.40

Actions and lessons learned from complaints:

1. Lack of care and support:

Concerns were raised in regard to a patient’s experience on admission to a bedded unit.

Action! Confirmation was provided of the actions implemented in order to address the issue, including an instruction to staff that if a patient is transferred from another ward within Birmingham Community Healthcare, it is acceptable to use the existing mobility care plan until a physiotherapist can conduct a further assessment.



2. Delay in treatment:

Complaint raised in regard to an administrative error which led to a delay in the patient being referred for a Cone Beam Computed Tomography (CBCT) scan.

Action! Confirmation was received that, in future, any dentist who completes a request for a CBCT scan must personally take that scan request to the Imaging Department for processing to ensure it reaches the correct person and to reduce the risk of the same situation happening again.



3. Manner and Attitude

On investigation of a complaint regarding comments made by a Health Visitor, the member of staff understood why her choice of words was inappropriate.

Action! The Health Visitor reflected on the interaction with the complainant, acknowledging that her wording caused offence, and will not use such terminology again in future.



4. Waiting Times

A complaint was made in respect of a misunderstanding about timeframes for an appointment.

Action! Whilst it was acknowledged that it is not always possible to be precise about likely appointments, in order to avoid such a misunderstanding in future, staff were reminded that if they are unsure of timeframes, they should check with the relevant manager and ensure they inform patients that timeframes are approximate.



5. Discharge

Concerns were raised in regard to the communication about a meeting held in relation to a patient’s discharge.

Action! It was acknowledged that the meeting had been poorly planned and that its purpose had not been clarified with the patient’s family. It was reinforced with staff that any meetings held between a patient, their family and ward staff must have a clear agenda, with a written summary of the discussion made available to the relevant attendees.



Section 3

Quality Indicators

Improving Sickness Absence levels

Smallwood Library - Supporting Trust strategic objectives

Duty of Candour

Safety Thermometer

Implementation of NICE recommendations for care quality

Same Sex Accommodation

Safeguarding Training

Advice and Liaison Service

The Freedom to Speak Up

Essential Care Indicators

Pressure Ulcers

Infection Prevention and Control

PLACE 2020

Equality and Diversity (Incl. WRES)

Transition

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Quality Indicators

Indicator	Target 2019-20	End of year position 2019-20	End of year position 2018-19
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	9	6
All Community Pressure Ulcers (monthly Target) †	175	126	N/A
All Inpatient Pressure Ulcers (monthly target) †	27	21	N/A
Number of Serious Incidents (cumulative) †	N/A	112	73
Number of Never Events †	0	0	2
Patient NHS Safety Thermometer (Harm FREE Care - new and old harms)†	95%	98.84%	98.64%
Patient NHS Safety Thermometer (HarmFREE Care - New Harms only)	95%	99.82%	99.64%
Essential Care Indicators - Inpatients (aggregated measure)	95%	98.40%	97.4%
Essential Care Indicators - community (aggregated measure)	95%	97.97%	98.0%
Essential Care Indicators - Learning Disability Inpatients	95%	98.80%	98.1%
Essential Care Indicators – Learning Disability Community *	95%	97.67%	96.4%
Percentage of Venous Thromboembolism (VTE) risk assessment on admission † *	95%	95.16%	95.49%
Friends and Family Test †	85%	95.34%	95%
Written Complaints Rate (per 100 WTE Staff) †	N/A	0.57	N/A
Percentage of staff appraised (within 12 months)	90%	83.74%	83%
Percentage of sickness absence	5.21%	7.88%	5.65%
Safe staffing†	90% - 110%	109.37%	101.70%
Mandatory Training Compliance	90%	90%	91.00%
Environmental Cleanliness *	90%	93.50%	95.6%

† Nationally defined

*Feb data has been reported as March activity did not take place due to COVID-19 related suspension of business as usual.

Improving Sickness Absence Levels

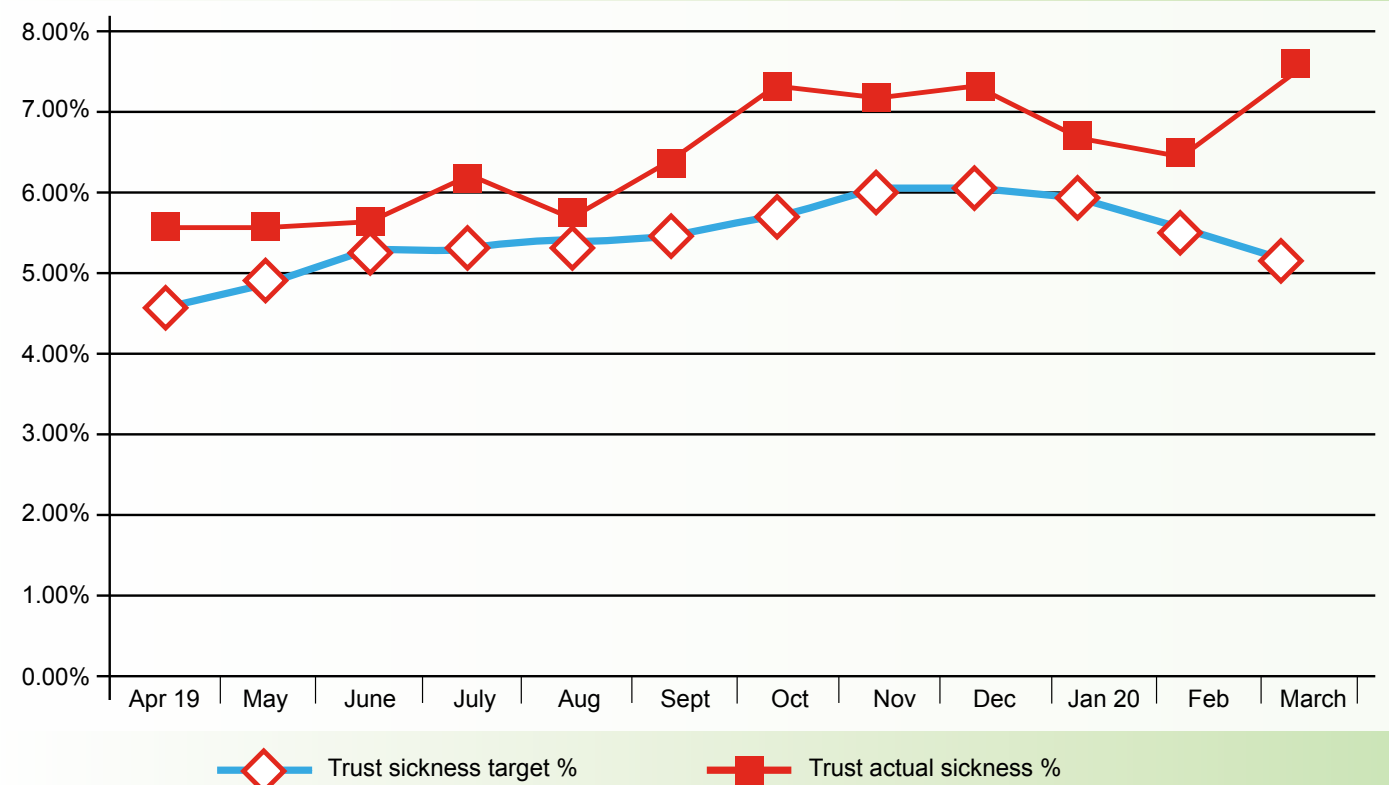
Maintaining acceptable levels of staff sickness absence has been a significant challenge for most of 2019-20. NHS Benchmarking against community trusts shows a six month average sickness rate of 5.0% in February 2020 which compares unfavourably to a Trust average of 6.7%.

This has been seen across all clinical divisions but Children and Families and Adult Community Services divisions have experienced considerable difficulties in meeting targets.

Whilst performance has not shown any sustainable improvement against KPI targets considerable activity has been undertaken to support attendance including a Health and Wellbeing Programme with a specific focus on Mental Health and the introduction of the Mental Health First Aid training and Staff Resilience Programme.

The new Improving Attendance Policy has been introduced and has been subject to a 9 month implementation evaluation. This new approach to managing attendance has been supported with staff briefings and workshops and HR support for line managers.

The 'Care First' counselling and 24 hour advice line support is now embedded and is proving to be a positive resource for colleagues alongside Occupational Health Services.



Smallwood Library

Supporting Trust strategic objectives

Smallwood Library provides quality library services to all staff, students and volunteers working across BCHC. The library services not only support Trust values, but also our Strategic Objectives.

During the last year we have worked hard to ensure that services are accessible in as many ways as possible to our colleagues, and have introduced 24 hour access, 7 days a week so that services can be accessed by any member of staff at a time that suits them.

We are now working towards our first return in the Library Outcomes Framework, which replaces the Library Quality Assurance Framework.

- Providing the evidence for services and individuals to provide the most up-to-date effective care.
- Enable individuals to be kept up-to-date in their areas of interest.
- Ensure that policies are supported by current relevant evidence, and that they are available on the Trust intranet.

Safe, High Quality Care

"I think that it has had impact on predominantly personal/ professional development and maintaining lifelong learning. It's definitely contributed to the evidence base behind everything that I do and all of those things in turn lead to improvements in patient care both in terms of quality and in terms of safety because sometimes the things that are sent out are to do with safety and reducing waste or ineffective treatment so I think the impact is good."



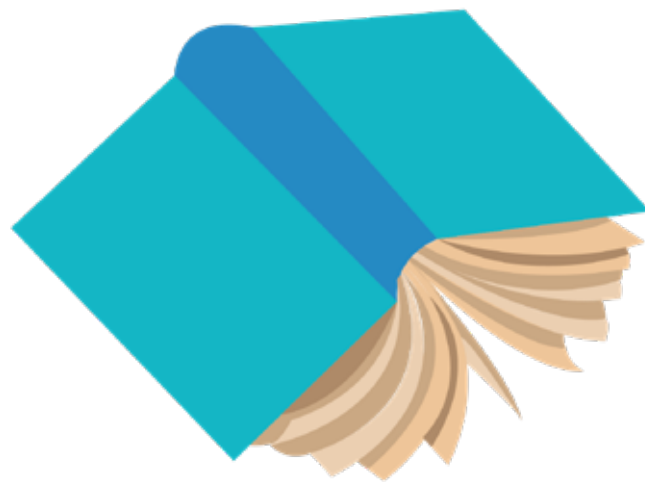
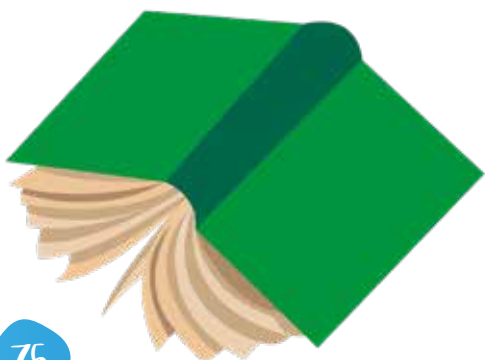
A Great Place to Work

"Just wanted to give a huge thank you to @smallwoodlibrary@bhamcommunity helping me to find the supporting evidence for training project resulted in a #2ndprize @Clinell @ipswestmidlands"

"Concise. It highlighted a risk to training that was acted upon immediately."



- Provide the knowledge and information that colleagues need to develop both personally and professionally.
- Offer library access to 24/7 so that colleagues can access a quiet place to work no matter their working hours.
- Offer a health and wellbeing collection, reminiscence collection, CDs and DVDs, fiction and materials to support staff networks.
- Train colleagues to search for high quality information to enable professional and personal development.



Integrated Care in Communities

"I have been really impressed with the service I have received. The staff are so helpful and searches are completed promptly. Thank you."

"It was a really good session. I learnt about getting systematic reviews, ordered an article on autonomy, and learnt about NICE evidence searching. It was good to get the reassurance and encouragement."



- Enable use of healthcare libraries across Birmingham and Solihull as part of joint working arrangements.
- Work jointly with local library colleagues to provide support to local networks including STPs and the Birmingham Care Alliance.



Making Good Use of Resources

"Amazing, thank you so much. This has been lingering about for weeks trying to find the "right person" to sort this. You are that person. I can't thank you enough for doing this"



- Work collaboratively with other healthcare libraries locally and nationally to make joint purchasing decisions to increase value for money.
- Ensure that library services are accessible to all colleagues via email, phone and post, no matter where they are based.

Duty of Candour

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 when things go wrong (the Duty of Candour).

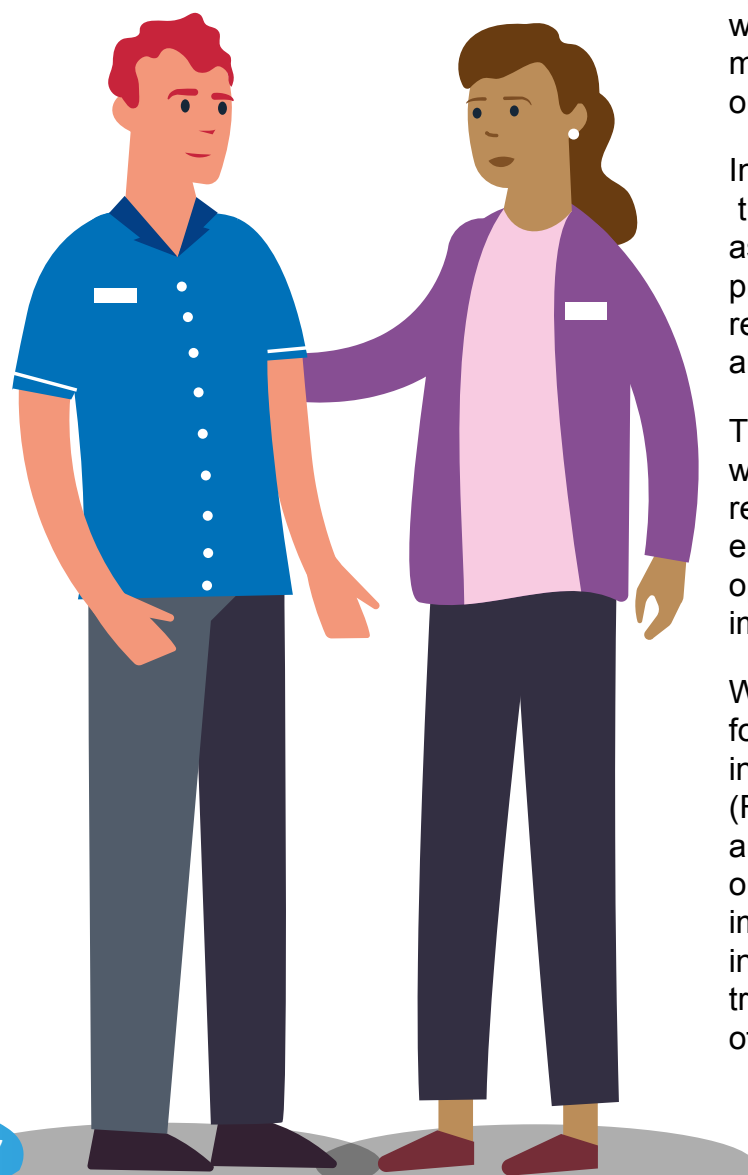
“ Patient/Service User safety remains of paramount importance to the Trust ”

The Duty of Candour is a statutory (legal) duty to be open and honest with patients (or ‘service users’), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. It applies when there has been unintended or unexpected severe or moderate harm or prolonged psychological harm to the service user or even death. In other words, we must tell you about what happened as fully as possible and in a sensitive way, in person. This should happen as soon as reasonably practical after the incident is known about and should include an apology, and should also be followed up with a written account and apology. You should be informed about what will happen next, for example what safety measures will be taken or what enquiries or investigation will be carried out.

In terms of the Duty of Candour (DOC), there are processes in place to give assurance of BCHC compliance, including processes within Datix which means that relevant incidents cannot be closed without all aspects of DOC considered and fulfilled.

There is also a monthly audit of compliance with our legal and contractual duty, which is reported through governance committees, ensuring that BCHC are communicating openly and honestly with patients who are impacted when things have gone wrong.

We also have a complimentary 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.



Safety Thermometer

It has been 8 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.

All national data collection for the 'classic' Safety Thermometer will stop after March 2020. Plans for nationally-produced replacement data to support improvement drawn from routinely collected sources will be provided or signposted on the NHS England and NHS Improvement Patient Safety Measurement Unit webpage (<https://improvement.nhs.uk/resources/patient-safety-measurement-unit/>) as soon as they are available.

It is BCHC's intention, when the current COVID-19 pressures are over, to recommence collecting Patient Safety data using the NHS Safety Thermometer Survey for internal use as an aspect of continuing our harm free care agenda.

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 0.40% of patients surveyed over the course of the year experienced a new harm, as 99.60% of our patients were HarmFREE compared with the national figure of 97.75%. This information is collected on a set day every month as a snapshot in time and shows a slight reduction in improvement over the year compared with last year.

Table 1

2019/20	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
All Patient Harms - HarmFREE Care	98.41	98.31	98.10	98.33	98.27	98.59	97.89	97.95	97.98
New Patient Harms - HarmFREE Care	99.53	99.71	99.50	99.65	99.77	99.67	99.36	99.57	99.76

2019/20	Jan	Feb	Mar	Trust Overall	National Overall
All Patient Harms - HarmFREE Care	98.36	98.46	98.84	98.28	93.66
New Patient Harms - HarmFREE Care	99.18	99.71	99.82	99.60	97.75

Table 2 shows the sample size for 2019-20 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 98.28% HarmFREE compared with the national figure of 93.66%.

For the Children and Families Division the sample is restricted to the community nursing teams and the inpatient respite beds. Although no longer a CQUIN, the requirements to complete the NHS Classic Safety Thermometer survey remain the same. The NHS Safety Thermometer Programme Manager supports teams to ensure that we achieve 100% compliance and this year the Trust has sampled 25,022 patients and 24,592 were free of the four common harms.



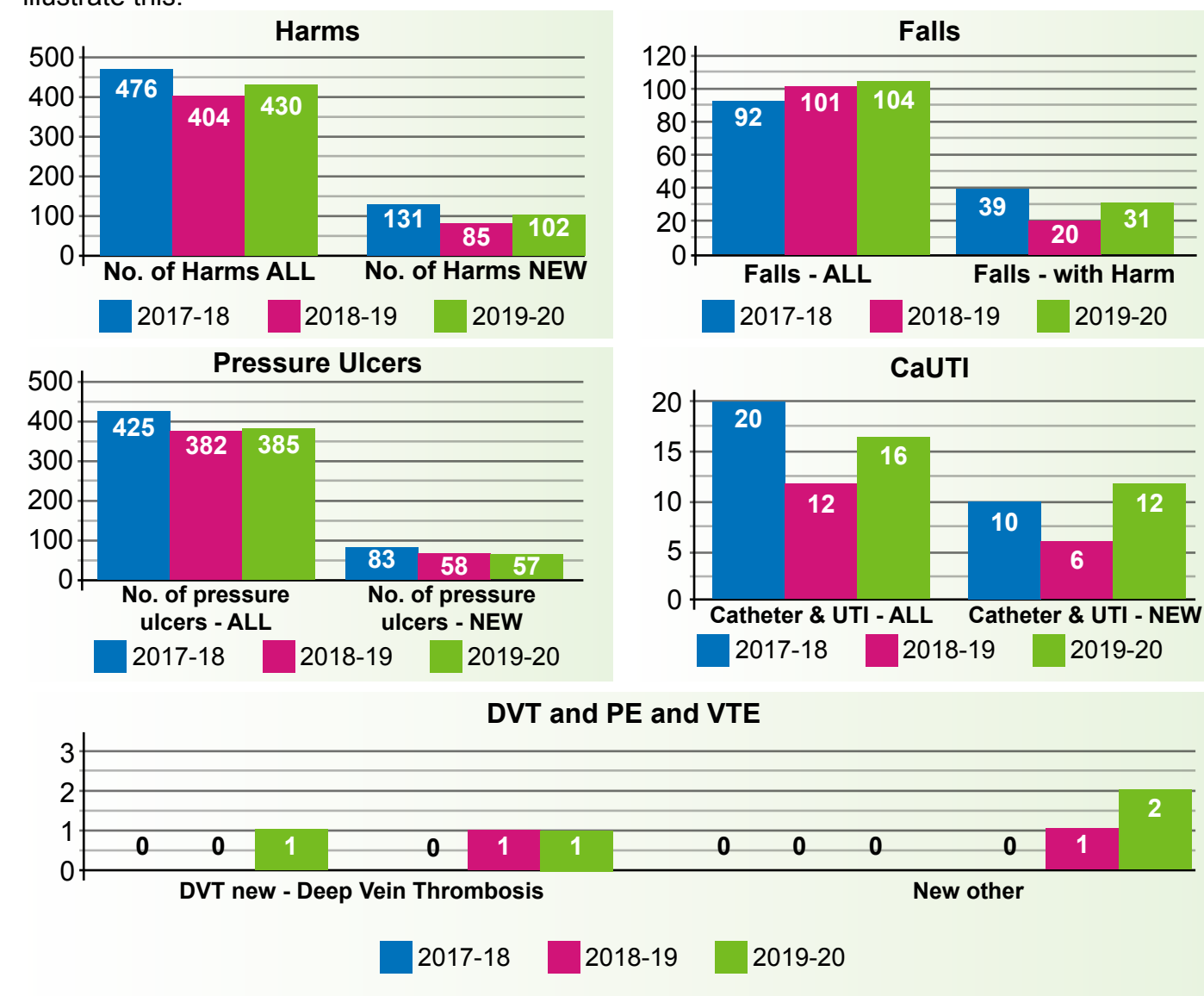
Table 2

2019/20	HarmFREE	Number Sampled	% HarmFREE Care (All)
Trustwide	24592	25022	98.28
Adult Community Services	20731	21010	98.67
Adult Specialist Rehabilitation Division (Total)	3243	3393	95.58
- Inpatients	2644	2794	94.63
- Prison	599	599	100.00
Children and Families	531	531	100.00

Table 3

Trust-wide HarmFREE Care (All Harms)	% HarmFREE Care
2017/18	98.18
2018/19	98.40
2019/20	98.28

Over the last eight years there has been significant reduction in avoidable harm relating to the four common harms, however, for this year we have seen a slight increase and the below tables illustrate this.



* DVT (Deep vein thrombosis) / PE (Pulmonary embolism)

NICE Implementation Programme

Working together to evidence care

The Trust NICE Implementation programme has continued to support services to evidence the quality of care provision and clinical effectiveness utilising the guidance and standards provided by National Institute for Health and Care Excellence (NICE).

Supporting all services/clinicians to participate in assurance and quality improvement programmes under the umbrella of Clinical Effectiveness.

The Trusts strategic objectives of **Safe High Quality Care; A Great Place to Work; Integrated Care in Communities; Making Good Use of Resources** have been a focus of the programme this year. A pilot project has been completed in conjunction with the Library service and supported by the Trust Clinical Effectiveness Committee. This has involved the adaption of an existing resource to provide a wider platform for sharing knowledge, learning from others and providing the ability to share and celebrate best practice across the trust. The knowledge database has been furnished with over 55 Completed Evidence Worksheets demonstrating compliance with NICE recommendations for care. These have been submitted by all Trust divisions and are available for all staff to view. It is intended that other programmes of work supporting Clinical Effectiveness will contribute to the knowledge database, broadening the information available and serving as a useful resource.

The Corporate NICE Implementation programme has a clear governance structure connecting Executive Teams to services. Trust divisions have tightened their assurance processes further this year to support a robust reporting process which was noted within a recent external Inspection.

Additional process have also been developed or adapted within some divisions to support services/teams participation in NICE programmes of work.

This year 'April 2019- March 2020' the NICE Review Group Membership (Sub-group to Trust Clinical Effectiveness Committee) provided support in the review of new or updated clinical guidance or quality standards as well as co-ordinating, receiving feedback and advising on existing work to evidence care locally within their areas of expertise/divisionally. 215 of these guidance and standards reviewed were identified by the NRG membership to have potential for relevance within clinical or corporate services. These were subsequently forwarded as appropriate utilising the Risk Management Datix Alert system for either information or appraisal.

