ANNUAL REPORT

AND ACCOUNTS 2019/20

DELIVERING OUR 2020 VISION

NHS
Sandwell and West Birmingham
NHS Trust

Front Cover captions

Terry Ma, Emergency Department Charge Nurse, who was featured on BBC national news to celebrate International Nurses Day on 12 May 2020

Midwife Marlene Owens with baby Noah Nasar-Mahmood

Senior staff nurses Nina Faraon and Sarah Bidard

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The Trust's Quality Account is published as an Annex to this report and can be found on the Trust website.

Foreword

Welcome to our Trust's 2019/20 Annual Report and Accounts, which is published alongside our statutory Quality Account. We value transparency about what we do and we hope you find the information relevant, open and helpful.

Five years ago, we consulted on and adopted our 2020 Vision. This year our annual report provides feedback on what we have achieved. Our vision then was to become renowned as one of the best integrated care organisations in the NHS. But more importantly than that we wanted care experiences to reflect the promise that "I can plan my care."

Looking ahead, the development of our place-based work for both Sandwell and across Ladywood and Perry Barr is seeing strong partnerships emerge to offer better outcomes for local residents at the start and end of life. Through this, we expect will continue to improve seamless care for the population, linking up with social care, primary care and the voluntary sector. Our response to COVID-19, and certainly our recovery plan from the pandemic is grounded in that local collaboration, within the context of our Black Country and West Birmingham STP wide long term plan.

Three achievements stand out from the year just ended: Now one in ten local residents gets their primary care direct from our organisation with the merger we have concluded with Your Health Partnership; throughout the year we have made progress with implementing our own Quality Plan which aims to cut avoidable deaths and improve specific measures of service outcome; and finally we have at last implemented our digital plans for a single electronic patient record, based on a clinical wrap that we call the Unity project. Each of these things over the longer term will be important milestones in changing healthcare for local people for the better.

Our Trust prides itself on the training and learning opportunities for all our employees. Our protected training budget has offered all staff the chance for personal development with many gaining new qualifications and clearer career paths such as our new nurse associate programme. The Healthcare Overseas Professionals (HOP) scheme has supported trained clinicians who have come from other countries to convert their qualifications and gain employment within the NHS in Birmingham and the Black Country.

(Left to right) GPs Munir Aslam and Imran Zaman, from the Broadway Health Centre, who have joined our Trust.

Public health, regeneration and tackling poverty remain the long term purpose of our organisation. Our smokefree site implementation in July saw us named as a beacon for public health across the country. We continue to work with local authority partners on opportunities to regenerate areas of the City and the borough of Sandwell in line with the construction plans for the new Midland Metropolitan University Hospital, where we celebrated work restarting on the site, led by Balfour Beatty, at the start of 2020. The new name reflects our credentials and our aspirations to be a leading centre for education and research, changing aspirations in local schools and communities.

The last month of the year has been dominated by the Trust's response to the COVID-19 pandemic. Just as the country has clapped for our carers every week during this crisis, we stand alongside those individuals who have suffered tragedy and loss and who will feel the impact of this pandemic for many months and years to come. We are working with local black and minority ethnic residents to understand the disproportionate impact of this disease. Our thanks go to every local business, community group, colleagues and volunteers for their unwavering commitment to our Trust during this time and we commit to doing all we can to pay back that generosity in the years ahead. Wealth is central to health outcomes, and we will work to fight the recession as we have the virus.

Richard Samuda, Chairman

Toby Lewis, Chief Executive

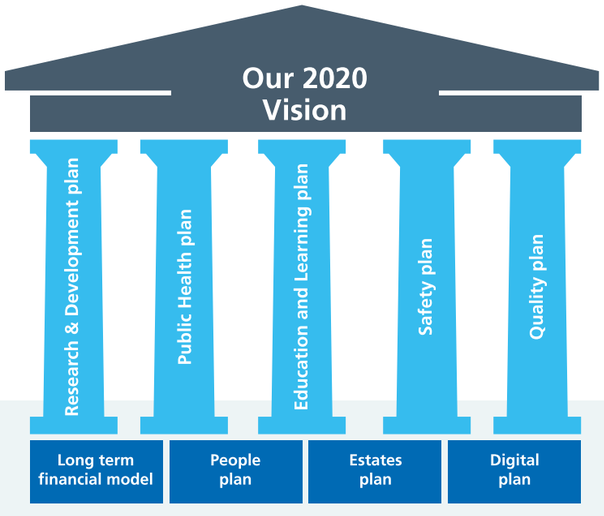
Performance Report: Delivering Our 2020 Vision