A total of 26 pieces of work which provided evidence of Trust compliance in the form of completed worksheets were successfully approved through Trust committee process. A further 5 Action Plans were agreed which identified key pieces of work to ensure care provision and outcomes are being optimised for our service users.

This ensures a truly Gold Standard approach to care is supported and prioritised!

*NICE guidelines are evidence-based recommendations for health and care in England.

They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings.

Our guidelines help health and social care professionals to:

- prevent ill health
- promote and protect good health
- improve the quality of care and services
- adapt and provide health and social care services.

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.

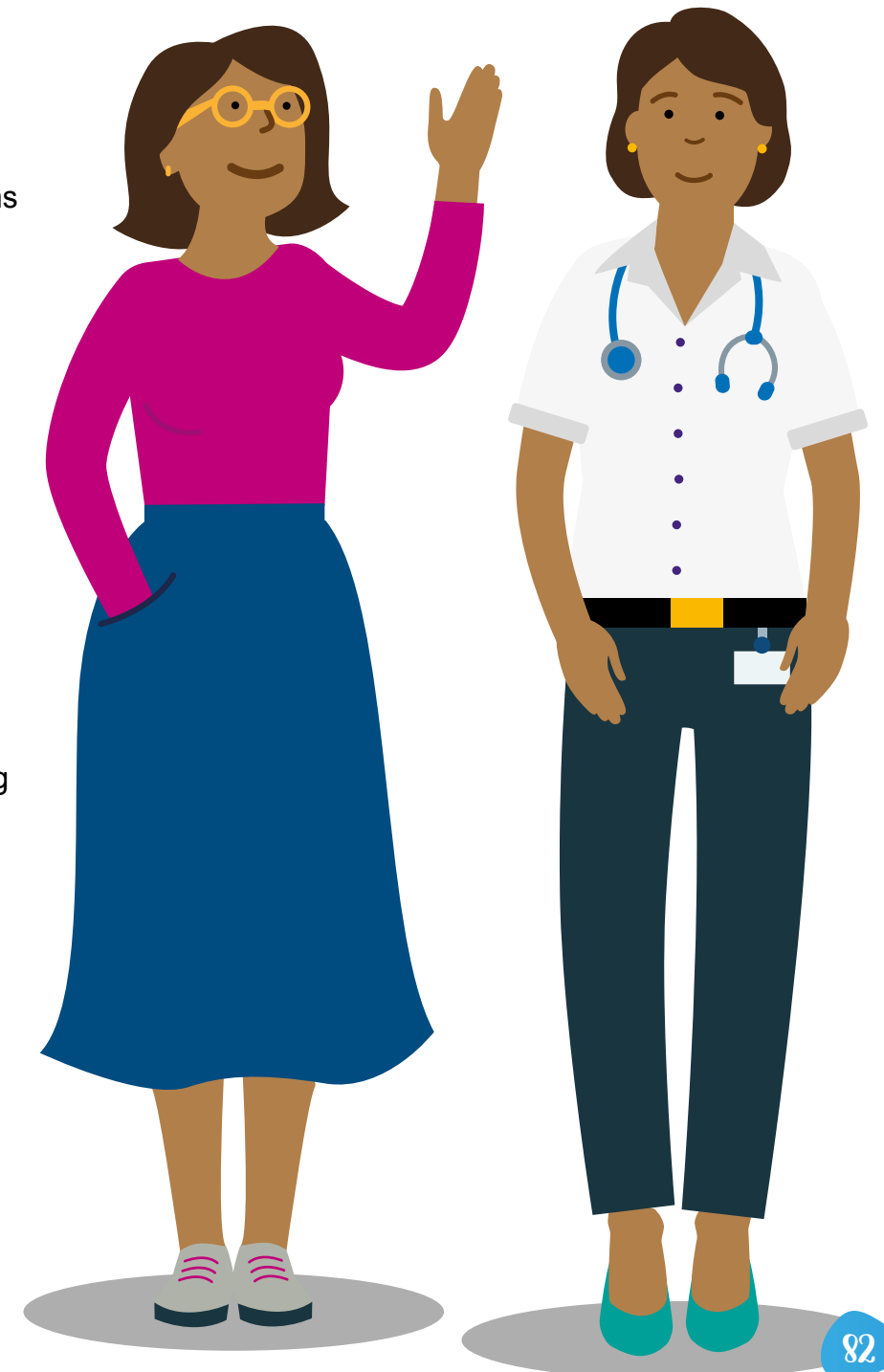
BCHC is pleased to confirm that we are compliant with the government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

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 2019-20. 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 2019-20.



Safeguarding Training

During 2019-20 the Safeguarding team have embedded a new and innovative approach to delivering mandatory training to Trust staff. Our training is based around up to date research and meets the standards set by the Intercollegiate documents and; Safeguarding Children and Young People: Role and Competencies for Healthcare Staff (2019, 4th ed), Adult Safeguarding: Roles and Competencies for Healthcare Staff (2018) and standards set by the Care Quality Commission.

Capitalising on this positive work has enabled all Trust staff to achieve joint adult and child Safeguarding level 2 competence on induction, the team have entered the next phase in developing joint competence in Safeguarding at Level 3 for those Trust staff that require it.

Our key aims are:

1. To continue to deliver high quality, evidence based safeguarding training that enhances the knowledge and competence of all staff, reiterating the concept of the 'Think Family' approach, in respect of child and adult safeguarding responsibilities.
2. Reiterate local and national safeguarding guidance that echoes learning from Safeguarding Child Practice Reviews (SCPR), Safeguarding Adult Reviews (SARs) and Domestic Homicide Review (DHR); whilst ensuring that there remains a focus on specific safeguarding themes that represent the local drivers in terms of safeguarding priorities within Birmingham.
3. Quality Assurance Impact Training Group (QAITG) to continue to monitor and quality assure safeguarding learning at the point of development and also at the point of delivery to staff, in line with national and local guidance that underpins practice.
4. To develop a repertoire of quality assured online training packages accessible via Moodle, to meet diverse individual staff learning needs and to support a blended approach to learning.

Safeguarding training compliance and number of staff trained during 2019-2020

	Safeguarding Adults and Children training	
	Number of staff trained	Compliance
Level 2 + (level 1 and 2) E-Learning	1016	92%
Level 3	526	84%

Successful Outcomes

- The training needs analysis has been further reviewed in accordance with the needs of services within the Trust.
- All level 3 safeguarding training includes level 2 competency requirements, negating the need for practitioners to repeat level 2 learning, in line with national intercollegiate guidance.
- Level 2 safeguarding e-learning via Moodle continues to be widely accessed.
- Streamlining through the QAITG has ensured that all safeguarding training packages are evaluated, in line with set learning outcomes.
- The safeguarding team continues to review and develop the training being offered, in accordance with service needs, local drivers, new legislation and guidance to meet service needs and the diverse populations served.

Our Vision for Safeguarding Training

Future development of the training offer to incorporate:

- National and local child and adult safeguarding drivers and themes identified through internal systems of monitoring and review, partnership working and statutory requirements.
- Reflection of the changing presentation of safeguarding needs within our population.
- Particular emphasis on Birmingham's focus on contextual safeguarding.
- Focus on the impact of domestic abuse across the life span.



Advice and Liaison Service

(Formerly Customer Service)

The Advice and Liaison Service team supports BCHC in listening to patients, service users and carers to assist 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 Advice and Liaison Service is part of the wider patient experience team for the Trust.

When concerns are raised with the Advice and Liaison Service, a member of the team will 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 2019/20
Adult community services Division	185	192	196	193	837	766
Adult and specialist Division	155	108	135	177	489	575
Children's and Families Division	127	111	147	89	558	474
Dental Services	116	87	86	74	448	363
Learning Disability service	6	6	3	3	22	18
Other	63	26	21	41	243	151
Totals	652	530	588	577	2697	2347

- 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 issue in a more timely manner, support clinical services and in turn improve working relationships.
- The Advice and Liaison Service 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 Advice and Liaison Service Team



Telephone: Freephone 0800 917 2855



Text: 07540702477



Email: contact.bchc@nhs.net



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



Freedom to Speak Up

It's good to talk!

Speaking up about concerns in the workplace can save lives. It is a valuable and essential early alert system which enables us to quickly address issues which could impact upon safe high quality compassionate care or health and wellbeing. No matter what the issue is, it is important it is dealt with promptly and effectively.

Birmingham Community Healthcare NHS Foundation Trust is committed to delivering safe, high quality care and creating a great place to work. We aim to do this by enabling our colleagues to be the best that they can be by encouraging a culture of openness, transparency and accountability.

In a similar way in which we ask patients and families to raise concerns, we also encourage and support colleagues to raise concerns about anything they feel is getting in the way of providing safe high quality care and/or impacting negatively on their workplace experience. This includes but is not restricted to:

- Poor reporting of patient safety incidents
- Inadequate induction or training for staff
- Unsafe working conditions
- A bullying culture
- Suspicion of fraud

Feedback can be provided in person, by email, or by phone. Feedback can also be provided anonymously.

Our 2019 Staff Survey

The annual NHS staff survey contains a set of key questions that serve as helpful indicators of the speaking up culture in an organisation. They enable us to see at a glance how our Freedom to Speak Up (FTSU) culture compares with others, over time.

Though our 2019 survey shows that over the past 5 years there has been a steady increase in confidence of staff to raise concerns and an increased confidence that BCHC will act on the concerns raised, for those questions we rank average or slightly below average in comparison to similar Trusts.



I would feel secure raising concerns about unsafe clinical practice

Best	77.1%	79.2%	81.6%	82.7%	82.1%
Your org	68.7%	71.5%	71.6%	72.1%	72.8%
Median	74.2%	74.4%	77.1%	76.1%	78.1%
Worst	67.0%	68.4%	66.8%	63.5%	70.7%

I am confident that my organisation would address my concerns

Best	67.8%	71.5%	72.9%	73.9%	75.4%
Your org	55.6%	58.2%	58.4%	57.9%	61.1%
Median	61.5%	62.7%	64.4%	65.7%	67.8%
Worst	54.6%	55.2%	54.1%	43.6%	54.9%

My organisation acts on concerns raised by patients / service users

Best	82.7%	84.0%	82.9%	83.9%	85.0%
Your org	68.7%	75.2%	74.9%	72.8%	78.1%
Median	75.6%	74.7%	77.2%	77.3%	78.1%
Worst	67.2%	67.3%	67.7%	54.6%	60.1%

During 2019-20 in order to respond to the areas for improvement and to ensure there were robust Freedom to Speak Up arrangements in place to promote the organisation's values of caring, open, respectful, responsible and inclusive, BCHC invested additional resource into the Freedom to Speak Up Service by appointing two Freedom to Speak Up Guardians (FTSUG) with ring-fenced time to provide a 5 day service which has been extremely successful as demonstrated by a significant increase in the number of concerns raised. The Trust Board has also identified an Executive Director (Director of Corporate Governance) and a Non-Executive Director to provide additional support to the FTSU Guardians and agenda.

The Guardians are supported by 25 Speak up Champions who reflect a range of professional groups and roles, and provide a diverse group of colleagues who offer accessible, safe points of contact for colleagues to raise concerns.

Through extensive engagement and responding to results of the staff survey, the FTSUG pledged four commitments:

- We will listen and act upon your concerns
- We will make ourselves available at a time convenient to you
- We will uphold your rights to confidentiality and anonymity
- We will provide timely feedback

Concerns raised 2019-20

- The FTSU service has received a total of 165 concerns during financial year 2019-20 which are detailed in the table below. The Trust participates in quarterly returns to the Office of the National Guardian. BCHC are classified as a medium size Trust (between 5,000 and 10,000 employees) by the National Guardian's Office.

	Month	Concerns raised	
Q1	April 19	11	43
	May 19	12	
	June 19	20	
Q2	July 19	4	13
	Aug 19	6	
	Sept 19	3	
Q3	Oct 19	11	20
	Nov 19	5	
	Dec 19	4	
Q4	Jan 20	30	89
	Feb 20	42	
	Mar 20	17	
Total			165

The Freedom to Speak Up Guardians report directly to Board and the four main areas of concern raised have been:

- Leadership - in relation to areas that have been subject to organisational change
- Recruitment & retention - in relation to internal recruitment processes and the lack of support for promotions and development from management
- Staffing - This is aligning with the national picture of recruiting into vacant nursing posts; this concern was raised mostly from one Division
- Bullying & harassment - Has been consistently high which reflects the national picture for FTSU concerns.

- All the concerns have either been addressed by signposting or support and advice from the FTSU guardians.



Moving Forward 2020-2021

A number of priorities have been agreed for financial year 2020-21:

- Development of a FTSU strategy
- Development and support of the community of FTSU Champions
- Completion of the Trust Board self-assessment to identify areas for further improvement
- Improved triangulation of information to identify clearer themes for learning, sharing and improvement

A Case study

A division which had recently undergone numerous change management processes. The impact of this on staff morale and health was incremental. There was also evidence of incivility within the teams amongst staff and management.

This was escalated and the senior management team undertook several meetings with the staff to listen to their concerns and support them in local resolutions.

A colleague raised a concern that they were due to be moved to another base as agreed, however on the day of the move due to a new line manager this decision got deferred, the colleague was upset that the decision had been retracted on the day of the move without a rationale. The FTSU escalated this to the senior management team who honoured the move.

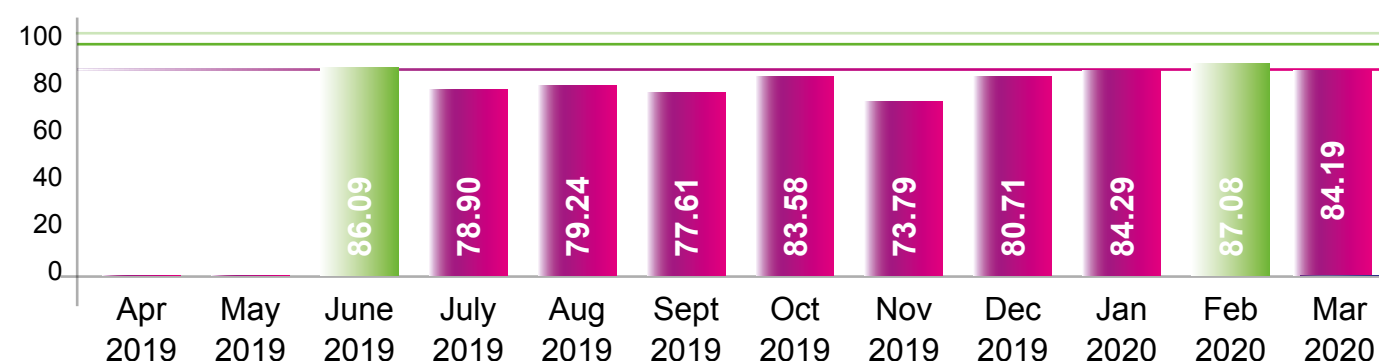
A colleague contacted the FTSUG on feeling unsupported by their manager in current position. Colleague felt confident enough to discuss but unsure how to approach the discussion. FTSUG supported in various avenues on communicating with their manager and supported them to come to an agreement and plan of support.

Essential Care Indicators

Essential Care Indicators (ECI) are a safety assessment tool developed within the Trust to report the results of team level audits into the basics of care delivery. The questions assessed vary depending on the particular service but could include review of nutrition and hydration status recording, checks to avoid patients developing pressure ulcers or falls risk assessments. All of the audits can be broken down by topic or team allowing services to get a regular update and highlight of any areas of requiring further attention.

In 2019-20 two new Essential Care Indicators were added for Dental Services and Health Visitor Services. These are in addition to the existing and established audits which cover Community Nursing, Adult In-patient Services and Learning Disability Services.

Dental Services Essential Care Indicators



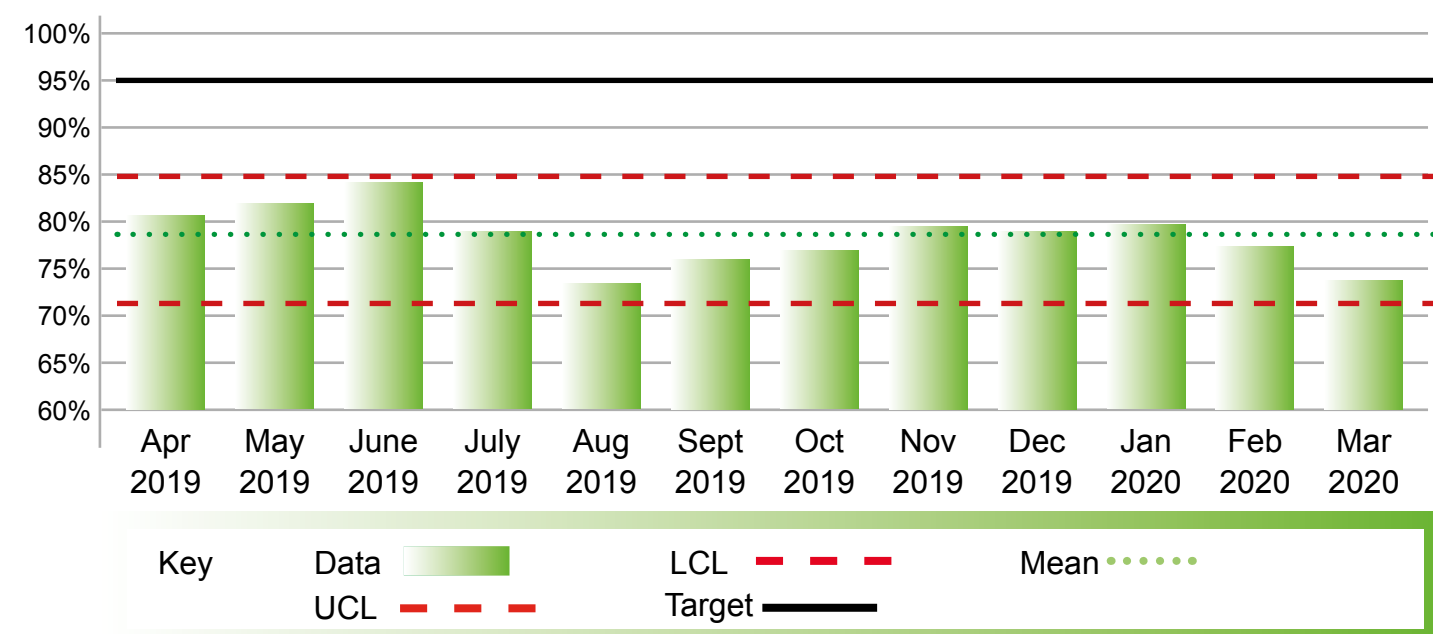
Dental Services ECI launched in pilot form in June 2019 with a wider roll out across the service in the following months. The audits were developed in part as a response to never events reported in 2018-19 and included assessments of quality of information where patients were referred for clinical imaging.

New services being added to the audit led to a drop in performance when initially introduced and the retrospective nature of the audits also meant some inevitable delay in seeing the results of improvements. The service struggled to achieve targets throughout the year for a number of reasons including turnover of student staff and the time taken to identify and respond to issues and areas of concern. However the audit has been valuable in highlighting individual teams with concerns and generated improvement work in various areas. The audit will continue to be reported in 2020-21.

Dental ECIs are done in the following specialties:

- Oral Medicine
- Oral Surgery
- Orthodontics
- Paediatric Dentistry
- Periodontics
- Primary Care
- Prosthodontics
- Restorative Dentistry

Health Visitor Services Essential Care Indicators

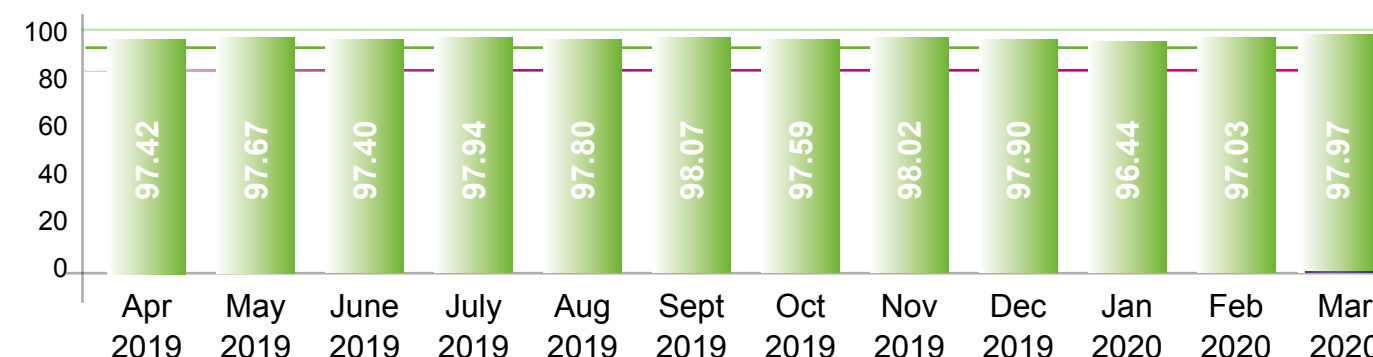


The other new ECI launched in 2019-20 was for the Children & Families Division's Health Visiting Service. This audit was largely based on the division's delivery of Health Visitor mandated contacts and as such mirrored the underperformance shown in those metrics. The 2019-20 Essential Care indicators for Health Visiting are currently under review and will introduce new indicators for 2020-21 following this review.

ECI topics for Health Visiting are as follows:

- ECI Health Visiting
- ECI - Infection Protection Control (IPC)
- ECI - Record Keeping
- ECI - Clinical Supervision
- ECI - Clinical Rounding
- ECI - Patient Experience

Community Nursing Essential Care Indicators

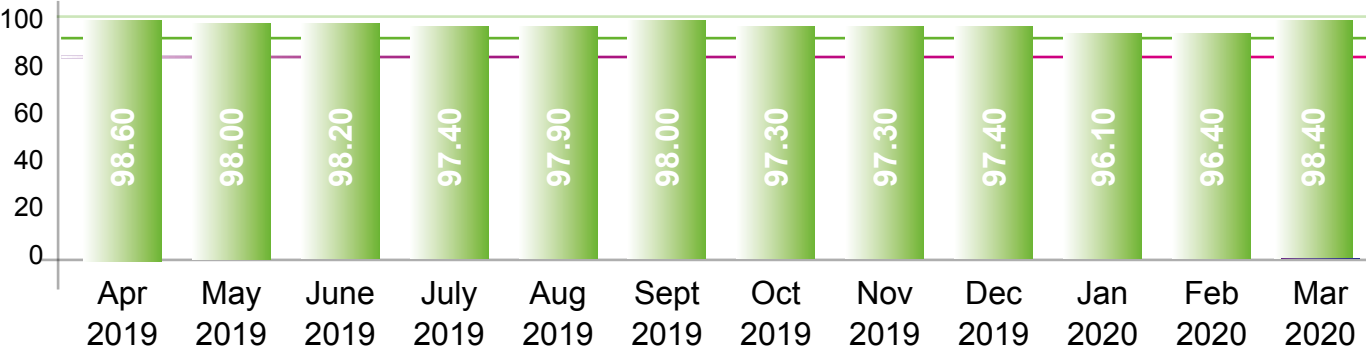


Community Nursing ECIs show a very stable position throughout the whole year with at least 96% compliance reported each month. At least 700 patient records are audited each month in the following areas:

- Falls Assessment
- Hydration Criteria
- Medicines Management
- Nutritional Criteria
- Pain Assessment
- Palliative Care
- Patient Observations
- Pressure Ulcer Prevention
- Wound Management

These reports give assurance that the community nursing team are managing to carry out key assessments despite increasing demand for their services.

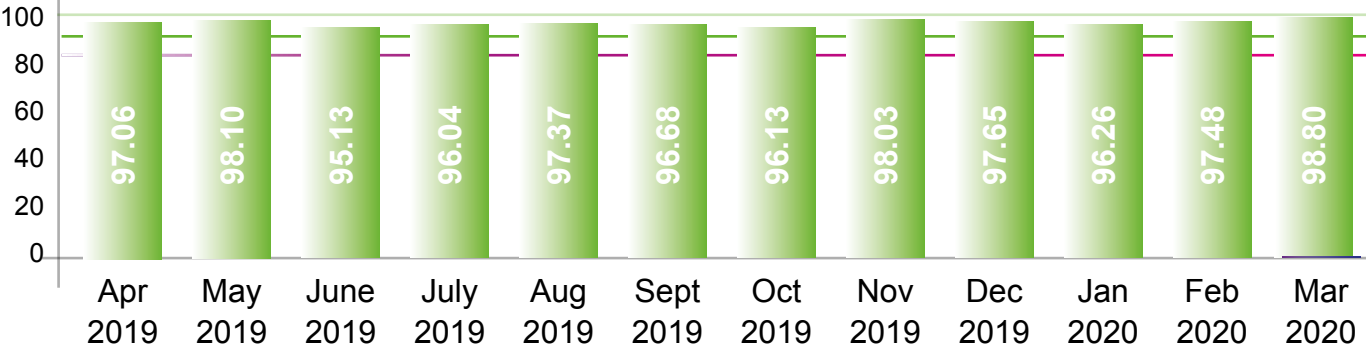
Adult In-Patients Essential Care Indicators



Adult in-patient ECIs show a very stable position throughout the whole year with at least 96% compliance reported each month. At least 500 patients each month have their admission documentation reviewed and other topics are checked as appropriate to the patient’s care pathway. Records are audited each month in the following areas:

- Admission Documentation
- Falls Assessment
- General / Environmental
- Hydration Criteria
- Medicines Management
- Nutritional Criteria
- Palliative Care
- Patient Observations
- Tissue Viability

Learning Disability Services Essential Care Indicators



The Learning Disability Services report stable performance throughout the year with at least 96.5% of audits each month showing compliance with the required standard. Audits cover both community and our smaller LD Inpatient services so the number of patients whose notes are audited varies depending on which topics are appropriate for the patient.

Topics covered in the audit are:

- Communication Criteria
- Falls Assessment
- General / Environmental
- Medicines Management
- Mental Health
- Nutritional Criteria
- Patient Observations
- Promotion of Health
- Record Keeping Status
- Safety Indicator Criteria
- Tissue Viability



Pressure Ulcers

The Safe, High Quality Care Domain has maintained strong performance throughout 2019-20. In particular BCHC are proud to report a strong focus on avoiding patients developing pressure ulcers.

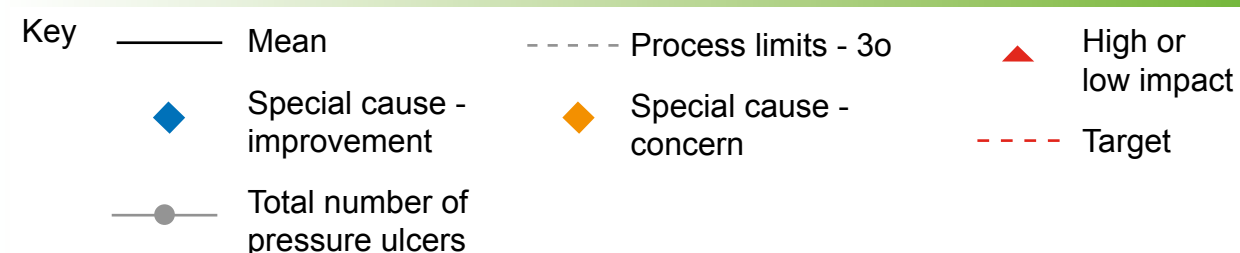
Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin.

The development of pressure ulcers was a key focus of work for inpatient and community nursing teams throughout 2019-20. At the start of the year national guidance was changed to remove the distinction between 'avoidable' and 'unavoidable' cases meaning that all pressure ulcers had to be recorded, reported and investigated with the same degree of rigour. Additionally smaller or less developed pressure ulcers which would previously have been excluded as moisture lesions or deep tissue injuries are now included as full pressure ulcers requiring root cause analyses.

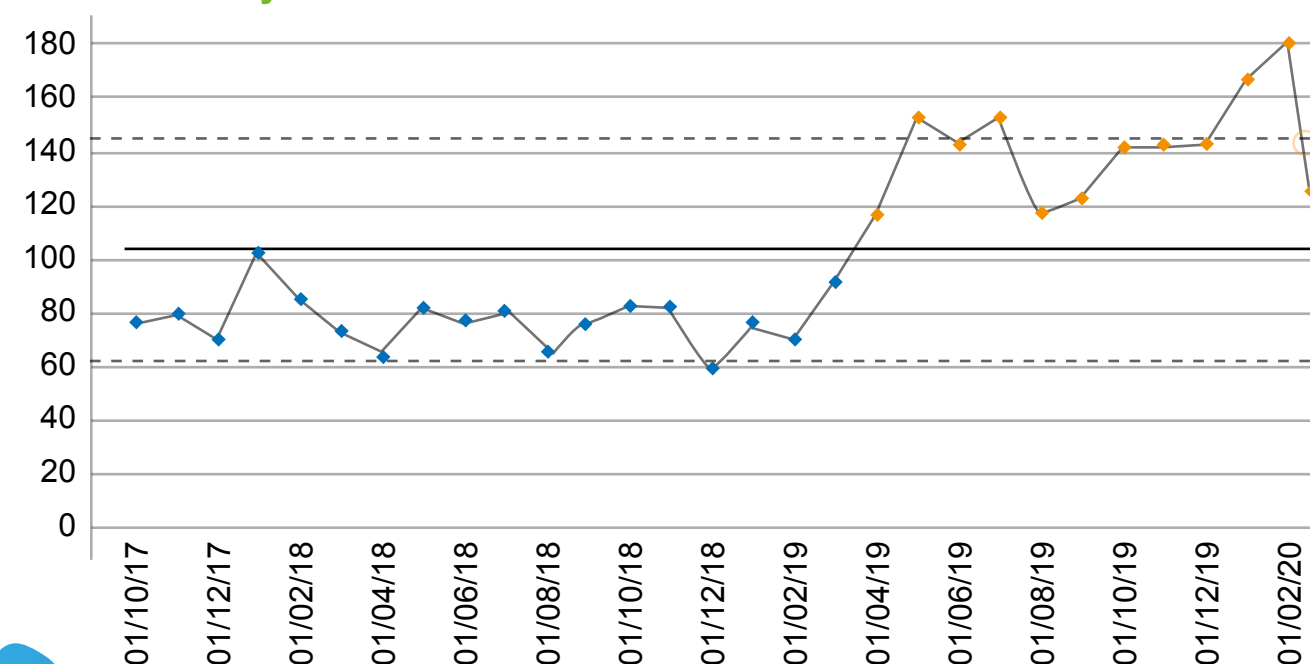
As anticipated this has led to marked increases in the number of pressure ulcers reported in both community and in-patient settings.

This increase led to further analysis to understand the underlying rate of grade 2-4 pressure ulcers in all community and all in-patient pressure ulcers excluding those new categories of pressure ulcers which were added to the totals from April 2019.

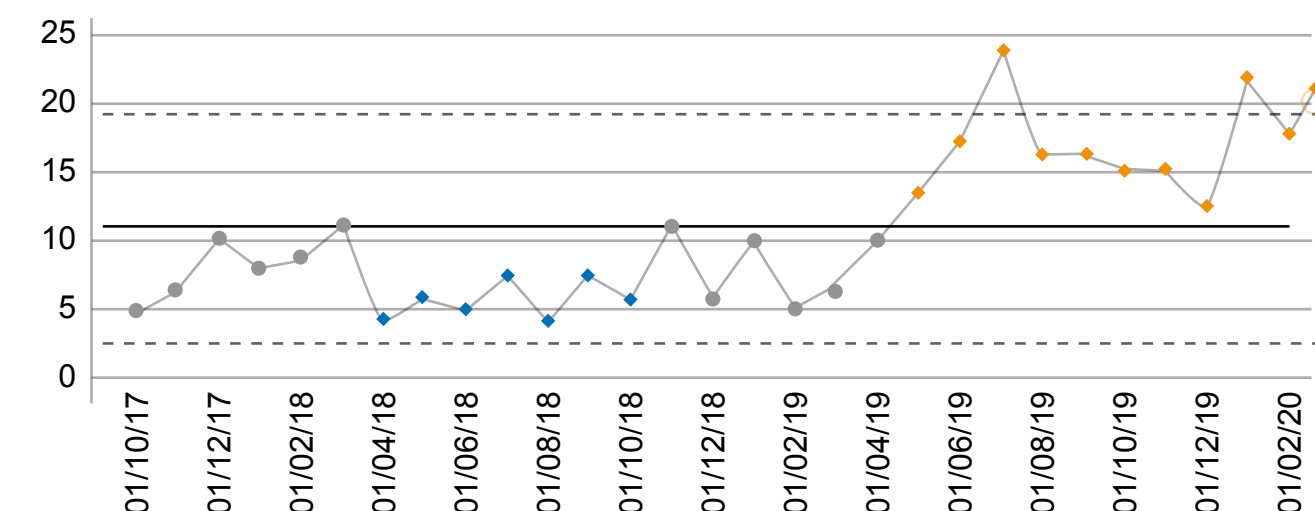
This additional analysis shows no change in the underlying rate of pressure ulcers for inpatients. However there does appear to be a slight increase in community pressure ulcers towards the end of the year for which the reasons are not at present clear. The pattern will continue to be monitored and individual district nursing teams who develop pressure ulcers in consecutive months receive particular support and focus as detailed in our Early Warning Alert KPI.



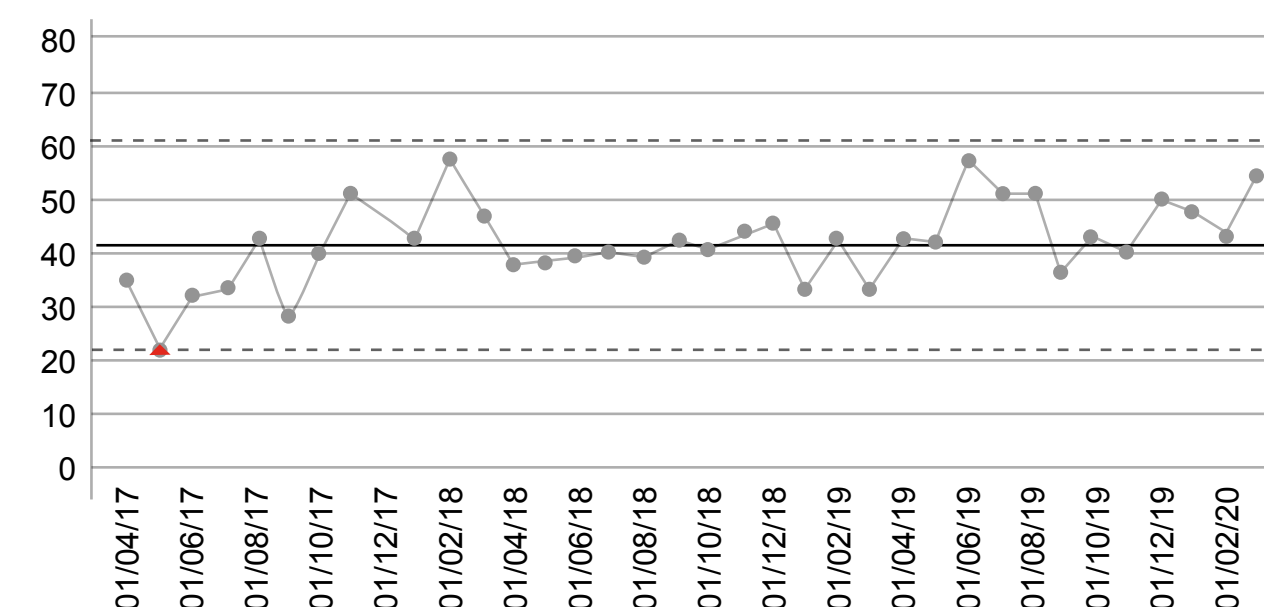
All community Pressure ulcers



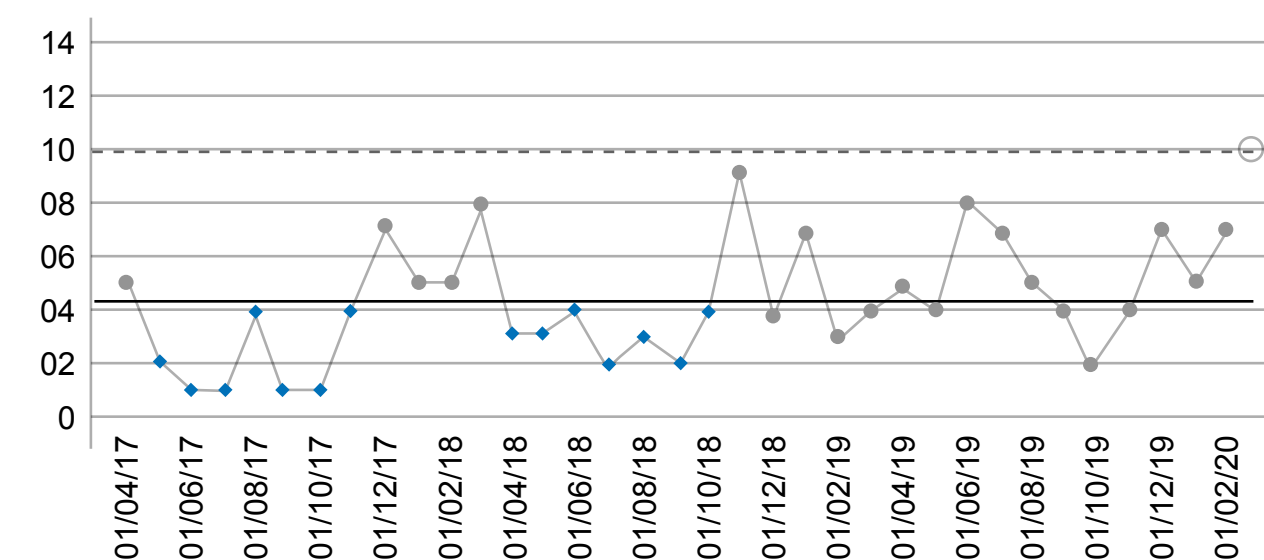
All Inpatient Pressure Ulcers



All Grade 2, 3 and 4 Community Pressure Ulcers



All Grade 2, 3 and 4 Community Pressure Ulcers



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. This message has become even more essential as a key part of the prevention strategy for COVID-19.

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 2019-20 with the exception of March 2020. 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.

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 2019-20 clinical practice observational audits were carried out by ward based link workers. These audits are designed to highlight areas for improvement for clinical teams and the consistently achieved compliance demonstrates the high level of Infection Prevention and Control standards within the inpatient units. Last year these audits were 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 form part of the organisation’s policy for the prevention of transmission of influenza to protect patients, residents, service users, staff and visitors.

The campaign to ensure that frontline clinical staff had the flu vaccines showed a final uptake of 65% (against an internal target of 60%) There were 72 active Peer Vaccinators (43 of these were new this year) across the Trust this has allowed for greater access to vaccination for clinical teams. While we did not achieve the CQUIN target (page 49) this score surpasses the level from 2018-19 (55.4%). The Trust is looking to recruit more staff this year to the programme.

Lewisham Hand Hygiene Audits

Month	Compliance Score
Apr 19	100%
May 19	100%
June 19	100%
July 19	96%
Aug 19	100%
Sept 19	100%
Oct 19	100%
Nov 19	100%
Dec 19	100%
Jan 20	100%
Feb 20	100%
March 20	97%



PLACE 2020

The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment 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 question forms depending on the services provided by the facility. These can be viewed here: <http://content.digital.nhs.uk/PLACE>.

Questions score towards one or more non-clinical domains: Cleanliness; Food/Hydration; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance; Dementia; and Disability.

A total score as a percentage is produced for each domain at site and organisation level, as well as a national and a regional result.

Introduction

The question set has been significantly refined and revised, and guidance documents have been updated. The review ensured that the collection remains relevant and delivers its aims.

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers: – Putting patients first; – Active feedback from the public, patients and staff; – Adhering to basics of quality care; – Ensuring services are provided in a clean and safe environment that is fit for purpose.

PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers. Further information on the PLACE programme can be found on the NHS Digital website here: <https://content.digital.nhs.uk/PLACE> PLACE domains.

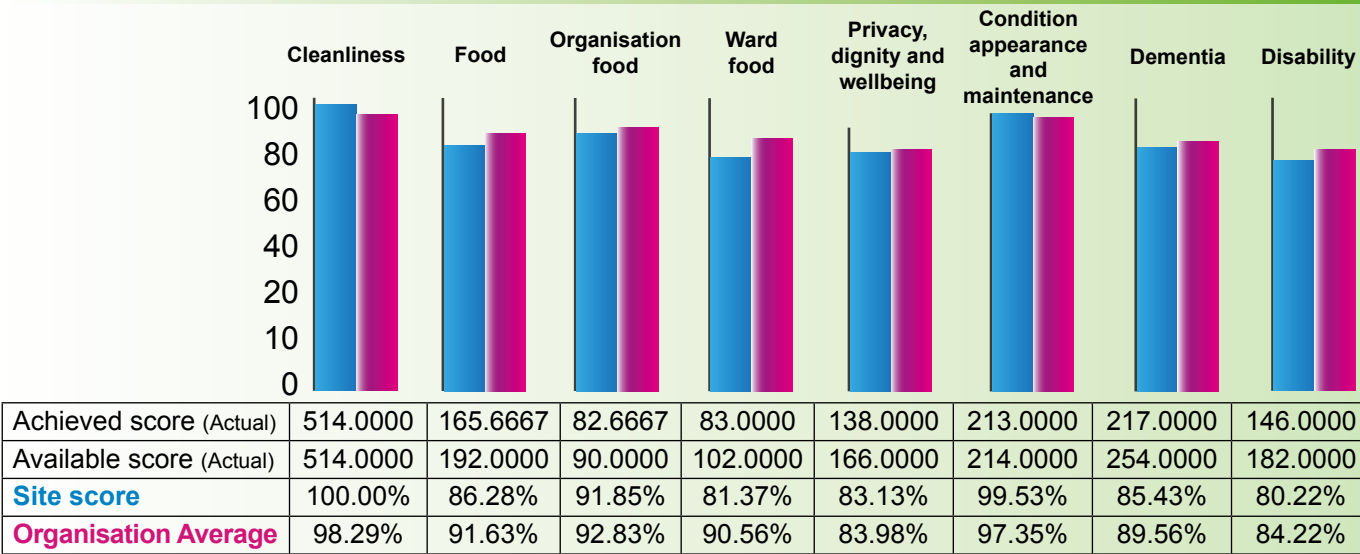
PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public, known as domains: – Cleanliness – Food and hydration – Privacy, dignity and wellbeing – Condition, appearance and maintenance – Dementia: how well the needs of patients with dementia are met – Disability: how well the needs of patients with a disability are met .

As the changes following the review have been extensive, it is important to note that 2019 scores establish a new baseline and are not comparable to those achieved in previous assessments.

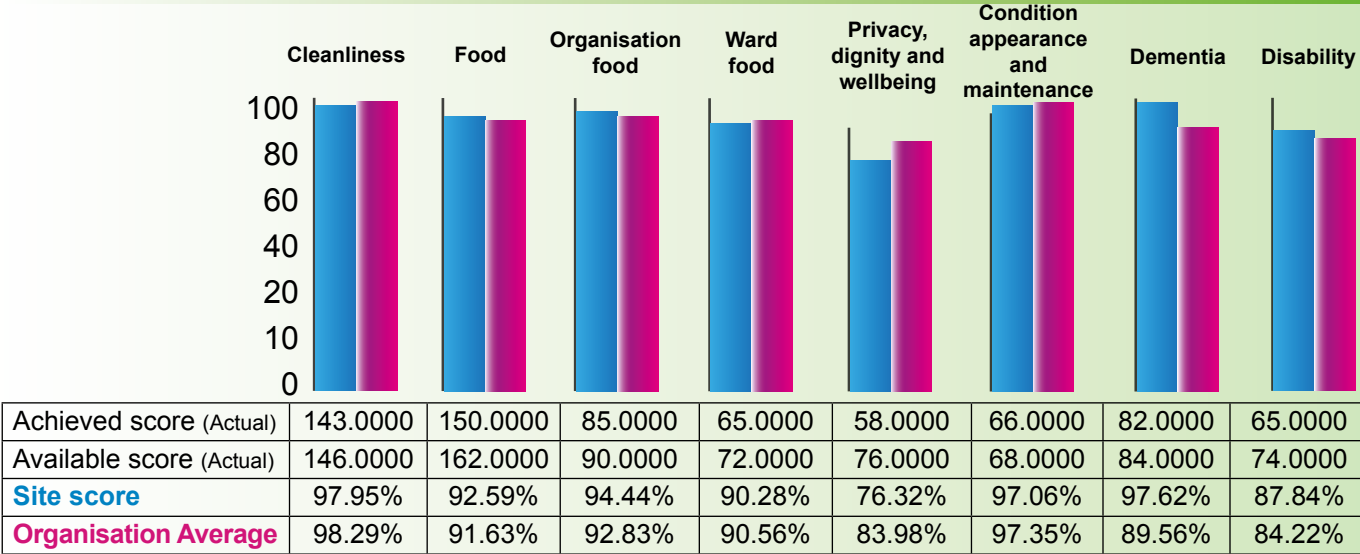
Timescales

In 2019 the assessment period was between September and November, during which time staff from each organisation submitted data to NHS Digital via the Estates and Facilities Management (EFM) online system either digitally (using proprietary software or the mobile friendly version of EFM), or manually (using results noted on the paper scorecards provided).