In 2015 we consulted with patients, carers, colleagues in partner organisations and our own workforce to develop our 2020 vision – a five year strategic plan to deliver our ambition to become renowned as the best integrated care organisation in the NHS. We published our vision in Autumn 2015 that set out how our corporate teams and clinical groups expected services to change to meet the needs of patients across Sandwell, Ladywood and Perry Barr.

Integrated care can mean different things to different people. It is for this reason, at the outset of developing our 2020 vision, that we felt it important to adopt one definition which clearly describes what integrated care means which has formed the basis of our 2020 vision plans. The definition, developed by National Voices – a coalition of health and social care charities in England, puts patients, their families and carers in the driving seat when it comes to their care.

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

Our 2020 vision is characterised by strategic and enabling plans, as well as the plans for each clinical group.



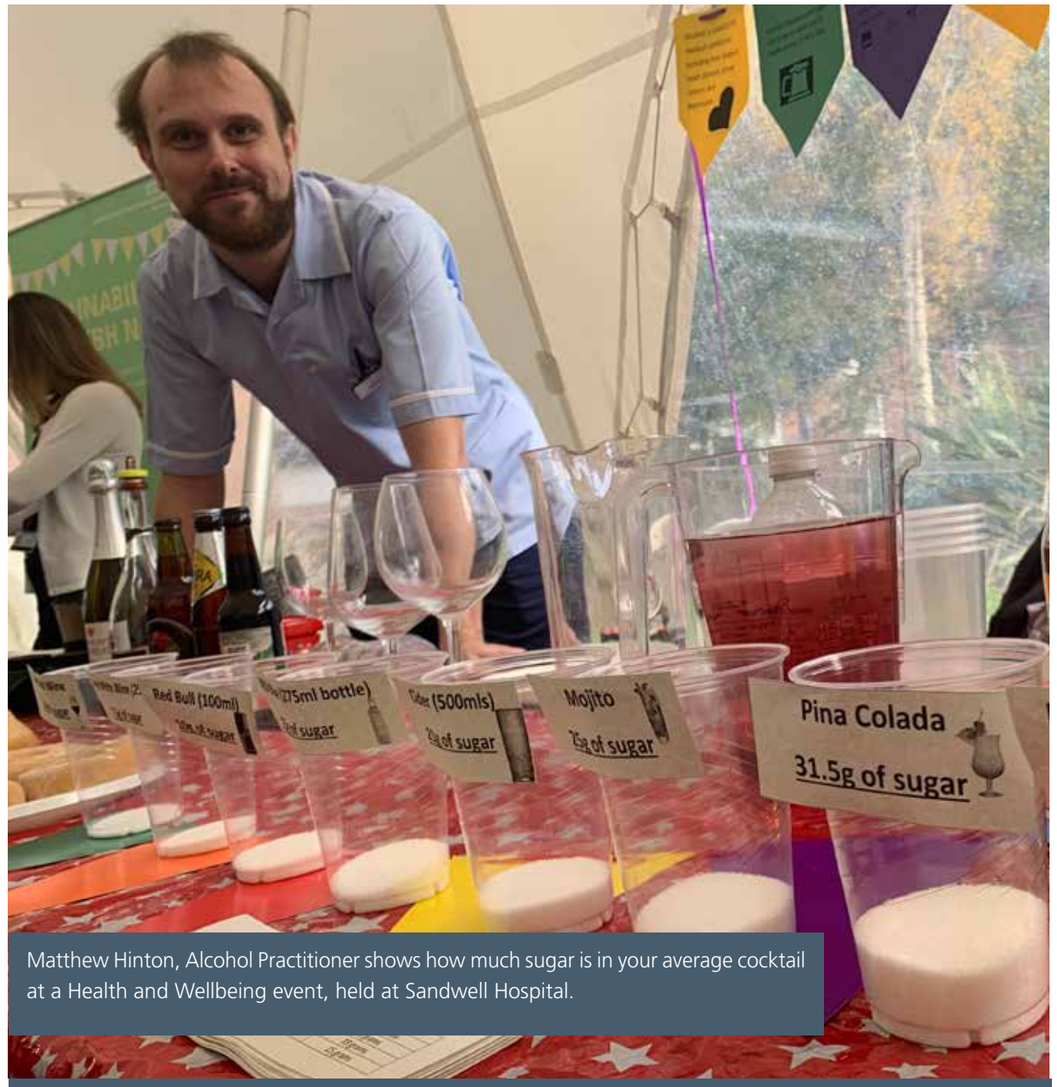
Over the past five years we have worked with partners to deliver our strategic plans to enable us to realise our 2020 vision.