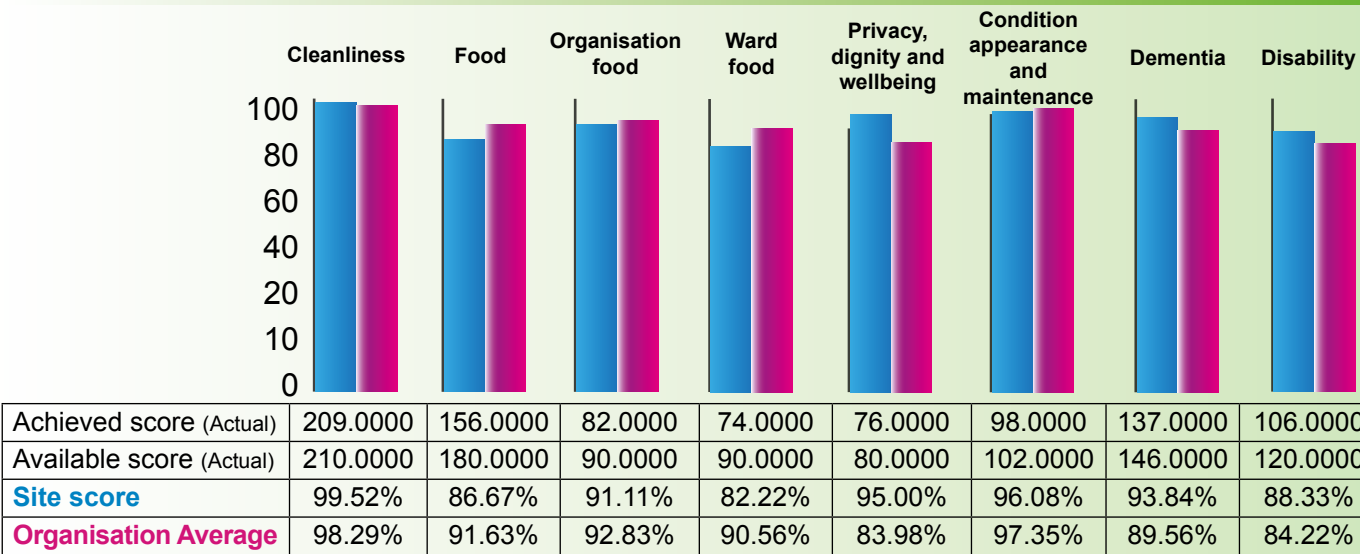
West Health Hospital - Collection: 2019



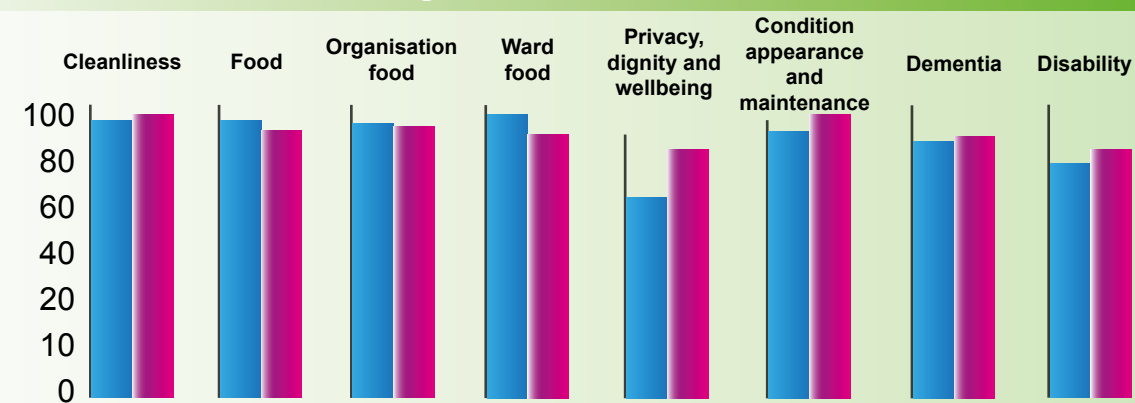
Community unit 27 Good Hope Hospital - Collection: 2019



Intermediate care rehabilitation unit - Ann Marie - Collection: 2019

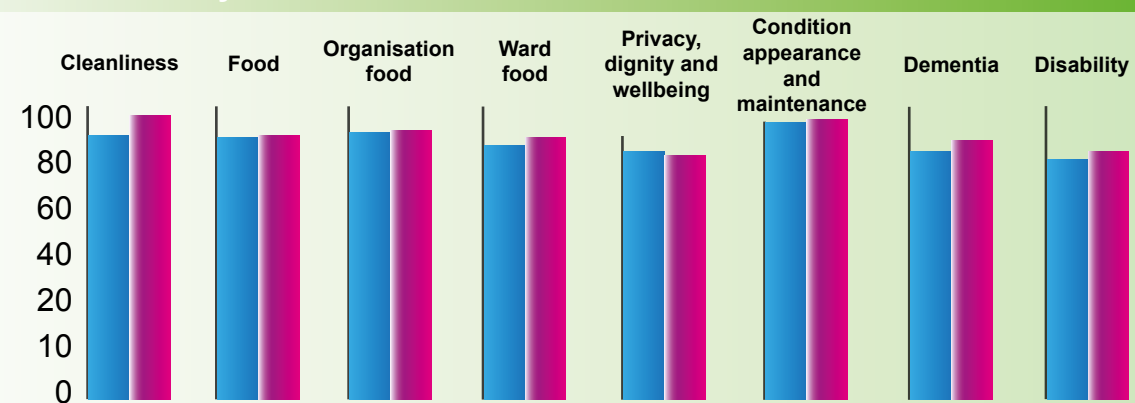


Riverside Lodge - Collection: 2019



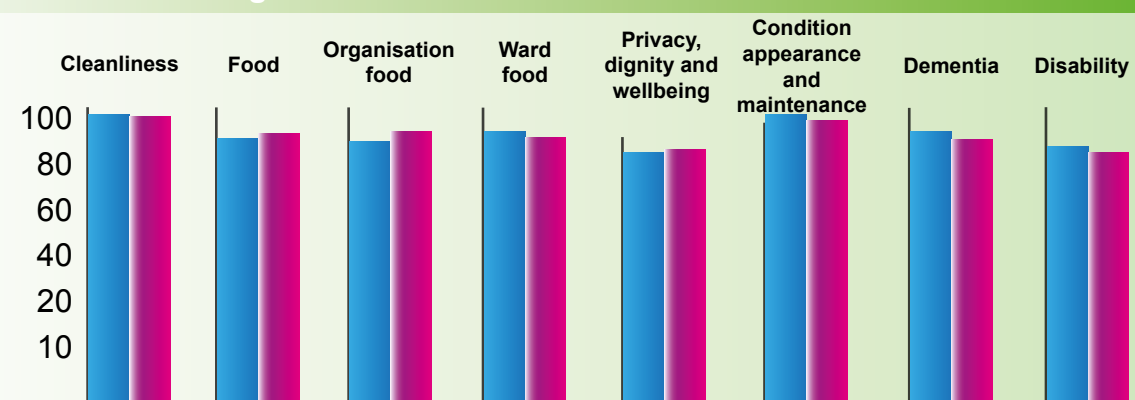
Achieved score (Actual)	204.0000	154.6667	84.6667	70.0000	62.0000	98.0000	124.0000	94.0000
Available score (Actual)	212.0000	162.0000	90.0000	72.0000	92.0000	106.0000	142.0000	118.0000
Site score	96.23%	95.47%	94.07%	97.22%	67.39%	92.45%	87.32%	79.66%
Organisation Average	98.29%	91.63%	92.83%	90.56%	83.98%	97.35%	89.56%	84.22%

Perry Tree Care Centre - Collection: 2019



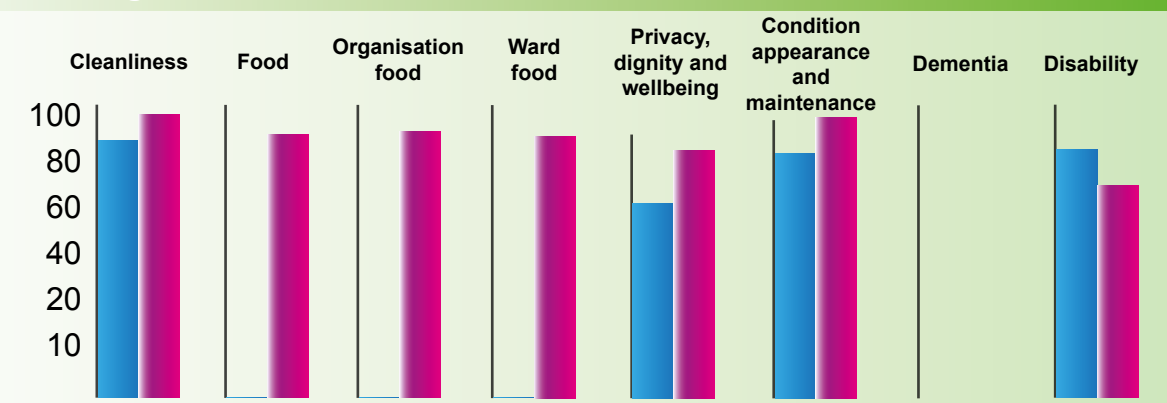
Achieved score (Actual)	188.0000	151.3333	83.3333	68.0000	76.0000	100.0000	127.0000	102.0000
Available score (Actual)	206.0000	168.0000	90.0000	78.0000	88.0000	104.0000	148.0000	124.0000
Site score	91.26%	90.08%	92.59%	87.18%	86.36%	96.15%	85.81%	82.26%
Organisation Average	98.29%	91.63%	92.83%	90.56%	83.98%	97.35%	89.56%	84.22%

Kingswood Drive - Collection: 2019



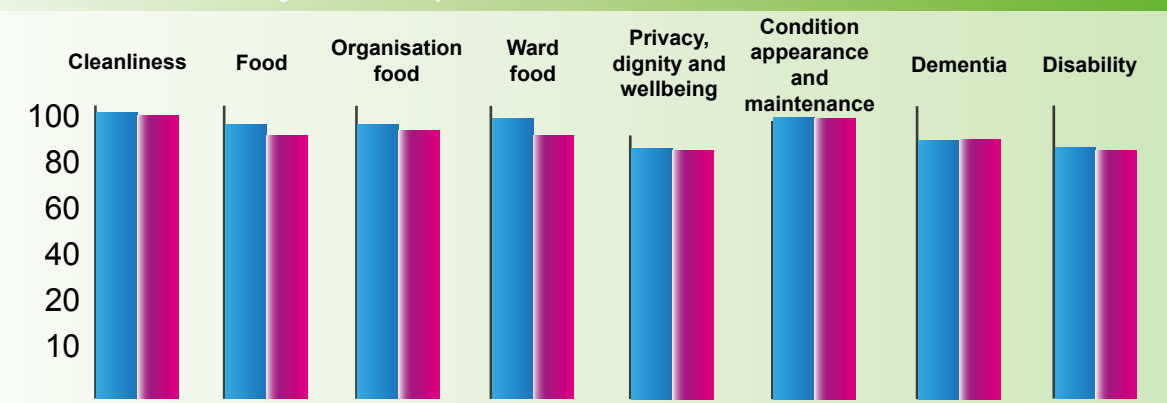
Achieved score (Actual)	359.0000	144.6667	78.6667	66.0000	104.0000	155.0000	74.0000	80.0000
Available score (Actual)	360.0000	162.0000	90.0000	72.0000	124.0000	156.0000	80.0000	92.0000
Site score	99.72%	89.30%	87.41%	91.67%	83.87%	99.36%	92.50%	86.96%
Organisation Average	98.29%	91.63%	92.83%	90.56%	83.98%	97.35%	89.56%	84.22%

Edgewood Road Childrens Home - Collection: 2019



Achieved score (Actual)	60.0000	0.0000	0.0000	0.0000	36.0000	38.0000		18.0000
Available score (Actual)	68.0000	0.0000	0.0000	0.0000	58.0000	46.0000		26.0000
Site score	88.24%	0.0000%	0.0000%	0.0000%	62.07%	82.61%		69.23%
Organisation Average	98.29%	91.83%	92.83%	90.56%	83.98%	97.35%		84.22%

Moseley Hall Hospital - Collection: 2019

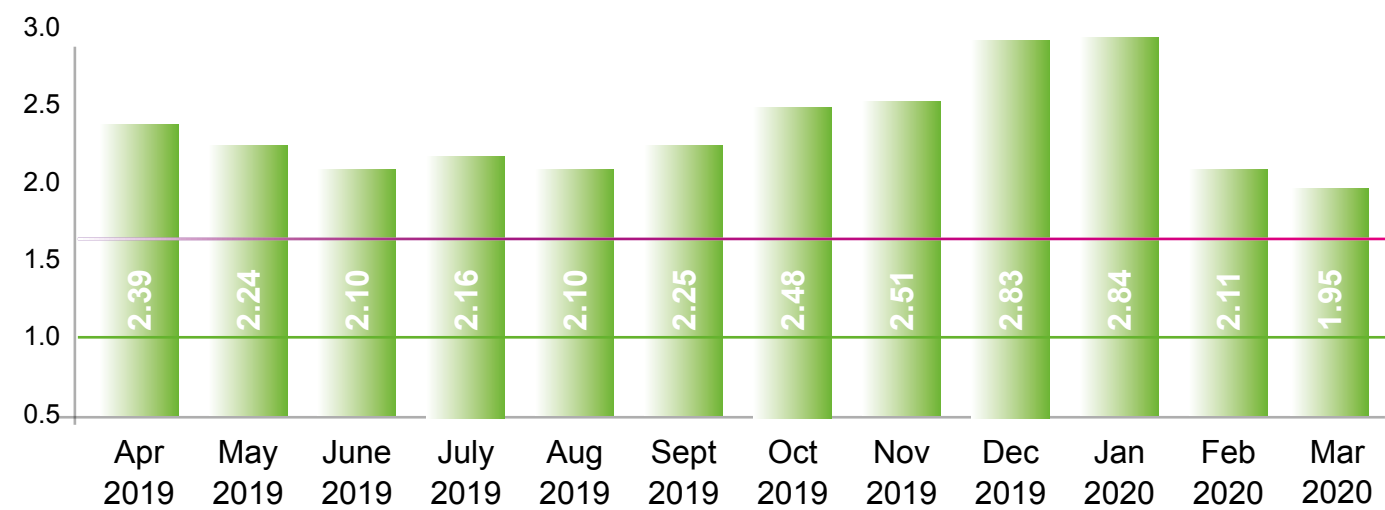


Achieved score (Actual)	1000.0000	166.6667	84.6667	82.0000	230.0000	411.0000	399.0000	260.0000
Available score (Actual)	1002.0000	174.0000	90.0000	84.0000	268.0000	418.0000	446.0000	302.0000
Site score	99.80%	95.79%	94.07%	97.62%	85.82%	98.33%	89.46%	86.09%
Organisation Average	98.29%	91.63%	92.83%	90.56%	83.98%	97.36%	89.56%	84.22%



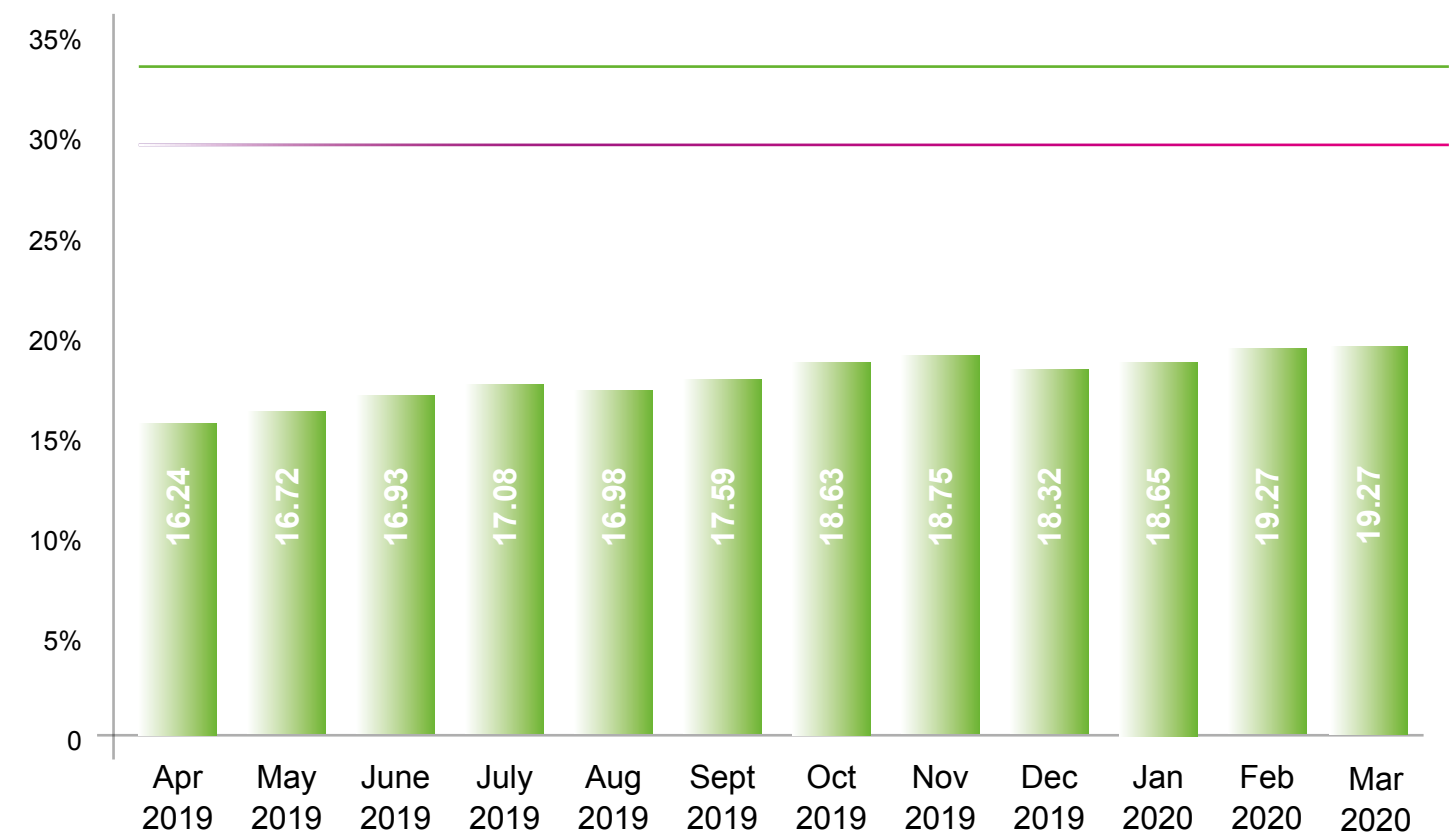
Equality and Diversity (Incl. WRES)

WRES relative likelihood of BME staff entering formal disciplinary



This year the Trust added several KPIs from the Workforce Race Equality Scheme (WRES) toolkit to scorecards. The first of these is shown above as Fig 3.6 and reports that across the Trust black and minority ethnic (BME) staff are around twice as likely as their white colleagues to enter formal disciplinary hearings. This discrepancy whilst based on low numbers overall is a concern and also reflects some of the issues raised in the staff survey where colleagues are asked if they see the Trust as an equitable employer. As a result the Trust is reviewing options including cultural ambassadors to support disciplinary investigations and options to include mediation at an early stage in proceedings. All divisions have sight of their own performance and an Equality, Diversity and Human Rights (EDHR) Board has been established and is reviewing actions to address the issue.

Percentage of staff at Band 8A+ who are BME



The second KPI selected from the WRES toolkit compares the percentage of senior staff who are of BME backgrounds with the overall workforce. Data has been provided to individual divisional senior management teams and targets are based on the overall percentage of staff employed in the Trust who are BME. Currently this is around 33% of staff.

The reasons for this discrepancy are complex, however the pattern reported is consistent with data from Staff Survey where BME staff in the Trust report lower confidence that we recruit and promote fairly.

In response to the data the Trust has made changes to recruitment processes including the guarantee of panels which are both ethnically and gender diverse for senior roles. Services have also been given longer term targets to improve diversity in senior roles over a five year period and this will continue to be monitored.



Transition

In the autumn of 2018 the nationally recognised Ready, Steady, Go Transition Tool was introduced and adopted by BCHC. In 2019 all school leavers from special schools and all children known to the Community Children's Nursing Team (which includes those that attend Turtles Unit) that were transitioning from children's to adult care either had or had been offered a 'Go' assessment (179/184, 97%, that had accepted offer of assessment had this completed).

In 2019 it was decided that due to capacity issues it would not be possible to embed the Ready, Steady, Go tool in to 'business as usual' for the special school nursing teams. A new tool was developed by the Children and Families Division known as 'W.H.A.T' (Wellbeing and Health At Transition) Next, which was rolled out during 2019-20. Transition questionnaires were sent to pupils in Year 11 and 13 and if face to face contact with a school nurse was requested, this was arranged. From the information provided, care plans were then developed.

A number of transition meetings were held in our special schools giving parent/s & carer/s the opportunity to discuss issues around transition. These meetings were scheduled throughout the year in special schools across Birmingham on a recurrent timetable.

Our most complex and vulnerable cohort of children attend the Turtles Unit and all the children who are transitioning in 2020, have been offered a transition assessment, with 87% of those who accepted a transition discussion having appropriate transition care plans in place, the rest to be completed by the end of summer 2020.

Over the last 12 months a transition group has met on a monthly basis. The group has representation from both children's and adult services ensuring any transition developments are produced jointly between the divisions within the Trust.



'Leaving Care Letters' are given to young people within the Children in Care service evidencing transition arrangements for young people leaving the care system.

In regards to supporting the wider system, there is BCHC representation on Birmingham City Council's Preparing for Adulthood Project Board, showing our commitment to integrated working between educational, social and health services within the city.



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Demonstrating Quality

Colin Graham, Associate Director of Clinical Governance

This has been a year of developing our knowledge management, of supporting our staff to improve with training, evidence and information to allow them to work better clinically and managerially.

This has included the work of the Library to collate and promote research publications and presentations (Page 74-76); a training programme to support our vision of audit for all; assisting clinical staff to introduce new interventions e.g. preformed metal crowns for adults, (Page 116), or using patient outcomes to improve patient care and clinician competence. Each of these has used the learning of others to improve clinical care.

Moving forward we want to support staff in appraisal and revalidation, by giving them the statistics on their own performance to help them recognise their own gaps and successes.

The Trust introduced Moodle/The Virtual Campus which is our on-line learning platform. Staff can complete mandatory and clinical training on the site. We have 5200 staff registered on Moodle, and average about 1800 e-learning course passes per month.

We recognise the value of groups of experts from different backgrounds meeting to discuss quality, assess effectiveness and safety, and consider patient experience. We have restructured the committee reporting system to support the flow of information from the divisional and corporate teams up to the Trust Board and externally to provide assurance of the quality of care we provide.

And as always with colleagues working in the NHS, I am amazed by the bravery, resilience and flexibility of staff in responding to the COVID-19 outbreak, ensuring the care and treatment of patients comes first.



**Colin Graham,
Associate Director of
Clinical Governance**

Medical Revalidation

Revalidation is a process by which clinical staff demonstrates to the Trust and their professional body that they are up to date, fit to practice and complying with the relevant professional standards.

Dr Imad Soryal who retired this year from his role as Consultant Neurologist and the Medical Director of Adult Specialist Rehabilitation Division, is continuing his work with the Trust as the Responsible Officer (RO), leading on revalidation for medical and dental staff.

This year the Trust has instigated

Regular appraisers forums themed according to need

New and refresher routine training courses for appraisers

Governors' involvement in appraisal training

Sample testing of appraisals with Quality Assurance tools (national)

Dealing with any concerns about doctors including one referral to General Medical Council

Case Investigator Training for a number of Clinicians from all the divisions, and this also included HR personnel and the MD

In 2020-21 there will be:

Revision of the medical and dental appraisal and revalidation policy

Support for the Clinical and Educational Supervisor with updated training

Plans to get individual governance data available for the appraisers

Learning Lessons

Making sure we get it right next time

While the NHS and in particular the Trust would never want any harm to come to our patients, especially while in our care, we recognise that mistakes do occur. The key is to act responsibly and to make sure these errors don't happen again.

The Trust does encourage staff to report errors, near misses or incidents, but is working to ensure that staff who are involved in the above are treated fairly (page 59). This is key to helping identify problems and hotspots to encourage changes to be made.

We try to learn from national reports which show where things have gone wrong elsewhere, e.g. the independent review into care at the Gosport War Memorial Hospital. Our self-assessment against the recommendation of that panel included the introduction of audits which have shown an improvement in compliance with good practice in recording the reasons for changing medication, a failing that was criticised at Gosport. In addition we have appointed two Freedom to Speak Up Guardians (page 87) to allow staff to raise concerns when they feel they are not being listened to.

We continually assess national guidance and adjust our procedures to meet them e.g. from NICE (page 81), or implement initiatives such as NEWS2 (National Early Warning Score); a tool which improves the detection and response to clinical deterioration in adult patients, for our community nursing teams.

Dental Services are trialling a unique system of recording near misses to promote the learning from those as well - such as can we step in earlier to prevent an accident nearly happening?

We publish lessons learned widely to staff in a variety of ways as we recognise how important it is to share these changes. The methods for circulation include:

- Compass - published by the Risk Management team;
- A quality briefing published by each division;
- A slide each month as part of the Team Talk by the CEO;
- Updated policies, procedures and training programmes to reflect progress;
- Learning from Excellence.

Listening to our staff and patients as to what went wrong, what could be delivered better also provides us with an opportunity, which we have used to promote Listening into Action (page 111), which has supported teams to make a difference.

As a Trust we will continue on our journey to improve and use a range of tools to ensure the message gets shared as widely as possible.

Children & Families Division annual Clinical Effectiveness event

The Children & Families Division held their annual Clinical Effectiveness event on Monday 13th January 2020 which was supported through the Divisional Clinical Governance Team.

Staff from a range of professions attended from a number of services within the division. Attendees on the day enjoyed a varied programme which shared learning, development and practice through research, audit and service evaluations across the divisions which included:

The results of 2 research studies undertaken by Paediatric Physiotherapy

- The I-Play study
- The DoMore Study protocol.

Both these projects were concerned with helping children with disabilities lead more physically active lives.

The Community Paediatricians service presented the results of audits, service evaluations and surveys that had been undertaken. Topics included:

- Special Guardianship Orders.
- The purchasing of home nebulisers by parents and carers for treating childhood asthma.
- The efficient use of staff time when issuing prescriptions.
- Safe processing of tests & investigation results.
- The potential need for changes to safe sleeping messages to better protect babies.
- Developed model of service delivery to engage parents in parent workshops within a range packages of care.
- Enhanced the Speech and Language Therapy (SLT) webpages as source of information for families and professionals.
- Engagement of language through play workers and development of early years SLCN pathway.
- Developing and sharing new evidence based advice for bilingual families on language development.

Paediatric Eye Service

The Paediatric Eye Service has seen some great developments in 2019-20 including:

- Involvement in developing the National Special School Eye Care programme.
- Working with the community paediatricians and audiologists to carry out eye assessment as part of the new 'one stop shop' Down's clinic at Allen's Croft Children's Centre.
- Reducing the Did Not Attend (DNA) rate from over 20% to under 10% consistently over the year.
- Completing a pilot study on borderline referrals from the National Vision Screening programme.

Dental Services Celebrating Excellence Day Conference: 5th July 2019

Dental Services Division hosted their annual Celebrating Excellence Day Conference on 5th July 2019.

The aims and objectives of the day included: understanding and recognising the Birmingham Community Healthcare NHS Foundation Trust Values; understanding the Dental Services Vision: Best Care, Best Teaching, Best Research; sharing and recognising our successes and achievements within the division; receiving divisional updates and presentations from local clinical audit/ service evaluation/service improvements/research/ elective projects.

The day was well attended with over 350 staff, with representatives from across the Dental Services Division, the School of Dentistry and the Trust.

Key highlights of the event included presentations from the Dental Senior Leadership Team and a motivational speaker. Dedicated Dental videos were showcased linking to the Trust values and recognising successes across the division including awards and achievements.

The day contained thirteen presentations linked to audit and service improvement including the development of Essential Care Indicators for the division and Listening into action projects for GA Theatres and Paediatric Dentistry.

All elements of the day related to the Trust's strategic principles Safe High Quality Care; Better Use of Resources, Integrated Services and a Great Place to Work.



Listening into Action 2019/20

Listening into Action (LiA) is all about empowering colleagues from across the Trust to make positive changes to their working lives and the experience of their patients.

Having launched Listening into Action (LiA) in the summer of 2018, this year we continued to embed the work, and have seen great improvements from our many LiA teams across the Trust. The importance and value of empowering colleagues with what matters most to them continues to be something that the Trust consistently recognises and strives to embed culturally, as we continue our journey to be 'Fit for 2022' and making BCHC a Great Place to Work.



Our Pulse Check on how colleagues are feeling took place in June 2019, engaging more than 3000 colleagues from across the Trust, requesting not only their feedback but also their ideas for improvements. We launched our 'Simple Things' campaign following this, empowering colleagues to make simple improvements which will benefit them, their patients or colleagues.

The results of the Pulse Check were also used to determine the 'hot topics' for our subsequent CrowdFixing events on Busting Bureaucracy and Working Environment and Equipment, led by the Deputy Director of Nursing and Therapies and Estates and Facilities Director respectively. Each of these events gathered further feedback and ideas from colleagues on the improvements which would have a positive impact on staff and patient experience.

As part of the Pulse Check feedback (and Staff Survey responses) it was also flagged by line managers from across the Trust their need for additional support and engagement as they try to balance the needs of their teams and patients in the context of the wider health and social care system, and the pressures that this system is experiencing.

The importance and value of empowering colleagues with what matters most to them continues to be something that the Trust consistently recognises and strives to embed culturally



A series of line manager events were run, engaging with several hundred line managers, providing a wider network of support and relevant information.

More than 30 teams from across the Trust ran their own LiA team journey, each with a clear mission regarding the improvements that they wished to make. The projects covered issues as simple as making sure colleagues are engaging and using services to the full and best capacity, as with the Library Services team and safeguarding colleagues, to the instigation of wide-scale changes and collaborative changes. The paediatric administration team set out to tackle issues around repeat prescription orders, with the aim of making prescription requests as quick and simple as possible. The aim was that families receive prescriptions in a timely manner, providing the best and most efficient service. Enabling and enhancing patients to take control of their own eye drop administration and care was the aim of the Integrated Multi-Disciplinary Team (IMT) working with patients in Bordesley Greenwood, Richmond, Castleton and Soho. When possible, enabling patients not only helps them deal with their condition and treatment in a pro-active way, but can free up skilled clinicians to see different patients and deal with more complex conditions. The results so far have been very promising and as well as having a positive effect on patients, this has also produced large cost and time savings for the nursing teams. The team are working with an ophthalmic company to create a teaching package for staff and access to Trust charity funds has been granted to obtain the devices and roll the project out to more teams. Other Trusts have also expressed an interest in the scheme, so this is one that could go much further.

Many of the teams celebrated and shared their success at an inspiring 'Pass it On' event in November, where the theme was sustainability. Approximately 150 colleagues attended the event and a variety of medium have been utilised to further share the stories.

Many of the teams celebrated and shared their success at an inspiring 'Pass it On' event



Future plans:

The Trust is adjusting its approach in 2020-21 by developing a consistent approach to quality improvement which will replace the LiA team journeys and patient safety ambassadors. We will continue the 'Simple Things' campaign and ensure that large-scale events in which the views and suggestions of colleagues are gathered also continue.

Marking Black History Month

Inclusive

With an extensive line-up of inspiring speakers, workshops and networking opportunities, BCHC's Black History Month Conference was a fitting way to focus on our collective commitment to inclusivity and creating a leadership team that reflects the breadth of our workforce and the communities we serve.

Speakers included:

- BCHC non-executive director Jacynth Ivey, who talked about her 25 year journey in the NHS;
- Broadcaster Anita Bhalla, who spoke about the challenges she has faced in a long career in the media and the creative arts;
- Onika Patrick-Redhead, a deputy admin manager at Cambridgeshire and Peterborough NHS Foundation Trust, who paid tribute to the benefits the NHS Stepping Up programme has had on her self-belief in her capacity to be part of positive change within her organisation;
- BCHC's interim director of corporate governance Gilbert George;

The morning also included a welcome address from BCHC chief executive Richard Kirby and the formal launch of BCHC's anti-racism strategy.

The afternoon session included a range of workshops and round table discussions and culminated in an uplifting debut performance by the newly formed (that very afternoon!) BCHC Choir, under the musical direction of the London Community Gospel Choir.

The over-arching theme of the conference was 'the importance of being first' - inspired, explained equality and diversity manager Carol Cooper, by the 2016 film Hidden Figures and designed to encourage delegates, when necessary, to be prepared to be the person with the courage to take the first step to bring about change.

Several colleagues were recognised for their contribution towards furthering BCHC's ambition of becoming a truly inclusive - with equal opportunity for all - when they were awarded a Hidden Figures award by Jacynth.



Jacynth Ivey

Inclusive organisation

Senior BCHC leaders took part in an equality and diversity workshop led by NHS national lead for the Workforce Race Equality Standard (WRES) Yvonne Coghill.

The event featured in-depth discussion around topics such as recruitment, leadership, culture change and practical actions that can be taken to enact positive change.

Meanwhile strategy and partnerships director Suzanne Cleary and workforce and organisational development director David Holmes are among the first executive directors in the country to take part in the national WRES expert programme.



Singing for health and wellbeing with the London Community Gospel Choir.



Onika Patrick-Redhead

Get networking!

Staff are setting the agenda for better equality and diversity in BCHC, thanks to the launch of several new staff networks.

As part of the Trust's ongoing commitment to making BCHC a 'great place to work', a number of staff groups have been launched, giving staff more opportunities to discuss the issues that matter to them, and be part of the force for change.

Following on from the successfully established BME Network, which started in 2017, this year has seen the launch of three new networks.

Earlier this year the Trust launched the women's equality network and at the first meeting, the network, led by executive sponsor Lorraine Thomas and non-executive sponsor Jenny Belza, made two commitments. The first is to address the gender pay gap, ensuring equal pay for equal work. The second is to introduce a menopause policy, so that women experiencing menopausal symptoms feel better supported at work.

At the disability and neuro diversity network, staff discussed how there needs to be a better understanding amongst staff and managers of what life looks and feels like for people working with a disability before they even get to work and the pressures and challenges they face.



Disability Network

More recently, the Trust launched the LGBT+ and Allies network. Staff and allies attended the event to share their views and personal experiences and hear from guest speakers from within and outside the Trust, prompting discussion on what more can be done to support LGBT+ staff in the workplace.

The event also marked the launch of BCHC's 'Rainbow' badges, which are available to staff who wish to pledge that they offer patient care without prejudice and non-judgmental support to LGBT+ colleagues.

Chief executive Richard Kirby said: "The experience of our colleagues is vital - these networks open up more opportunity to hear from you and work together to make BCHC a great place to work."

The networks are always looking for new members. If you would like to find out more, email the Equality and OD team: EqualityOD.Team@bhamcommunity.nhs.uk

Womens network



Following on from the successfully established BME Network, which started in 2017, this year has seen the launch of three new networks.

Celebrating LGBT+ History Month

During LGBT History Month in February, the Trust's thriving network for LGBT+ colleagues and allies held a celebration event to mark achievements in its first year, share plans for the year ahead and formally launch the 'Rainbow' badge and associated pledge.

The event, opened by the executive and non-executive sponsors for the network medical director Dr Doug Simkiss and chairman Dr Barry Henley, was an opportunity to look back on LGBT+ history, reflect the progress that has been made and what more can be done to support people who identify as LGBT+ both within BCHC and in society in general.

Delegates heard from PC Gary Stack BEM, force lead for sexual orientation and hate crime who gave some useful information on sexual orientation awareness and urged attendees to always report hate crime, even if anonymously, so that the police can get a better picture of this type of crime and help with promoting a more inclusive society.

There was also a presentation from Robyn Foley, strategic development officer for the trans-inclusion project at Birmingham LGBT Centre who spoke about the importance of transgender awareness.

If you would like to pledge your support for LGBT+ colleagues and patients by wearing one of our 'rainbow badges' or would like to join your colleagues at this year's Pride parade marching on 23 May 2020 from Victoria Square in Birmingham City Centre on the NHS float, get in touch with the network: LGBT+.Network@bhamcommunity.nhs.uk All those marching will get a free colourful NHS T shirt and be guaranteed to have a thoroughly good time marching with 10 other NHS Trusts from across the region!

The LGBT+ network meets bi-monthly. For details of upcoming meetings visit the equality, diversity and human rights section of the intranet and go to 'BCHC staff networks'. We would love to see many more LGBT+ colleagues and allies.



New Interventions

The introduction of New Interventions Policy sets out the process for the implementation of treatments, techniques or procedures which were novel to the Trust. It is designed to support and enable clinicians to embrace those innovations which have been instigated in other Trusts whilst ensuring adequate controls are in place to ensure that staff have the appropriate skills and training to apply them safely.

The Trust is committed to ensuring that the introduction of any new clinical interventional procedure is properly co-ordinated, safe and works well for routine use.

The policy assists clinicians to introduce new interventional procedures by providing a robust standardised process for their assessment and approval, has a clear evidence base of effectiveness and also is able to be 'quality assured'.

During 2019-20 the following New Interventions were approved:

- Intermittent Pneumatic Compression Device (IPC) is a sequential compression device used for venous thromboembolism (VTE) prophylaxis after stroke.
- TIHM (Technology Integrated Healthcare Management) to use technology for homecare and provide self-care technologies for patients with long-term conditions to be more involved in their own care and well-being.
- Liquidised Food Administration via Gastrostomy to Children in the Community by using home-made blended foods to use in place of prescribed feeds and fed to children via an enteral feeding tube.
- Preformed Metal Crowns (PMCs) and a Preparation Free Placement Technique (PFPT) to manage caries in an adult 'Special Care' population. Patients would have a PMC placed over the decayed tooth to 'seal' the decay and prevent its progression; this is an alternative to removing the decay with a dental drill and water spray before placing a dental filling material.

Clinicians have felt that the process supports them in a structured way from within their divisions and from corporate teams.

“ The Trust is committed to ensuring that the introduction of any new clinical interventional procedure is properly co-ordinated, safe and works well for routine use. ”



Research and Innovation

R&I Strategy

The R&I team have developed an ambitious strategy in consultation with research leads and other stakeholders. It will require whole organisation engagement plus external collaboration. When achieved it will re-position BCHC as a more research and innovation responsive organisation.

CHART (Community Healthcare Alliance of Research Trusts)

CHART is a national initiative led by BCHC, which continues to grow and have an impact. The CHART working group have been invited to the Department of Health and Social Care 3 times this year to work with directors so they further understand the challenges of research within the community. The acting R&I Director represented CHART at the Chris Whitty round table discussion for social care research.



Awards

- Finalist in the Inclusive category, BCHC VIP Awards (Dr Christine Burt, BCHC Acting R&I Director)
- Clinical Research Network; West Midlands Award for Patient and Public Involvement and Engagement in Research and a NIHR Clinical Doctoral Research Fellowship (Marilyn Bradbury, Paediatric Physiotherapist and Health Education England / NIHR Clinical Doctoral Research Fellow)



- Clinical Research Network; West Midlands Award for Clinical Research Impact (Jonathan Price, MSK Advanced Physiotherapist and Physiotherapy Research Lead, Perry Smyth, Research Participant and Isabelle Weller Research Participant)
- Society of Musculoskeletal Medicine and Middlesex University Saunders Prize for the highest mark in their membership examination & Cyriax Prize for the best MSc dissertation (Emrah Altinpulluk, MSK Physiotherapist)



BCHC Sponsored NIHR Funded Research

- Snacktivity - to promote physical activity and reduce future risk of disease in the population. Professor Amanda Daley, NIHR Research Professor in Public Health (Loughborough University) is working with BCHC and several Universities to run this project. Snacktivity focuses on promoting small, but frequent, doses of physical activity throughout the day so at least 150 minutes of activity is accumulated weekly.
- A physical activity 'snack' typically lasts between two-five minutes and includes activities such as walk-talk conversations, walking coffee breaks and using the stairs instead of the lift. A Public Advisory Group (8-12 public members) will ensure that public voices are embedded within the development, implementation and evaluation of the Snacktivity research. Quote - Professor Daley said: "The population has become less physically active and more sedentary, which is associated with poorer health. To encourage people to be more physically active, and

improve their health, we need to make physical activity targets easy to achieve and sustainable over time. This study will establish if Snacktivity is a worthwhile approach in encouraging the public to be more active and to sit less throughout the whole day."



- Trauma-AID: Eye movement desensitisation and reprocessing (EMDR) for symptoms of post-traumatic stress disorder (PTSD) in adults with intellectual disabilities. Professor Paul Willner, Emeritus Professor (Swansea University) and Honorary Consultant Clinical Psychologist (BCHC) is working with BCHC, the Swansea Trials Unit, and several other NHS Trusts, to run this multi centre project. This research will aim to determine whether EMDR improves the mental health and quality of life of people with intellectual disabilities who suffer from PTSD, whether the outcomes are influenced by the complexity of the PTSD, and if it provides value for money. Quote - Trauma-AID A Patient and Public Involvement Carers: "For years I've waited for trauma recognition for those who are clearly suffering who have a learning disability and or autism. How can we expect them to cope, and their staff to work blindly and cope not knowing what to do? This trauma research is incredibly important to helping the path of understanding, and hopefully healing those who deserve better and deserve a voice."
- DoMore: Developing an intervention to reduce sedentary behaviour in non-ambulant young people with long-term disabilities. Marilyn Bradbury, BCHC Paediatric Physiotherapist, has been awarded a NIHR Clinical Doctoral Research Fellowship to develop a digitally-enabled intervention to help young people with long-term disabilities,

who are unable to walk, become more active in their daily routines. The intervention will be tested to see if it can be used in the NHS and to prepare for a larger study. She is studying at the University of Birmingham, supervised by Joan Duda, Sally Fenton and Sue Neilson. The West Midlands Young Persons Steering Group, people with disabilities and the Cerebral Palsy Midlands Charity have helped with designing the study, writing the lay summary, developing patient information sheets and adverts and producing an engagement video. They will have on-going involvement. A lay member sits on the study's steering committee.



Novel Scale for Community

Joint development of a novel scale for weighing tube-fed wheelchair bound patients in the community, in collaboration between the Dietetics team, the R&I team, Midtech Innovations and medical scale manufacturers Marsden. This was identified as a need by our dietitians and has now led to the first prototype developed and tested by our clinicians. The first batch of the commercial units will be available in September 2020.



Virtual Consultations

Innovation team facilitated the introduction of Webex as a clinical tool for virtual consultations within the C&F Rapid Response team. The software has now become a critical and valuable tool in delivery of remote assessments for children under their care, by reducing travel time, increasing clinical time and speeding up delivery of care.

RIQI (Research and Innovation into Quality Improvement) Review

A new service offered by R&I when digital needs are identified within the Trust and a market survey is required to appraise available commercial solutions.

Eye-drop Compliance Boxes

A clinical challenge was identified in administering of eye-drops in the community. R&I facilitated the creation of “Eye-drop Compliance Boxes” that contain a variety of commercial dispensers that fit various eye-drop bottles/vials and empowers the patients in selecting the right tool for them in accordance with their health needs. This has gone through LiA (Listening into Action) and charitable funds are being sought to roll this out for a wider patient population and subsequent evaluation.

Early results show high patient satisfaction and financial savings for the Trust.

New for 2020/21

- Critically Appraised Topics (CATS). R&I have secured funding from the Clinical Research Network to enable collaboration with Keele University for CATS. This tool will allow teams to discuss healthcare challenges and develop improvements.
- Developing Chief and Principal Investigators in Community and Non-acute settings: having the right tools for the job. R&I, with support from BCHC research active staff, secured £42,323 from the Clinical Research Network: West Midlands to undertake this Improvement and Innovation Strategic Funding project in 2020-2021. The project will collaborate with CHART members, Social Care Services, ARC (Applied Research Collaborative) and many more to make this tool right! The growth of new researchers will empower and support all BCHC Staff to support research that informs better care and services for both BCHC patients and staff.

**Portfolio Studies refers to the projects funded or adopted by the National Institute of Health Research (NIHR) through open competition.*

Chief Clinical Information Officers

The Trust appointed two Chief Clinical Information Officers (CCIOs) in late 2019. The role of a CCIO is to improve the links between clinical staff and Information Technology (IT) teams, so that new systems work for clinicians and patients as well as on a technical basis.

Since their appointment they have worked closely with stakeholders both locally to support the bid for an Electronic Prescribing and Medicines Administration (ePMA) system and commence the journey towards the procurement of a BCHC Patient Portal linking in with our commissioning, acute and other partners in the development of a multi agency shared Clinical Portal. More recently we have been supporting the digital response to COVID-19 trying to bridge the gap between clinical colleagues and IT.

- The first CCIO's background is as a Paediatric Physiotherapist. Prior to taking up her current role she worked as an Operational Manager within Inclusion Services (C&F therapy services), but since becoming involved in the development and implementation of electronic records across Children & Families, she has worked closely with a wide variety of Specialties both Children's and Adults, all with their own unique requirements.
- She has continued to drive forward the development of the BCHC Core which is our Electronic Patient Record (EPR) – enabling data to be entered once and available at the point of care. It continues to evolve as more specialties come on board and will enable us to work more seamlessly as a care provider. A single source of truth, data shared appropriately between relevant professionals, information entered being pulled into clinical letters, reducing the need for duplication and unnecessary data capture.

- The second CCIO has a background as a Consultant in Oral Medicine at the Dental Hospital where he provided clinical leadership in the development and implementation of digital dictation as well as other dental digital systems.

Both CCIOs have supported the bid for ePMA by sitting on the working group and contributing to the technical specification and the second will be chairing the ePMA clinical reference group.

They have refreshed the EPR vision and specification and now have the ambition to develop a Clinical Portal which can integrate RiO (the system which holds the records) and the other clinical systems in use across the Trust in to a single user interface (you only have to log on once).

In response to COVID-19 and in conjunction with the Digital Technology Service team they have developed guidance on remote working & consultations and with Digital Technology Service (DTS) colleagues are in the process of implementing the Attend Anywhere video consultation platform to enable remote consultations as part of the Trust's Restoration and Recovery Programme.

Chief Clinical
Information Officers



BCHC Charity

General charity information

Birmingham Community Healthcare Charity 'Our Trust Charity' provides the 'extras' not funded as part of core NHS services. These are the things that can bring a smile to patients, enhance their experience or improve their care with us. The charity team has raised over £400,000 through fundraising and generous donations in the last 4 years and are working closely with patients, staff and service users to continue identifying what would make a difference across BCHC.

Do you have an idea to enhance patient care or want to get involved in fundraising? Get in touch by phone 0121 466 7314 or email bchc.charity@bhamcommunity.nhs.uk

Safe, High Quality Care

Open to ideas from patients



Moor Green Treadmill Triumph

The Moor Green Warriors, a group of current and former patients of, Moseley Hall Hospital's Moor Green Rehabilitation Unit got together in September 2019 to organise a relay walk to raise funds for a much needed treadmill. The treadmill will enable patients to regain their strength and mobility, as well as improve their exercise tolerance. This will be invaluable in helping them to rebuild their confidence and achieve their rehabilitation goals.

Making Good Use of Resources

Respectful

Respectful of patients need for independence and taking control of own care

Super 'Saebomas' technology

The Saebomas (mobile arm support) uses zero-gravity technology to help patients experience less fatigue during rehabilitation exercises, and thanks to donations to BCHC Charity, patients on Ward 8 Stroke Rehabilitation Unit at Moseley Hall Hospital can utilise the arm to facilitate their recovery process.

The Saebomas is used with patients that have a very weak arm or arms following a stroke or spinal injury. Jeremy Newton, Specialist Neuro Physiotherapist, says:



"It helps patients to exercise their arms without needing the therapist to support or assist with movements. We have been able to set them up with exercise programmes they can practice on their own, which previously they would have found difficult.

This is hugely motivating and means that they can do as much or as little as they like. Patient feedback has been positive and staff have reported that the device gives them more options when it comes to prescribing interventions."

Making Good Use of Resources

Responsible

Listening and acting on complaints made

Games to Get Your Teeth Into!

Feedback from friends and family test completed at paediatric dental clinic appointments showed families were struggling with the waiting times. BCHC charity worked with staff to look at how we could improve patient experience and funded interactive gaming stations.

"Already we have seen a reduction in complaints as children have something to entertain them while they wait".





The power of music

Music has a big impact on health and wellbeing and studies have shown musical performances in a healthcare setting

can improve mood, alleviate boredom, reduce stress and anxiety and provide comfort.

Thanks to generous donations BCHC charity have been able to provide monthly music sessions for the last 3 years.

"Patients have expressed their thanks calling the performances uplifting and staff enjoy seeing patients smile, sing and clap along to the songs they recognise".

Our Moor Green musical expression rehabilitation group have also enjoyed using music as a way of expressing themselves, experiencing communication and engagement with others as an alternative to speech.



To Huddle or Not to Huddle Your Essential Guide

Huddles take a variety of formats and are used for a variety of purposes. They are different from a handover and we urge you to give them a go. They really can make a difference to patients' safety.

**Make them
brief - 5 to 10
minutes**

Challenges include:

- Getting everyone to stop what they are doing and get into a huddle
- Viewing the huddle as yet another task that takes you away from patients
- Clearly demonstrating the benefits
- Finding the right time

**Know when
to make them
multi-disciplinary or
uni-disciplinary**

Reactive Huddle - e.g. triggered by an event, to assess how it could have been done differently in that moment. A real time conversation rather than a debrief.

Proactive Huddles - preventing patient safety issues and staff concerns. Gather the team together to talk about the day, the shift, the next few hours, at any point in the day. Not a handover.

**Be clear
about a
purpose**

Formalised - planned huddles at specific times with attendance being mandatory in a designated area and facilitated by the most appropriate person.

Information Capturing - using tools to capture information e.g. a 'huddle sheet' which can highlight the areas of discussion such as a list of patients with indwelling catheters, or of patients at risk of falling, etc.

Unplanned Impromptu - can be requested by anyone from the team. This could even happen in a patient's room to review what could be done differently after an incident e.g. Falls Huddle.

**Link and
learn between
different types
of huddles**

**And remember,
huddles are
not only for
clinicians!**

**Benefits
to Staff
and Patients**

**Plan, Prioritise
and Problem
Solve!**

**Supports
staff health and
well-being and
develops strong
teams**

A Different Journey

Sickle cell and thalassaemia service co-ordinator - and recently elected staff Governor - Lurieteen Miller talks about the circumstances that prompted her to take a different journey in her nursing career.

Specialist haemoglobinopathy nurse Lurieteen Miller started her career at Selly Oak Hospital in 1979 and, after working in various departments, switched to her first community role in 1991 as a district staff nurse.

She went on to complete a degree in community health studies and gained her district nurse certificate.

“The support we offer acts as a ‘wake-up call’. People need to realise how serious the conditions can be...”

“I developed an interest in sickle cell disease and was a member of Organisation for Sickle Cell Anaemia Relief (OSCAR), a voluntary organisation, where I spent time fundraising and developed my interest,” said Lurieteen.

“I applied to go back into the sickle cell and thalassaemia community team but was informed that I needed to have a community qualification.

“I developed an interest in the management of sickle cell and thalassaemia-related conditions and completed further study in this specialism.

“In 1991, following a severe back injury, I thought my days as a nurse were over. So I took up a post as a haemoglobinopathy nurse at Ladywood Community Health Centre, supporting individuals with sickle cell and thalassaemia.

“Our team has a diverse caseload, offering services for children, adults, as well as their families and friends around them - including educators and healthcare professionals.



“My particular role is as service co-ordinator, to manage and lead a team of nurses who are also passionate about the patients and families.

“The work we do is far-reaching and varied; supporting patients on hospital wards when they are admitted for treatment, doing home visits and also talks at nurseries, schools and colleges to raise awareness.

“We piloted the antenatal screening programme, which has been rolled out nationally. The programme included development of the forms for ‘at risk’ couples, and the ‘family origin questionnaire’.

“We provide a mixture of counselling and education, and often find that the support we offer acts as a ‘wake-up call’. People need to realise how serious the conditions can be. We specialise in teaching everyone what ‘trigger factors’ are to sickle cell complications such as infection, dehydration, stress, over-exertion and experiencing extremes of temperatures, such as being too hot or too cold.

“Stem cell and/or bone marrow transplant can be offered as a potential cure for serious conditions of both sickle cell anaemia and thalassaemia. This involves replacing the affected bone marrow with bone marrow donated by someone without the condition. After the transplant, the new bone marrow will produce healthy blood cells. Our service also offers support for individuals prior to and following surgery.”

Sickle cell and thalassaemia are inherited blood conditions that mainly affect people of African, Caribbean, Mediterranean, Middle Eastern or Asian origins.

Sickle cell disorder gets its name from the crescent (sickle) shaped red blood cells that someone with the condition produces. These can get stuck in blood vessels and block the blood flow.

If these blockages (clots) occur, this can be life threatening, for example in the brain can lead to stroke.

People with thalassaemia make less haemoglobin and have few circulating red blood cells than normal, which result in mild or severe anaemia.

People with sickle cell and thalassaemia often need blood transfusions to keep them healthy. You can help by becoming a blood donor.

Welcome to new Governors!

BCHC is pleased to welcome the successful candidates who were elected to our council of governors:

Staff

Representing healthcare assistants and support staff colleagues:
Jean Dipple and Vicky Danyluk

Representing medical, dental and nursing colleagues:
Lurieteen Miller and Carroll Johnson-Chapman

Representing other staff:
John Frazer

Representing scientific, therapeutic and technical staff / allied health professions and healthcare scientists
Shabeen Mughal

Public

Representing North and East Birmingham
Sheila Try, Joanne Benjamin-Lewis, Roger Leek and Tim Murphy

Representing Central and West Birmingham
Graham Green, Jill Jesson, Christopher Vaughan (and one vacancy remaining)

Representing South Birmingham
Jane Hill, Frances Young, Peter Rookes and Peter Mayer

Representing the West Midlands
Sue Durrant

Patient Safety Ambassadors

PSA Project Themes and Numbers	
Theme	Number of Projects
Continence	3
CQC	1
Diabetes	1
Discharge & Referrals	8
DNA/Cancellation	3
End of Life	2
Falls	5
Functional Electronic Stimulation	2
Handover	2
Health & Wellbeing	3
Information Governance	1
Learning Disability	1
Manual Handling	1
Medical Devices	1
Medication	5
Mental Health	3
Mental Health 117	3
Mouth Care	1
Non-Emergency Patient Transport	1
Nutrition & Hydration	2
Neuro Rehabilitation	1
Patient Safety - Dental	2
Physiotherapy	1
Resolution – Clinical Decisions	1
Safety Check list	1
Sepsis	4
Stock Control	1
Swallowing	1
Tissue Viability	2

The Patient Safety Ambassadors (PSA) Campaign ran successfully from September 2016 until January 2020 and comprised 5 full day interactive modules, incorporating an introduction to quality improvement, human factors, measurement for improvement, project management and sustainability and a celebration day.

During the course of its running, 9 cohorts amounting to 116 Ambassadors were trained who created 74 quality improvement ideas and projects, some of which were shortlisted for the HSJ awards in 2018 including sepsis and falls work.

In December 2019 a decision was taken to end the Patient Safety Ambassadors Campaign but to build on it to inform a refreshed approach to quality and safety improvement across the Trust and the final cohort 9 had their celebration day in January 2020.

A comprehensive directory of projects is published on the PSA Intranet page, however, to the left is a list of themes and the number of projects relating to them.



Section 5

Assurance process

CCG

Health and overview scrutiny committee (HOSC)

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Appendix 1

Membership application

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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 2019-20.

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.

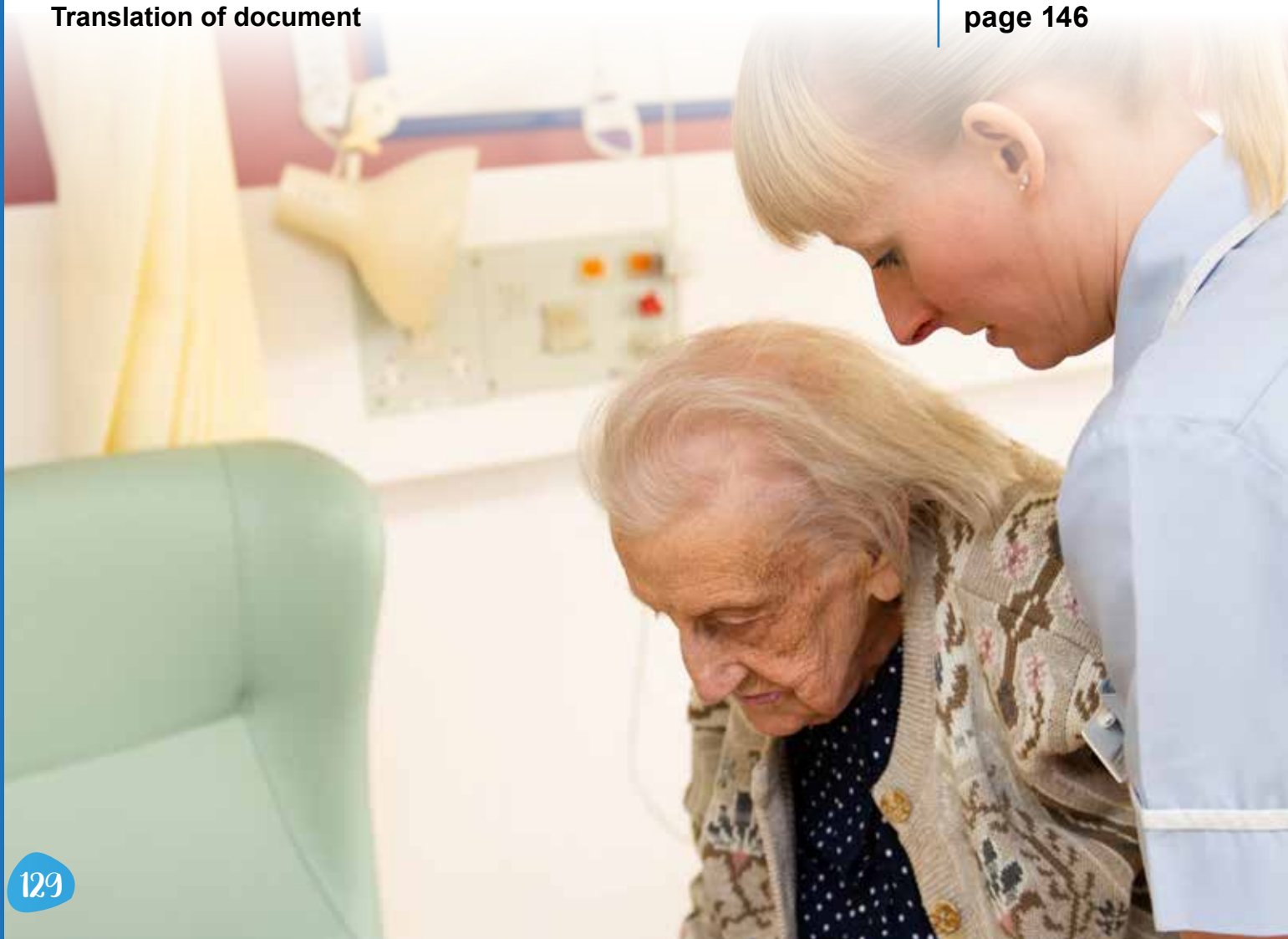
External influence has included the Council of Governors, Healthwatch and our Commissioners in order to ensure that the Quality Report presents a balanced view of the quality of care delivered by BCHC.

The Trust has shared a draft Quality Report 2019-20 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 on the following pages.

Consultation with staff and some Public Governors took place through BCHC committee structures and staff forums which included open access 'page turning' sessions via teleconferencing whereby attendees were given the opportunity and time to talk through and comment on the content of the Quality Report. The whole process has been overseen by the Quality and Safety Committee.

Progress was reported to a number of executive led committees before its final approval. External assurance work on quality reports ceased on 23 March 2020 and no limited assurance opinions are to be issued in 2019-20. Therefore the mandated indicators and one indicator chosen by the Council of Governors were not tested for accuracy, validity, reliability, timeliness, relevance and completeness by external auditors.



Statement of Assurance from Birmingham and Solihull CCG May 2020

- 1.1. Birmingham and Solihull Clinical Commissioning Group (CCG), as coordinating commissioner for Birmingham Community Healthcare NHS Trust (BCHC), welcomes the opportunity to provide this statement for inclusion in the Trusts 2019/20 Quality Account.
- 1.2. A draft copy of the Quality Account was received by the CCG on the 27th April 2020 and the review has been undertaken in accordance with the Department of Health Guidance. This statement of assurance has been developed from the information provided to date.
- 1.3. In the version of the Quality Account we viewed, some full year data was not yet available and so we have not been able to validate those areas; we assume, however, that the Trust will be populating these gaps in the final published edition of this document.
- 1.4. 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 by the Trust against most of the 2019/20 priorities. 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 2020/21.
- 1.5. It is encouraging to see continued developments from the BCHC 'Fit for 2022 Improvement Programme' which includes actions to progress strategic objectives and respond to external reviews and recommendations including the CQC Inspection Report. The CCG is actively working with BCHC in responding to recommendations in their CQC report to support service improvements and awaits the outcome of this year's CQC inspection.
- 1.6. Positive work has been undertaken in relation to the Trust's 2019/20 quality priority to embed an inclusive culture reflecting our communities where colleagues feel that diversity is valued and there is equal opportunity to grow and progress. The introduction of Workforce Race Equality Standard (WRES) indicators to the Quality and Performance Report, Executive Directors objectives, and the establishment of a number of staff networks by BCHC demonstrates the trusts commitment to improving representation. Commissioners welcome the identified work streams to implement the Cultural Ambassadors Programme and develop Reverse Monitoring in 2020/21.

- 1.7. 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 good practice in achieving the quality improvement and innovation goals agreed in the 2019/20 falls CQUIN scheme to prevent hospital falls.
- 1.8. The Trust's 2019/20 quality priority to design and embed a BCHC improvement approach to create an organisation capable of continuously improving was partially met. Commissioners recognise the good work completed so far and welcome the key principles identified for 2020/21 to continue to develop the BCHC Improving Together approach.
- 1.9. The CCG is pleased to note the continued hard work of the Patient Experience team which is reflected in the Trust achievements in 2019/20 against both national and local patient experience targets. The CCG recognises the importance of this and other patient experience data in contributing to the improvement of services and welcomes the work streams which have been identified to address the key areas.
- 1.10. The quality priorities for 2020/21 reflect areas where improvement is required. CCG is supportive of the priority to embed quality improvements to improve Children's Services and will continue to work with BCHC over the next year in the delivery of this and all of the ambitions set out in this account
- 1.11. The CCG welcomes the inclusion of a Learning from Deaths section in the 2019/20 Quality Account and is encouraged by the variety of Quality Improvement work streams identified from the mortality review process. Commissioners would find it helpful to receive further information of the BCHC mortality review process to understand prioritisation processes for selecting deaths for review, and details of alternative review methods for deaths which are considered out of scope.
- 1.12. The section on National Quality Indicators is well presented and clearly provides the reader with details of the Trust's performance. Year to date targets were not met in relation to CQUIN scheme for Improving uptake of flu vaccinations for frontline clinical staff although the CCG is pleased to note improved rate compared to 2018-19 and efforts of 61 active Peer Vaccinators across the Trust that allowed this greater access to vaccination for clinical teams.
- 1.13. The CCG would have liked the account to have mentioned the Learning Disability Mortality Review Programme (LeDeR) under the 'Learning from Deaths' section and feel that it would have been appropriate to include reference to this under their wider 'learning from deaths' narrative. It would be helpful to understand how BCHC are supporting delivery of the programme and linking with the local LeDeR steering group in delivery of system change in response to the learning coming out of reviews.
- 1.14. It is encouraging to see the significant improvements, in conjunction with the CCG and NHS Improvement, to develop of a Clinical Harms Review process to identify when patients may come to harm while waiting for their care or treatment. This work has also been helpful in supporting a clinical prioritisation process in response to the Covid-19 pandemic.

- 1.15. As commissioners, we have worked closely with BCHC over the course of 2019/20, meeting with the Trust regularly to review the organisations' progress in implementing its quality improvement initiatives. We are committed to engaging with the Trust in an inclusive and innovative manner and are pleased with the level of engagement from the Trust. We hope to continue to build on these relationships as we move forward into 2020/21.



Paul Jennings
Chief Executive Officer
NHS Birmingham and Solihull CCG



Health and overview scrutiny committee (HOSC)

Response to BCHC Quality Report 2019-20

The Birmingham Health & Social Care O&S Committee (the HOSC) recognise the dual challenge faced by BCHC in continuing the difficult task of providing community based healthcare services to Birmingham residents and specialist services to the wider West Midlands region across hundreds of sites whilst at the same time responding to CQC requirements over the past two years to make improvements in a number of areas and also dealing with the current challenge of the COVID-19 pandemic.

Whilst Quality reports are always in a draft format when seen by the HOSC, any feedback on behalf of the HOSC comes with a caveat due to omissions in significant areas from the draft version reviewed at the time of responding. The omission of the section on Quality Priority 4 'Ensuring that community children's services demonstrate the healthiest and happiest start in life for the children of Birmingham' should be noted in the light of the fact that community health services for children and young people were rated as inadequate overall by the CQC in October 2018. Also the omissions of the sections on Responding to our CQC Inspection, Registration and external reviews and CQC Inspections. These omissions prevent us from commenting on any progress that might have been made on these important priorities.

In relation to the Staff Survey, we note and welcome the progress made and the fact that the scores have improved in 10 out of the 11 themes, with significant improvement in some, but remain concerned at the continuing low scores overall, with the Trust remaining below average for comparator organisations in all but one of the 11 themes.

BCHC also remains below average in relation to responses on the standard of care provided and whether staff would recommend the organisation as a place to work, so we note that there is still much room for improvement.

We also note that staff sickness absence has increased since 18/19 (5.65% -7.88%). Measures are being implemented to improve sickness absence levels but performance has still not shown any sustainable improvement against KPI targets

We did previously raise our serious concerns on Equality and Diversity and remain concerned at the apparent lack of progress, with scores still significantly low in Equality, Diversity and Inclusion and showing no improvement from last year. It is also concerning that 20% of respondents said they experienced harassment, bullying or abuse from managers or other colleagues, so we would hope to see significant improvement in both of these areas in future, which have been identified as a priority areas for improvement.

We welcome the support provided through LGBT and BME networks, the Black History Month Conference and launch of the new networks - the women's equality network, with a commitment to address the gender pay gap and to introduce a menopause policy, the disability and neurodiversity network and the LGBT and Allies network. It is concerning that across the Trust BME staff are around twice as likely as their white colleagues to enter formal disciplinary hearings, but pleasing to see that options to improve this situation are being reviewed including cultural ambassadors to support disciplinary investigations and the establishment of an Equality, Diversity and Human Rights Board to address the issue.

We note the discrepancy in the percentage of senior staff who are from BME backgrounds with the overall workforce. This is consistent with data from the staff survey where BME staff in the Trust report lower confidence that the Trust recruit and promote fairly. We do recognise that equality career progression to higher grades necessarily takes several years to filter through to the end point, so accept that any progress is likely to take some time to deliver. We note the changes being made to recruitment processes including a guarantee of panels which are both ethnically and gender diverse for senior roles and the establishment of longer-term targets to improve diversification in senior roles over a five year period which will be monitored and we will keep a close eye on this over future years.

It is also concerning that there has been a significant increase in total incidents reported across a whole range of incident type, in particular a large increase in the category of patient incidents relating to care delivery including pressure ulcers, admission, transfer, discharge, access to services, slips, trips and falls together with a significant increase in serious incidents compared with 18/19.

Overall however, we are encouraged by the fact that there is much that is positive in the report including:

- During 2019-2020 no never events were reported.
- Patient and Service User experience shows an increasing response rate from the previous year and continues to report excellent performance in 19-20, achieving performance targets for both nationally and locally set targets.
- In relation to the Safety Thermometer to reduce avoidable harm experienced by patients it is pleasing to see that the ambition of delivering 95% harm free care measured by the NHS Classic Safety Thermometer has been exceeded throughout the year.
- Supporting Staff -Safeguarding Training – we welcome the new approach to delivering mandatory training to staff and the outcomes achieved to date and vision for the future development of training to incorporate a focus on the impact of domestic abuse.
- We also welcome the steady increase over past 5 years in the confidence of staff to raise concerns and to have confidence that BCHC will act on the concerns raised.
- Overall we commend the resilience and flexibility demonstrated by staff in responding to the COVID-19 pandemic and
- We welcome the new strategic approach that has been implemented from April 2020 to make improvements in response to requirements identified by the CQC.
- We fully understand that the current and coming year will be one of intense and unprecedented pressure and we recognise this will constrain the organisation's ability to make some of the strategic changes intended. However the situation also highlights just how essential the BCHC is to the wellbeing of people in the City and we look forward to continuing our positive relationship with the Trust in the years ahead.

Councillor Rob Pocock

Chair Birmingham Health and Social Care Overview & Scrutiny Committee

Healthwatch

Response to BCHC Quality Report 2019-20

During the COVID-19 pandemic Healthwatch Birmingham, along with partners across the city, has reviewed our services to ensure we are utilising our resources to meet the needs of local populations. Working with our commissioners and by following Healthwatch England guidelines, we have recently made the difficult decision not to respond to our Birmingham Trusts Quality Accounts this year.



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 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- 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 2019 to May 2020
- papers relating to quality reported to the board over the period April 2019 to May 2020
- feedback from commissioners dated May 2019
- feedback from governors dated 2019
- feedback from local Healthwatch organisations dated May 2019
- feedback from overview and scrutiny committee dated May 2019
- the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS
- Complaints Regulations 2009, dated May 2020
- the 2019 national staff survey February 2020
- the Head of Internal Audit's annual opinion of the trust's control environment dated May 2020

- 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 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 Dr Barry Henley, Chair



Date: 03 May 2020

Chief Executive Richard Kirby



Date: 03 May 2020

Auditor report

Deloitte had 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 2020 and certain performance indicators contained therein.

The update on 23 March 2020 on <https://improvement.nhs.uk/resources/quality-accounts-requirements/> outlined the amendments to the Quality Accounts arrangements in light of the COVID-19 outbreak. For Birmingham Community Healthcare NHS Foundation Trust there is no formal requirement for a limited assurance opinion or governors' report.

An independent assurance report has not been prepared by Deloitte for the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust in reporting Birmingham Community Healthcare NHS Foundation Trust's quality agenda, performance and activities.

Deloitte's assurance work on the Quality Report 2019-20 ceased on 25 March 2020 along with the Quality Report assurance process and all plans for onsite indicator testing.



Title	Participated	%
Audits BCHC completed data collection for in 2019-20		
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%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) audit programme. Hosted by: Royal College of Physicians	Yes	(140) 100%
National Audit of Care at the End of Life (NACEL) Hosted by: NHS Benchmarking	Yes	100% (23 cases submitted)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) Hosted by: Royal College of Physicians	Yes	Rolling data collection Total Patients registered 12 (10 in cohort 1 and 2 in cohort 2).
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	100% Case ascertainment Q 3 Band A and Audit Compliance an A (improvement from previous year)
UK Parkinsons Audit Hosted by: Parkinsons UK	Yes	100% 20 Elderly Care, 10 Occupational Therapist and 10 Physiotherapy cases
Audits BCHC was not eligible to participate in		
Assessing Cognitive Impairment in Older People/Care in Emergency Departments Hosted by RCEM	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
Care of Children in Emergency Departments Hosted by: RCEM	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
Endocrine and Thyroid National Audit Hosted by: BAETS	No	N/A
Inflammatory Bowel Disease programme/IBD registry Hosted by: IBD Registry Ltd	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. Hosted by: Public Health England	No	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme Hosted by: MBRACE-UK	No	N/A
Medical and Surgical Clinical Outcome Review programme.	No	N/A
Mental Health – Care in Emergency Departments Hosted by: RCEM	No	N/A
Mental Health Care Pathway – CYP Urgent & Emergency Mental Health Care and Intensive Hosted by: NCCMH	No	N/A
Mental Health Clinical Outcome Review Programme Hosted by: NCISH	No	N/A
National Audit of Breast Cancer in Older People (NABCOP) Hosted by: The Royal College of Surgeons	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 Pulmonary Hypertension Hosted by: NHS Digital	No	N/A
National Audit of Seizure Management in Hospitals (NASH3) Hosted by: University of Liverpool	No	N/A
National Bariatric Surgery Registry (NBSR) Hosted by: British Obesity and Metabolic Surgery Society (BOMSS)	No	N/A
National Cardiac Arrest Audit (NCAA) Hosted by: Intensive Care National Audit & Research Centre (ICNARC)	No	N/A
National Cardiac Audit Programme (NCAP) Hosted by: Barts Health NHS Trust	No	N/A
National Clinical Audit of Anxiety and Depression Hosted by: Royal College of Psychiatrists (RCPsych)	No	N/A

National Clinical Audit of Psychosis Hosted by: Royal College of Psychiatrists (RCPsych)	No	N/A
National Early Inflammatory Arthritis Audit (NEIAA) Hosted by: British Society for Rheumatology	No	N/A
National Emergency Laparotomy Audit (NELA) Hosted by: RCOA	No	N/A
National Gastro-intestinal Cancer Programme Hosted by: NHS Digital	No	N/A
National Joint Registry (NJR) Hosted by: HQIP	No	N/A
National Lung Cancer Audit (NLCA) Hosted by: Royal College of Physicians	No	N/A
National Maternity and Perinatal Audit Hosted by: Royal College of Obstetricians and Gynaecologists	No	N/A
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care) Hosted by: Royal College of Paediatrics and Child Health	No	N/A
National Ophthalmology Audit (NOD) 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
National Prostate Cancer Audit Hosted by: Royal College of Surgeons of England	No	N/A
National Smoking Cessation Audit Hosted by: BTS	No	N/A
National Vascular Registry Hosted by: Royal College of Surgeons	No	N/A
Neurosurgical National Audit Programme Hosted by: Society of British Neurological Surgeons	No	N/A
Paediatric Intensive Care Audit Network (PICANet) Hosted by: University of Leeds/University of Leicester	No	N/A
Perioperative Quality Improvement Programme (PQIP) Hosted by: Royal College of Anaesthetists	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
Society for Acute Medicine's Benchmarking Audit (SAMBA)	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

Membership application

We want you to join us as a member and help shape our services

General information

We will keep any information we hold about you confidential in accordance with the Data Protection Act 2018. By law we have to keep basic information about you as a member.

Please tick this box if you are happy for your name and constituency to be available to the public through the Foundation Trust Register of Members ☐

PLEASE ENTER IN BLOCK CAPITALS

About you

1. Title: Gender: Male ☐ Female ☐ Other ☐

First name: Middle name:

Last name: Please note that you must be aged at least 16 to become a member. If you are younger than this, but still wish to be involved, please contact us

Date Of Birth: (DD/MM/YYYY) / /

Full address:

Postcode:


Email:


Telephone Mobile

Contacting you

2. We would prefer to contact you by email, if possible, as it reduces our costs and enables us to communicate more often.

Please select the way in which we can contact you: (tick as appropriate)

☒  E-Mail (preferred method) Note: If you would prefer to be contacted by post, we will need to share your name and address with a third party to enable printing and postage to you.

☐  Post

3. Please let us know of any requirements that would assist us to communicate with you?

.....

.....

.....

4. Are you registered disabled? Yes ☐ No ☐

5. How did you hear about becoming a member of the Foundation Trust (e.g. by post, telephone, events, etc)?

.....

.....

.....

We have a statutory duty to try to ensure our membership is representative of the community we serve. We would like to know details of your ethnic background, but would point out that it is optional for you to provide this information.

6. 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"/> Black or black British/Caribbean | <input type="checkbox"/> Do not wish to disclose |
| <input type="checkbox"/> Black or Black British/African | <input type="checkbox"/> Any other ethnic group (please specify)
..... |

Section 2: Level of Involvement

7. How would you like to be involved with the NHS Foundation Trust at the current time? (please tick as appropriate)

- ☐ Keep in Touch (receive our annual newsletter, invite to annual members meeting and election information)
- ☐ Receive Opportunities about Getting Involved (receive monthly email newsletter and any additional email communications to self-choose the opportunities that interest you, in addition to 'Keep in Touch' information)

8. Do you have any areas of interest related to the services we provide? (please tick as appropriate)

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Learning Disability Services | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Our Trust Charity |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Other (please specify) | |

9. We value the experiences of our members. Please can you let us know if you are any of the following: (tick as appropriate)

- | | | |
|---|--|--|
| <input type="checkbox"/> Patient/Service User | <input type="checkbox"/> Partner Organisation | <input type="checkbox"/> Trust Volunteer |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Other: (please specify) | |

Section 3. Declaration

I would like to become a member of the Foundation Trust and agree to the processing of my information for this purpose.

Signature Date



Please return your form to: FREEPOST RSUJ-TESZ-BHSH, Membership, Birmingham Community Healthcare NHS Foundation Trust, 3 Priestley Wharf, 20 Holt Street, Birmingham B7 4BN or email to ft@bhamcommunity.nhs.uk

Find out more and our online form at www.bhamcommunity.nhs.uk/membership or email ft@bhamcommunity.nhs.uk or call 0121 466 7023. Trust's membership privacy notice at <https://www.bhamcommunity.nhs.uk/about-us/corporate-information/privacy-notices-and-data-protection/membership-privacy-notice/>

If you would like to request a copy of this document in an alternative format, or have any other queries about its content, please contact the Birmingham Community Healthcare NHS Foundation Trust Communications team at:



Communications team:
3 Priestley Wharf
20 Holt Street
Birmingham Science Park
Aston, Birmingham
B7 4BN



Tel: 0121 466 7281



Email info@bhamcommunity.nhs.uk



Or follow us on Twitter [@bhamcommunity](https://twitter.com/bhamcommunity)



The report is also available at www.bhamcommunity.nhs.uk



Or you can speak to a Patient Experience Officer in our Customer Services team on tel: 0800 917 2855

How to provide feedback

If you would like to provide feedback on the Quality Report you can do this by:

Tel 0121 466 7069

Email clinical.governance@bhamcommunity.nhs.uk

Address Quality Report, Clinical Governance Department
3 Priestley Wharf
20 Holt Street
Birmingham Science Park
Aston, Birmingham, B7 4BN

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.



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

إذا أردت هذه الوثيقة بشكل آخر بما في ذلك النسخ الصوتية أو الطبعة الكبيرة أو نسخة البريل أو نسخة مترجمة فعليك الاتصال بفريق الاتصالات على : 0121 466 7281

که تاسی دغه سند په یوه بله بڼه غواړئ د ږغ، غټو ټکو، بریل (د ږندولپاره ځانګړی لیک) او یا د ترجمې په شمول تر لاسه کړئ، نو د مکالمې له ډلې سره په دغه شمېره 01214667281 اړیکه ونیسئ.

اگر آپ یہ دستاویز اور طرز میں حاصل کرنا چاہتے ہیں جس میں آڈیو، بڑی چھپائی، بریل یعنی ابھرے ہوئے حروف یا ترجمہ شامل ہے تو براہ کرم کمیونی کیشنز ٹیم **Communications Team** سے 0121 466 7281 پر رابطہ کریں۔

যদি এই তথ্যপত্র আপনি অন্য কোনো নমুনায় যেমন ক্যাসেটে রেকর্ড করে, মোটা অক্ষরে, ব্রেইলে (অঙ্কলিপিতে) বা বাংলায় অনুবাদ চান, তবে দয়া করে কমিউনিকেশন টিমের সংগে যোগাযোগ করুন: 0121 466 7281

Jeżeli chcesz otrzymać ten dokument w innej postaci, tj. jako nagranie dźwiękowe, dużym drukiem, brajlem lub w innej wersji językowej, prosimy zwrócić się do zespołu ds. komunikacji pod nrem 0121 466 7281

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਦੂਜੇ ਤਰੀਕੇ, ਜਿਵੇਂ ਕਿ ਸੁਣਨ ਵਾਲੇ ਤਰੀਕੇ, ਵੱਡੀ ਛਪਾਈ ਵਿਚ, ਬ੍ਰੇਲ ਵਿਚ ਜਾਂ ਅਨੁਵਾਦ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ ਕਮਿਊਨਿਕੇਸ਼ਨ ਟੀਮ ਨੂੰ ਇਸ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ : 0121 466 7281

Dacă doriți acest document într-un alt format, inclusiv audio, tipărit cu litere mari, Braille sau tradus, vă rugăm să contactați Echipa de comunicații la 0121 466 7281.

Haddii aad rabto in aad dukumeentigan ku hesho nuskhad kale sida dhegeysi, far waaweyn, farta Braille ee dadka indhaha la' ama turjumaad, fadlan Kooxda Isgaarsiinta (Communications Team) kala soo xiriir lambarka: 0121 466 7281



Part three...

Annual Accounts and Financial Statements

INDEPENDENT AUDITOR’S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

Report on the audit of the financial statements

1. 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 2020 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 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.

2. 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.

3. 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">• Recognition of NHS clinical revenue and recoverability of NHS receivables; and• Property valuations.
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Within this report, key audit matters are identified as follows:

- ! Newly identified
- ⬆ Increased level of risk
- ↔ Similar level of risk
- ⬇ Decreased level of risk

Materiality	The materiality that we used for the financial statements was £6.1m which was determined on the basis of 2% of total income for the year.
Scoping	Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team.
Significant changes in our approach	There have been no significant changes in our approach.

4. Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where: <ul style="list-style-type: none">• the directors’ use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or• the directors have 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.
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5. Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

5.1. Recognition of NHS revenue and recoverability of NHS receivables ⬇

Key audit matter description	As described in note 1.4 to the financial statements, there are significant judgements in the recognition of revenue from care of NHS service users and recoverability of receivables due to:
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	<ul style="list-style-type: none"> the complexity of the Payment by Results regime, in particular in determining the level of over-performance and Commissioning for Quality and Innovation ("CQIUN") revenue to recognise; the judgemental nature of accounting for disputes, including in respect of outstanding over-performance income for quarters 3 and 4; and the risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes. <p>Details of the foundation trust's revenue for the year ending 31 March 2020, including £81.1m (2018/19: £76.1m) of Commissioner Requested Services are shown in note 1.4 and note 5.2 to the financial statements. NHS receivables are shown in note 18.1 and note 29 to the financial statements.</p> <p>The majority of the foundation trust's revenue comes from a variety of local Clinical Commissioning Groups (CCGs) as part of the Master License Agreement (MLA) contract, increasing the significance of associated judgements.</p> <p>We therefore identified a potential risk of fraud or error in recognition of NHS revenue.</p>
How the scope of our audit responded to the key audit matter	<p>We obtained an understanding of the relevant controls around revenue recognition.</p> <p>We tested the recognition of revenue 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.</p> <p>We 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. We considered this track record in evaluating period-end provisions.</p> <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>
Key observations	Based on the audit evidence obtained, we conclude that NHS Revenue and NHS Receivables are appropriately recognised. We consider management judgements of provisions and disputes to be appropriate.

5.2. Property valuations

Key audit matter description	<p>The foundation trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £71.7m at 31 March 2020 (2018/19: £101.3m). 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>As detailed in notes 1.22 and 16, the foundation trust has reassessed a number of valuation assumptions in the current year, including the alternative site and modern equivalent asset (MEA) assumptions. The net valuation movement on the foundation trust's estate shown in note 8 is an impairment of £31.3m</p>
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(2018/19:£6.6m).

As detailed in notes 1.22 and 16, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by Covid-19 and therefore less weight can be attached to previous market evidence for comparison purposes, to inform opinions of value. In addition, properties which are priced on their trading potential, including healthcare establishments, may experience a greater impact on pricing in comparison to other asset classes.

The foundation trust entered into a Private Finance Initiative (PFI) contract with the Birmingham and Solihull Local Improvement Finance Trust ((BaS LIFT) (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 1.8 and 28 to the financial statements. 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.

How the scope of our audit responded to the key audit matter	<p>We obtained an understanding of the relevant controls around the property valuations performed in the year</p> <p>We have involved our valuation specialists, Deloitte Real Estate, to review and challenge the appropriateness of the assumptions and methodology used in the valuation of the foundation trust's properties including the change in alternative site and MEA assumptions. We have used their findings to challenge management assumptions, including the potential impact of Covid-19 and of Brexit on property valuations. We have also agreed the inputs to the year-end valuation performed by Cushman and Wakefield.</p> <p>We have reviewed the disclosures in notes 1.22 and 16 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.</p> <p>We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.</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 PFI liability and potential LIFT lifecycle prepayments.</p>
Key observations	While we note the increased estimation uncertainty in relation to the property valuation as a result of Covid-19, as disclosed in note 1.22 and note 16, we conclude that the valuation of the foundation trust's estate is appropriate.

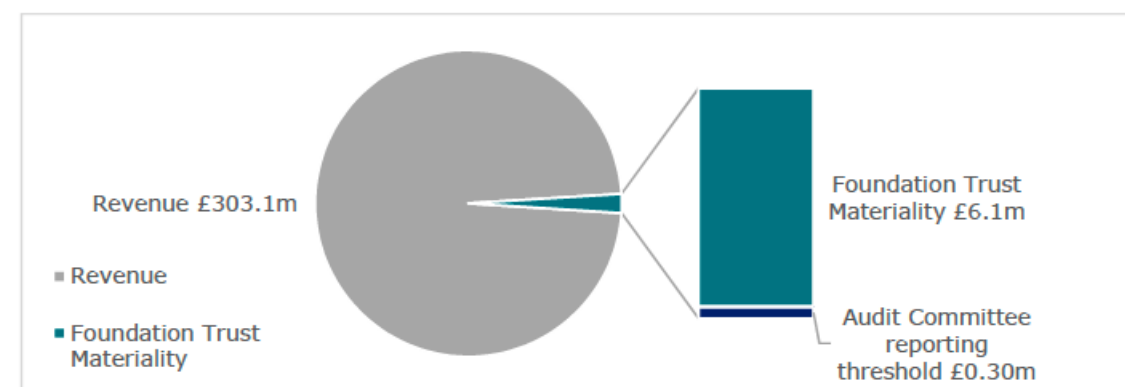
6. Our application of materiality

6.1. 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:

Foundation trust financial statements	
Materiality	£6.1m (2018/19: £5.8m)
Basis for determining materiality	2% of revenue (2018/19: 2% of revenue)
Rationale for the benchmark applied	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.



6.2. Performance materiality

We set performance materiality at a level lower than materiality to reduce the probability that, in aggregate, uncorrected and undetected misstatements exceed the materiality for the financial statements as a whole. Performance materiality was set at 75% of materiality for the 2019/20 audit (2018/19: 75%). In determining performance materiality, we considered the following factors:

- Our risk assessment, including our assessment of the foundation trust's overall control environment
- Our past experience of the audit, which has indicated a low number of corrected and uncorrected misstatements identified in the prior period.

6.3. Error reporting threshold

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.30m (2018/19: £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.

7. An overview of the scope of our audit

Identification and scoping of components

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.

8. 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.

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.

We have nothing to report in respect of these matters.

9. 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.

10. Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

11. Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the 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.

12. Matters on which we are required to report by exception

12.1. 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 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 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.

We have nothing to report in respect of these matters.

12.2. 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.

13. 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.

14. 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.



Ian Howse, CPFA (Senior statutory auditor)

For and on behalf of Deloitte LLP

Statutory Auditor

Cardiff, United Kingdom

15 June 2020

The Financial Statements to Annual Accounts 2019/20

1. Foreword to the Accounts

These accounts for the financial year ending 31st March 2020 have been prepared by Birmingham Community Healthcare NHS Foundation Trust in line with Department of Health and Social Care Group Accounting Manual 2019/20 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, other items of comprehensive income 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; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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.

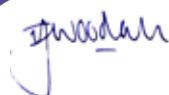
The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

By order of the Board

Richard Kirby
Chief Executive
Date: 15th June
2020



Ian Woodall
Chief Finance Officer
Date: 15th June 2020



3. How is our Financial Performance Assessed?

The Trust agreed a control total with NHS Improvement for 2019/20, which is calculated on a different basis from the reported surplus. The Trust agreed a control total of a £0.630m surplus for 2019/20 (before provider sustainability fund income) and planned for an overall surplus of £3.884m. The Trust achieved a surplus of £4,100m against this plan.

4. Efficiency Savings

In 2019/20 we were also required to identify and achieve a cost improvement programme (CIP) in excess of £5.423 million, and we delivered £5.328 million against this target.

5. Where our Money Comes From

The majority of our income comes from the provision of patient care which totals £277.9m. The remainder of £25.2m comes from other activities such as Education, Training and Research.

6. How we Spend our Money

In the financial year 2019/20 we spent £310.4m. The largest proportion of this expenditure was on the salaries and wages that we pay our staff, which totaled £199.6m.

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 2019/20 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 (£4.9m)
- investment in IT hardware and software (£1.2m)
- the replacement of clinical equipment and furniture (£0.1m)

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 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 2020

		2019-2020	2018-2019
	NOTE	£000	£000s
Operating income from patient care activities	3	277,860	261,895
Other operating income	4	25,223	26,759
Operating expenses	7.1	(310,357)	(282,519)
Operating surplus (deficit) from continuing operations		(7,274)	6,135
Finance income	12	259	207
Finance expenses	13.1	(2,625)	(2,607)
PDC dividends payable		(1,388)	(1,885)
Net finance costs		(3,754)	(4,285)
Surplus/(deficit) for the year		(11,028)	1,850
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	8	(16,183)	(1,710)
Revaluations	16	461	1,468
Total comprehensive income/(expense) for the period		(26,750)	1,608

All of the income and expenditure reported in these financial statements and accompanying notes relates to continuing operations

10.2. Statement of Financial Position as at 31 March 2020

	NOTE	31st March 2020 £000s	31st March 2019 £000s
Non-current assets			
Intangible assets	14.1	912	939
Property, plant and equipment	15.1	81,774	112,513
Receivables	18.1	71	-
Total non-current assets		82,757	113,452
Current assets			
Inventories	17	256	242
Receivables	18.1	17,581	13,793
Cash and cash equivalents	19.1	32,289	39,432
Total current assets		50,126	53,467
Current liabilities			
Trade and other payables	20.1	(29,827)	(33,977)
Borrowings	22.1	(977)	(870)
Provisions	25.1	(2,727)	(4,459)
Other liabilities	21	(225)	(801)
Total current liabilities		(33,757)	(40,107)
Total assets less current liabilities		99,127	126,812
Non-current liabilities			
Borrowings	22.1	(29,020)	(29,996)
Provisions	25.1	(115)	(100)
Total non-current liabilities		(29,135)	(30,096)
Total assets employed		69,992	96,716
Financed by			
Public dividend capital		7,217	7,191
Revaluation reserve		7,872	23,758
Income and expenditure reserve		54,903	65,767
Total taxpayers equity		69,992	96,716

The notes contained within this section of the annual report form part of these accounts.

Signed

Richard Kirby
Chief Executive
Date: 15th June
2020



10.3. Statement of Changes in Equity for the Year Ended 31 March 2020

	Note	Public Dividend capital £000s	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward		7,191	23,758	65,767	96,716
Deficit for the year		-	-	(11,028)	(11,028)
Other transfers between reserves		-	(164)	164	-
Impairments	8	-	(16,183)	-	(16,183)
Revaluations	15	-	461	-	461
Public dividend capital received		26	-	-	26
Taxpayers' and others' equity at 31 March 2020		7,217	7,872	54,903	69,992

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
Taxpayers' equity at 1 April 2018 - brought forward		7,179	24,276	63,534	94,989
Impact of implementing IFRS 9 on 1 April 2018		-	-	107	107
Surplus for the year		-	-	1,850	1,850
Other transfers between reserves		-	(276)	276	-
Impairments	8	-	(1,710)	-	(1,710)
Revaluations	15	-	1,468	-	1,468
Public dividend capital received		12	-	-	12
Taxpayers' equity at 31 March 2019		7,191	23,758	65,767	96,716

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 (DHSC). A charge, reflecting the cost of capital utilised by the trust, is payable to DHSC 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.

10.4. Statement of cash flows for the year ended 31 March 2020

	NOTE	2018-19 £000s	2017-2018 £000s
Cash flows from operating activities			
Operating surplus / (deficit)		(7,274)	6,135
Non-cash income and expense:			
Depreciation and amortisation	7.1	6,073	6,387
Net impairments	8	15,128	4,892
(Increase) / decrease in receivables and other assets		(3,391)	2,674
(Increase) / decrease in inventories		(14)	(89)
Increase / (decrease) in payables and other liabilities		(4,000)	(773)
Increase / (decrease) in provisions		(1,717)	(2,495)
Net cash generated from / (used in) operating activities		4,806	16,731
Cash flows from investing activities			
Interest received		259	207
Purchase of intangible assets		(247)	(158)
Purchase of PPE and investment property		(6,636)	(6,760)
Net cash generated from / (used in) investing activities		(6,624)	(6,711)
Cash flows from financing activities			
Public dividend capital received		26	12
Capital element of finance lease rental payments		(122)	(114)
Capital element of PFI, LIFT and other service concession payments		(747)	(795)
Other interest		(12)	(11)
Interest paid on finance lease liabilities		(50)	(45)
Interest paid on PFI, LIFT and other service concession obligations		(2,563)	(2,551)
PDC dividend (paid) / refunded		(1,856)	(1,696)
Net cash generated from / (used in) financing activities		(5,324)	(5,200)
Increase (decrease) in cash and cash equivalents		(7,143)	4,820
Cash and cash equivalents at 1 April - brought forward		39,432	34,612
Cash and cash equivalents at 31 March	19.1	32,289	39,432

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

The Trust incurred £2k of charges for the late payment of commercial debts in 2019/20.

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 2019/20.

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 10 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: 2019/20 Related Party Transactions

	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Dr Barry Henley - Chair				
Birmingham City University (Associate)	155,189	1,415	2,266	475
Aston University (Member of Business Advisory Council)	3,300	-	9,800	-
Professor David Sallah – Non Executive Director				
University of Wolverhampton (Emeritus Professor)	60,226	-	-	-
Jenny Belza – Non Executive Director				
Royal College of Nursing (Member)	1,870	-	-	-
University College Birmingham (Governor)	5,050	-	-	-
Salma Ali – Non Executive Director				
St Mary’s Hospice (Trustee)	14,154	1,050	3,475	2,115
David Holmes – Director of Human Resource				
Healthcare People Management Association (Deputy National President)	1,057	-	-	-

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 £178,331, of which £15,528 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 2019/20.

Compliance with Better Payment Practice Code during 2019/20

Better Payment Practice Code: Measure of Compliance	2019/20	
	Number	£000
Total Non-NHS trade invoices paid in the year	53,655	137,457
Total Non-NHS trade invoices paid within target	49,873	130,682
Percentage of Non-NHS trade invoices paid within target	93.0%	95.1%
Total NHS trade invoices paid in the year	1,933	28,987
Total NHS trade invoices paid within target	1,415	21,037
Percentage of NHS trade invoices paid within target	73.2%	72.6%
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.		

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 2019/20. Our audit cost in respect of statutory services for the year was £64,150. No additional amounts were paid to the external auditor.

10.13. Sickness Absence Data

The sickness absence data is discussed within Staff Report.

Table FS4: Other Exit Packages 2019-20

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
	2019/20	2019/20	2018/19	2018/19
	No.	£000	No.	£000
Voluntary redundancies including early retirement contractual costs	22	701	4	92
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 (special severance payments)*	-	-	-	-
Total**	22	701	6	187
of which:				
non-contractual payments requiring HMT approval 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 2019/20.

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 2019/20 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
Chief Finance Officer
Date: 15th June 2020



11.2. Chief Executive Certificate

I acknowledge the accompanying TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the foundation trust is required to submit to NHS Improvement.

I have reviewed the schedules and agree the statements made by the Director of Finance above.

Signed:

Richard Kirby
Chief Executive
Date: 15th June 2020



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 (DHSC) Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by DHSC. 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

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 2020/21, including the expected impact of COVID-19 on income from commissioners and operating expenditure, 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 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 Operating segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the trust.

Note 1.4 Revenue from contracts with customer

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).

The main source of revenue for the trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to 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 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 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.

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.



Note 1.6 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

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The schemes are not designed to be run in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes; the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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 1.7 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 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably, and either
 - 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."

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.

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.

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.



For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when they are brought into use.

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.

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. The land which forms part of the LIFT-funded dental hospital is constructed is depreciated over the remainder of the lease term.

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 expenditure.

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.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.



Local Improvement Finance Trust (LIFT) transactions

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.

The LIFT assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use. Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the trust’s Statement of Financial Position.

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

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.

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

Useful lives of property, plant and equipment

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:

Useful lives of property, plant and equipment

	Min life Years	Max life Years
Land	Infinite	Infinite
Buildings, excluding dwellings	3	71
Plant & machinery	-	26
Transport equipment	3	8
Information technology	4	8
Furniture & fittings	-	15

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 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust’s business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

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.

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 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.

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 on a straight line basis over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives 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	2	5

Note 1.10 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. Cash and bank balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

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.

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 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 at an amount equal to lifetime expected losses.

For all financial assets measured at amortised cost, lease receivables and contract assets, the trust recognises a loss allowance representing expected credit losses on the financial instrument. The trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses using a provisions matrix.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation.

The trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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.

Derecognition

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 1.12 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.

The trust as a 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 implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

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.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position 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.

The trust as a lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 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 HM Treasury’s discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury’s pension discount rate of minus 0.5% in real terms.

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 1.14 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 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 1.15 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.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) 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 and grant 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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 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 1.17 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 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in note 19.2 in accordance with the requirements of HM Treasury's FReM.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Other standards, amendments and interpretations

IFRS 17 (insurance contracts, applicable for accounting periods beginning on or after 1 January 2023) is also issued but not yet adopted. This is not expected to have a significant impact on the trust.

Note 1.22 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 'decapitalising' 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, particularly given the impact of the COVID-19 pandemic as detailed in note 16.

In light of the current COVID-19 pandemic, the trust's valuer has reported on the basis of 'material valuation uncertainty' in a standard paragraph currently being applied to all of their valuation reports on the basis of guidance from RICS. This highlights that a higher degree of caution should be attached to the valuation than would normally be the case. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the trust.

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 1.8. 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 is made.

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.

Capital charges, impairments and finance income and expenditure are currently held within the corporate division.

Assets and liabilities are not reported by division.

2019/20	Adult Community Services	Adult and Specialist Rehabilitation	Learning Disabilities	Dental	Children and Families	Corporate (including estates)	Total
Income	57,611	84,760	17,373	42,531	74,558	26,250	303,083
Pay	(39,516)	(47,715)	(11,782)	(23,546)	(41,499)	(37,270)	(201,328)
Non-pay	(6,398)	(14,397)	(871)	(7,117)	(23,450)	(35,606)	(87,839)
Other*	-	-	-	-	-	(24,944)	(24,944)
Surplus/ (Deficit)	11,697	22,648	4,720	11,868	9,609	(71,570)	(11,028)

2018/19	Adult Community Services	Adult and Specialist Rehabilitation	Learning Disabilities	Dental	Children and Families	Corporate (including estates)	Total
Income	54,094	83,018	16,470	41,020	74,363	19,689	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)	10,749	21,179	3,893	11,385	11,872	(57,228)	1,850

* 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 1.4

Note 3.1 Income from patient care activities (by nature)

	2019/20 £000	2018/19 £000
Mental health services		
Block contract income	17,277	16,414
Community services		
Community services income from CCGs and NHS England	207,266	196,294
Income from other sources (e.g. local authorities)	45,443	46,540
All services		
Agenda for Change pay award central funding*		2,647
Additional pension contribution central funding**	7,874	
Total income from activities	277,860	261,895

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019/2020 £000	2018/2019 £000
Income from patient care activities received from:		
NHS England	66,414	55,631
Clinical commissioning groups	166,004	157,161
Department of Health and Social Care	19	2,787
Other NHS providers	5,916	5,347
Local authorities	38,219	40,406
Injury cost recovery scheme	637	-
Non NHS: other	651	563
Total income from activities	277,860	261,895

Note 4 Other operating income

	2019/20		
	Contract income £000	Non-contract income £000	Total £000
Research and development	889	-	889
Education and training	18,079	-	18,079
Non-patient care services to other bodies	470		470
Provider sustainability fund (PSF)	2,479		2,479
Charitable and other contributions to expenditure		4	4
Other income	3,302	-	3,302
Total other operating income	25,219	4	25,223

'Other income' includes income earned from a range of sources, most notably traded services, car parking, catering and clinical excellence awards.

	2018/19		
	Contract income £000	Non-contract income £000	Total £000
Research and development	445	-	445
Education and training	18,449	-	18,449
Non-patient care services to other bodies	447		447
Provider sustainability fund (PSF)	4,601		4,601
Charitable and other contributions to expenditure		161	161
Other income	2,656	-	2,656
Total other operating income	26,598	161	26,759



Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20 £000	2018/2019 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	692	175

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

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:

	2019/20 £000	2018/19 £000
Income from services designated as commissioner requested services	81,082	76,120
Income from services not designated as commissioner requested services	196,778	185,775
Total	277,860	261,895

Note 6 Fees and charges

The trust does not have any income from charges to service users where income from that service exceeds £1 million.

Note 7.1 Operating expenses

	2019-20 £000	2018-19 £000
Staff and executive directors costs	199,475	183,155
Remuneration of non-executive directors	127	119
Supplies and services - clinical (excluding drugs costs) *	36,083	36,958
Supplies and services - general *	3,350	3,124
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	10,442	8,471
Consultancy costs	1,575	2,371
Establishment	3,835	4,467
Premises	13,332	13,975
Transport (including patient travel)	2,382	2,274
Depreciation on property, plant and equipment	5,756	6,118
Amortisation on intangible assets	317	269
Net impairments	15,128	4,892
Movement in credit loss allowance: contract receivables / contract assets	528	170
Increase in other provisions	-	463
Audit fees payable to the external auditor		
audit services- statutory audit	60	52
other auditor remuneration (external auditor only)	11	161
Internal audit costs	83	112
Clinical negligence	737	718
Legal fees	451	353
Insurance	78	71
Research and development	426	28
Education and training	3,254	3,006
Rentals under operating leases	7,988	8,002
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	732	747
Car parking & security	345	254
Other services, eg external payroll	283	280
Other	3,579	1,909
Total	310,357	282,519

* The trust has identified several contracts (total value £17.4 million) shown as 'supplies and services - general' in the 2018/19 accounts that should more appropriately be shown in 'supplies and services - clinical'. The prior year comparative column has been restated to reflect this change.



Note 7.2 Other auditor remuneration

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	11	12
All other assurance services	-	149
Total	11	161

Note 7.3 Limitation on auditor’s liability

The limitation on auditor’s liability for external audit work is £1m (2018/19: £1m).as set out in the engagement letter dated 4 February 2019.

Note 8 Impairment of assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	15,128	4,892
Total net impairments charged to operating surplus / deficit	15,128	4,892
Impairments charged to the revaluation reserve	16,183	1,710
Total net impairments	31,311	6,602

On 1 April 2019, the trust revalued most of its freehold estate on a ‘modern equivalent asset’ basis, which allows for the replacement cost of a land or building asset to be based on a hypothetical modern replacement asset that has the same productive capacity as the property being valued, but is not necessarily the same size or in the same location.

The modern equivalent of the trust’s estate requires a smaller floor area and, as a result, a smaller plot of land, resulting in a significant reduction in the valuation of the estate.

Note 9 Employee benefits

	2019/2020	2018/2019
	£000	£000
Salaries and wages	150,562	143,546
Social security costs	14,232	13,505
Apprenticeship levy	720	688
Employer's contributions to NHS pensions	25,886	17,449
Pension cost - other	-	15
Temporary staff (including agency)	10,150	9,399
Total gross staff costs	201,550	184,602
Recoveries in respect of seconded staff	(287)	(111)
Total staff costs	201,263	184,491
Of which		
Costs capitalised as part of assets	62	42

Note 9.1 Retirements due to ill-health

During 2019/20 there were no early retirements from the trust agreed on the grounds of ill-health (7 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is 0k (£168k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.



Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

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 11 Operating leases

Note 11.1 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.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	7,988	8,002
Total	7,988	8,002

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
• not later than one year	8,442	3,851
• later than one year and not later than five years	27,591	5,192
• later than five years	23,948	5,564
Total	59,981	14,607

Extensions to the current leases with NHS Property Services are currently being negotiated for properties under their management, and the disclosure above reflects the trust’s intended period of occupation.

Note 12 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	259	207
Total finance income	259	207

Note 13.1 Finance expenditure

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

	2019/20 total	2018/19 total
	£000	£000
Interest expense:		
Finance leases	50	45
Interest on late payment of commercial debt	2	-
Main finance costs on PFI and LIFT schemes obligations	2,069	2,123
Contingent finance costs on PFI and LIFT scheme obligations	494	428
Total interest expense	2,615	2,607
Other finance costs	10	10
Total finance costs	2,625	2,625

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20	2018/19
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	2	-

Note 14.1 Intangible assets - 2019/20

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	1,051	534	1,585
Additions	290	-	290
Valuation / Gross cost at 31 March 2020	1,341	534	1,875
Amortisation at 1 April 2019 - brought forward	434	212	646
Provided during the year	210	107	317
Amortisation at 31 March 2020	644	319	963
Net book value at 31 March 2019	697	215	912
Net book value at 1 April 2018	617	322	939

Note 14.2 Intangible assets - 2018/19

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2018 - as previously stated	1,116	534	1,650
Additions	158	-	158
Disposals / derecognition	(223)	-	(223)
Valuation / Gross cost at 31 March 2019	1,051	534	1,585
Amortisation at 1 April 2018 - as previously stated	495	105	600
Provided during the year	162	107	269
Disposals / derecognition	(223)	-	(223)
Amortisation at 31 March 2019	434	212	646
Net book value at 31 March 2019	617	322	939
Net book value at 1 April 2018	621	429	1,050

Note 15.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	25,156	76,623	409	9,884	191	16,915	476	129,654
Additions	-	4,218	691	88	-	839	31	5,867
Impairments	(8,091)	(8,551)	-	-	-	-	-	(16,642)
Reversals of impairments	40	419	-	-	-	-	-	459
Revaluations	(7,917)	(9,164)	-	-	-	-	-	(17,081)
Reclassifications	-	-	(129)	129	-	-	-	-
Valuation/gross cost at 31 March 2020	9,188	63,545	971	10,101	191	17,754	507	102,257
Accumulated depreciation at 1 April 2019 - brought forward	-	486	-	5,015	127	11,260	253	17,141
Provided during the year	64	2,859	-	735	20	2,027	51	5,756
Impairments	7,874	9,642	-	-	-	-	-	17,516
Reversals of impairments	(11)	(2,377)	-	-	-	-	-	(2,388)
Revaluations	(7,927)	(9,615)	-	-	-	-	-	(17,542)
Accumulated depreciation at 31 March 2020	-	995	-	5,750	147	13,287	304	20,483
Net book value at 31 March 2020	9,188	62,550	971	4,351	44	4,467	203	81,774
Net book value at 1 April 2019	25,156	76,137	409	4,869	64	5,655	223	112,513

* As the dental hospital land is held under a LIFT agreement and the trust does not expect to take ownership at the end of the agreement, this land is depreciated over the lease term.

Note 15.2 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
Valuation/gross cost at 1 April 2018 - brought forward	24,721	81,123	20	9,551	191	15,540	455	131,601
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2018 - restated	24,721	81,123	20	9,551	191	15,540	455	131,601
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	3,930	409	313	-	1,375	21	6,048
Impairments	-	(1,991)	-	-	-	-	-	(1,991)
Reversals of impairments	147	134	-	-	-	-	-	281
Revaluations	288	(6,496)	-	-	-	-	-	(6,208)
Reclassifications	-	-	(20)	20	-	-	-	-
Disposals/derecognition	-	77)	-	-	-	-	-	(77)
Valuation/gross cost at 31 March 2019	25,156	76,623	409	9,884	191	16,915	476	129,654
Accumulated depreciation at 1 April 2018 as previously stated	-	543	-	4,253	107	8,764	217	13,884
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2018 - restated	-	543	-	4,253	107	8,764	217	13,884
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year *	42	2,762	-	762	20	2,498	36	6,118
Impairments	-	6,120	-	-	-	-	-	6,120
Reversals of impairments	(330)	(898)	-	-	-	-	-	(1,228)
Revaluations	288	(7,964)	-	-	-	-	-	(7,676)
Disposals/derecognition	-	(77)	-	-	-	-	-	(77)
Accumulated depreciation at 31 March 2019	-	486	-	5,015	127	11,260	253	17,141
Net book value at 31 March 2019	25,156	76,137	409	4,869	64	5,655	223	112,513
Net book value at 1 April 2018	24,721	80,580	20	5,298	84	6,776	238	117,717

Note 15.3 Property, plant and equipment financing - 2019/20

	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
Net book value at 31 March 2020								
Owned -purchased	7,809	39,142	971	4,351	44	4,467	203	56,987
Finance leased	-	688	-	-	-	-	-	688
On-SoFP PFI contracts and other service concession arrangements	1,379	22,740	-	-	-	-	-	24,119
NBV total at 31 March 2020	9,188	62,550	971	4,351	44	4,467	203	81,774

Note 15.4 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	£000
Net book value at 31 March 2019								
Owned -purchased	23,753	50,047	409	4,869	64	5,655	223	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 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 full 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 2020.

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. In light of the current COVID-19 pandemic, the trust's valuer has reported on the basis of 'material valuation uncertainty' in a standard paragraph currently being applied to all of their valuation reports on the basis of guidance from RICS. This highlights that a higher degree of caution should be attached to the valuation than would normally be the case. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the trust.

The impact of this for the trust is expected to be limited; of the trust's land and buildings subject to valuation, the vast majority relate to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential, rather than the extent of the service potential to be replaced. Cushman and Wakefield have also used valuation indices at 30 March 2020 to reflect, as closely as possible, the position at the year-end.

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. With external support, the trust has applied the modern equivalent approach to all relevant freehold land and building assets from 1 April 2019. This has resulted in a significant reduction in the floor and land areas required and material impairments being charged to expenditure and the revaluation reserve.

The valuation of the trust's 21 year interest in the dental hospital as at 31 March 2020 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 21 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 17 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	90	85
Consumables	166	157
Total inventories	256	242

Inventories recognised in expenses for the year were £242k (2018/19: £153k).
Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 18.1 Trade receivables and other receivables

	31 March 2020	31 March 2019
	£000	£000
Current		
Contract receivables	15,533	11,767
Allowance for impaired contract receivables / assets	(867)	(346)
Prepayments (non-PFI)	1,873	1,887
PDC dividend receivable	578	10
VAT receivable	387	240
Other receivables	76	135
Total current trade and other receivables	17,581	13,793
Non-current	71	-
Other recievables	71	-
Of which receivables from NHS and DHSC group bodies:		
Current	12,464	9,466
Non-current	71	-

Note 18.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	346	-	-	298
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	-	-	191	(298)
New allowances arising	600	-	170	-
Changes in existing allowances	(15)	-	-	-
Reversals of allowances	(57)	-	-	-
Utilisation of allowances (write offs)	(7)	-	(15)	-
Allowances as at 31 Mar 2020	867	-	346	-

Note 18.3 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.
No provision is made against NHS receivables as such amounts are not expected to be irrecoverable.



Note 19.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
At 1 April	39,432	34,612
Net change in year	(7,143)	4,820
At 31 March	32,289	39,432
Broken down into:		
Cash at commercial banks and in hand	9	8
Cash with the Government Banking Service	32,280	39,424
Total cash and cash equivalents as in SoFP	32,289	39,432
Total cash and cash equivalents as in SoCF	32,289	39,432

Note 19.2 Third party assets held by the trust

Birmingham Community Healthcare NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Monies on deposit	1	-
Total third party assets	1	-

Note 20.1 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
Current		
Trade payables	5,969	11,182
Capital payables	1,790	2,516
Accruals	15,363	14,272
Social security costs	2,479	2,179
Other taxes payable	1,423	1,454
Other payables	2,803	2,374
Total current trade and other payables	29,827	33,977
Total non-current trade and other payables-	-	-
Of which payables from NHS and DHSC group bodies:		
Current	5,457	5,291
Non-current	-	-

Note 21 Other liabilities

	31 March 2019	1 March 2018
	£000	£000
Current		
Deferred income (relating to contract income under IFRS 15)	225	801
Total other current liabilities	225	801

Note 22.1 Borrowings

	31 March 2020	31 March 2019
	£000	£000
Current		
Obligations under finance leases	131	122
Obligations under LIFT contracts (excl. life-cycle, see note 29)	846	748
Total current borrowings	977	870
Non-current		
Obligations under finance leases	452	583
Obligations under LIFT contracts (excl. life-cycle, see note 29)	28,568	29,413
Total non-current borrowings	29,020	29,996

Note 22.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2018	705	30,161	30,866
Cash movements:			
Financing cash flows - payments and receipts of principal	(122)	(747)	(869)
Financing cash flows - payments of interest	(50)	(2,069)	(2,119)
Non-cash movements:			
Application of effective interest rate	50	2,069	2,119
Carrying value at 31 March 2019	583	29,414	29,997

Note 22.3 Reconciliation of liabilities arising from financing activities - 208/19

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2018	819	30,956	31,775
Cash movements:			
Financing cash flows - payments and receipts of principal	(114)	(795)	(909)
Financing cash flows - payments of interest	(45)	(2,123)	(2,168)
Non-cash movements:			
Application of effective interest rate	45	2,123	2,168
Carrying value at 31 March 2019	705	30,161	30,866

Note 24 Finance leases

Note 24.1 Birmingham Community Healthcare NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2020	31 March 2019
	£000	£000
Gross lease liabilities	691	863
Of which liabilities are due		
not later than one year;	173	173
later than one year and not later than five years	518	690
Finance charges allocated to future periods	(108)	(158)
Net lease liabilities	582	705
Of which payable:		
not later than one year	131	122
later than one year and not later than five years;	452	583

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
At 1 April 2019	396	1,936	2,227	4,559
Arising during the year	207	389	580	1,176
Utilised during the year	-	(534)	(389)	(923)
Reversed unused	(212)	(1,194)	(564)	(1,970)
At 31 March 2020	391	597	1,854	2,842
Expected timing of cash flows:				
- not later than one year;	391	597	1,739	2,727
- later than one year and not later than five years;	-	-	115	115
Total	391	597	1,854	2,842

“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 2020, the exact timing of the potential redundancies remains uncertain.

Other provisions include potential claims for delapidations on the exit of leases (£687k) and a potential VAT payment due to HMRC (£783k), for which the timing of the payment is certain. Other provisions also include provisions for pay protection costs based on restructurings during previous years (£180k), back pay costs, for which the amount payable depends on the staff in post at the time of the payment (£71k)., and an amount set aside to compensate suppliers for late payment under the Late Payment of Commercial Debts Act (£42k).”

Note 25.2 Clinical negligence liabilities

At 31 March 2020, £1,233k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Birmingham Community Healthcare NHS Foundation Trust (31 March 2019: £1,537k).

Note 26 Contingent assets and liabilities

	31 March 2020	31 March 2019
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(20)	(36)
Net value of contingent liabilities	(20)	(36)

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 2020	31 March 2019
	£000	£000
Property, plant and equipment	20,257	20,149
Total	20,257	20,149

Capital commitments mainly relate to the remaining lifecycle maintenance commitments in our LIFT agreement for the dental hospital.

Note 28 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 28.1 On-SoFP PFI, LIFT or other concession arrangements obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2020	31 March 2019
	£000	£000
Gross PFI, LIFT or other service concession liabilities	55,298	58,114
Of which liabilities are due		
not later than one year;	2,862	2,817
later than one year and not later than five years	10,894	11,312
later than five years	41,542	43,985
Finance charges allocated to future periods	(25,884)	(27,953)
Net PFI, LIFT or other service concession arrangement obligation	29,414	30,161
Of which liabilities are due		
not later than one year	846	748
later than one year and not later than five years	3,434	3,606
later than five years	25,134	25,807

Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2020	31 March 2019
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	124,894	129,642
Of which liabilities are due:		
not later than one year	4,811	4,695
later than one year and not later than five years	20,476	19,985
later than five years	99,607	104,962

Note 28.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2019/20	2018/19
	£000	£000
Unitary payment payable to service concession operator	4,695	4,575
Consisting of:		
- Interest charge	2,069	2,123
- Repayment of finance lease liability	748	790
- Service element and other charges to operating expenditure	732	747
- Capital lifecycle maintenance	652	487
- Contingent rent	494	428
Total amount paid to service concession operator	4,695	4,575

Note 29 Financial Instruments

Note 29.1 Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the trust has with commissioners and the way those commissioners are financed, the trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities, rather than being held to change the risks facing the trust in undertaking its activities.

The trust’s treasury management operations are carried out by the finance department, within the parameters defined formally within the trust’s standing financial instructions and treasury management policy. The trust’s treasury activity is also subject to review by the trust’s internal auditors. There are no significant changes in either the trust’s exposure to risk or its policies and procedures for managing that risk since the previous period.

Currency risk:

The trust is principally a domestic organisation with transactions, assets and liabilities ordinarily being in the UK and sterling based. The trust has no overseas operations and therefore has low exposure to currency rate fluctuations.

Interest rate risk:

The trust’s borrowings (see note 22.1) are in the form of a fixed-interest LIFT agreement and finance lease, although repayments on the former are indexed in line with RPI. The trust therefore has low exposure to interest rate fluctuations.

Credit risk:

Because the majority of the trust’s revenue comes from contracts with other public sector bodies, the trust has low exposure to credit risk. The 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 2019/20 from depreciation. The trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2020		
Trade and other receivables excluding non financial assets	14,814	14,814
Cash and cash equivalents at bank and in hand	32,289	32,289
Total at 31 March 2020	47,103	47,103

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2019		
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

Note 29.3 Carrying value of financial liabilities

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2020		
Obligations under finance leases	583	583
Obligations under PFI, LIFT and other service concession contracts	29,414	29,414
Trade and other payables excluding non financial liabilities	25,925	25,925
Total at 31 March 2019	55,922	55,922

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019		
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

Note 29.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	26,903	30,719
In more than one year but not more than two years	937	977
In more than two years but not more than five years	2,948	3,212
In more than five years	25,134	25,807
Total	55,922	60,715

Note 30 Losses and special payments

	2019/2020		2018/2019	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	number	£000	number	£000
Losses				
Cash losses	1	0	-	-
Bad debts and claims abandoned	14	13	26	15
Stores losses and damage to property	1	6	-	-
Total losses	16	19	26	15
Special payments				
Ex-gratia payments	26	68	32	87
Total special payments	26	68	32	87
Total losses and special payments	42	87	58	101

Note 30.1 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 30.2 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 32 Related parties : 2019/20

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
Dr Barry Henley - Chair Birmingham City University (Associate) Aston University (Member of Business Advisory Council)	155,189 3,300	1,415 -	2,266 9,800	475 -
David Holmes - HR Director Healthcare People Management Association (HPMA) (Deputy National President)	1,057	-	-	-
Professor David Sallah - Non-Executive University of Wolverhampton (Emeritus Professor)	60,226	-	-	-
Jenny Belza - Non-Executive Royal College of Nursing (Member) University College Birmingham (Governor)	1,870 5,050	-	-	-
Salma Ali - Non-Executive St Mary's Hospice (Trustee)	14,154	1,050	3,475	2,115

At 31 March 2019 the only provision for doubtful debts associated with a related party is £118 set aside for a debt relating to Birmingham City University. No debts relating to related parties were written off in year.

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 £178,331, of which £15,528 was due from the charity at the year-end.

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.