Public health

Working with public health teams from the local authority and primary care, we have delivered ambitious targets to improve people's health and wellbeing. Our joint public health plan sets out our priorities to influence the wider determinants of health and ensure we are offering every patient and resident the chance to be as healthy as possible.

Alcohol team reduces in patient stays

The Alcohol Team has grown over the past 12 months and its impact across Sandwell and West Birmingham has been significant. The team, led by senior nurse Arlene Copland has seen 1,774 patients and has prevented a staggering 545 alcohol-related bed stays. This has led to an estimated saving of £272,500 over the last 12 months for our organisation. In 2019/20, the team focused on establishing pathways between with midwifery, hepatology, palliative care, mental health services, and domestic violence services. This included introducing a friends and family support group for people struggling to cope with a loved one's drinking and a weekly alcoholics anonymous (AA) meeting at City hospital, open to both inpatients and outpatients.



Matthew Hinton, Alcohol Practitioner shows how much sugar is in your average cocktail at a Health and Wellbeing event, held at Sandwell Hospital.

Quality plan

Our Quality Account for 2019/20 sets out our commitments to continue to improve the quality of the service that our patients receive, so that our services are among the best in the region, or the best nationally for patient outcomes. We continue to focus on learning from deaths and regularly review our mortality data to see where we can improve our care, reducing avoidable deaths. Delivering our quality plan is not yet complete as we will constantly strive towards ever better outcomes for our patients.

Reducing perinatal mortality

Within our population we have seen that perinatal mortality figures have been higher than in other areas and our clinical teams have worked hard to address this issue. Rates and numbers for still birth, neonatal losses and perinatal losses have stabilised in 2019 compared to 2018. The teams have adopted quality improvement programmes including ATAIN (Avoiding Term Admissions Into Neonatal units) and PRECEPT (Prevention of Cerebral Palsy in Pre-term Labour). A new training package and quality assurance plan has been introduced for community growth scanning midwives as well as additional training for all colleagues in cardiotocography. Ensuring that pregnant women get in touch early in their pregnancy for monitoring, is key to enable our experienced teams to pick up and act on any concerns. This remains a priority for the maternity teams.

It is essential that pregnant women get in touch early in their pregnancy for monitoring.

Safety plan

Dubbed our "Always Events", our safety plan commitments set out every check that must be done for every patient within our care. Each hospital ward completes safety checks on every patient each day. Any missed checks are completed within the following 24 hours and this data is scrutinised daily. The safety checks required include VTE assessments and falls risk assessments. Our safety plan is embedded across our wards and our community services have a similar plan that meets the safety needs of patients in community settings.

Fall champions show big results

Figures show a staggering 80 per cent reduction in the number of patients falling at Rowley Regis Hospital – thanks to the introduction of "falls champions" and working with our GP colleagues. At Rowley Regis Hospital in 2018/19 there were an average of 11 patient falls recorded per month. With the support of the champions, the number of patient falls has dropped significantly with only two being recorded at Rowley in March 2019. Mary Parker, Falls Prevention Specialist Nurse, has been training staff in how to safely manage and support patients who are most likely to experience a fall. Mary said: "I have 27 nominated falls champions across our Trust now and they'll be taking the knowledge and support I train them with and embedding it into their own wards and departments.

"Eliza Tinsley ward had on average five falls a month and since this work, they've had no further falls reported."

Falls Champion and Senior Sister Dorothea Sekhonyana is congratulated by Falls Prevention Specialist Nurse Mary Parker and Senior Ward Sister Lady Ann Ordona for her work in preventing falls on McCarthy ward.

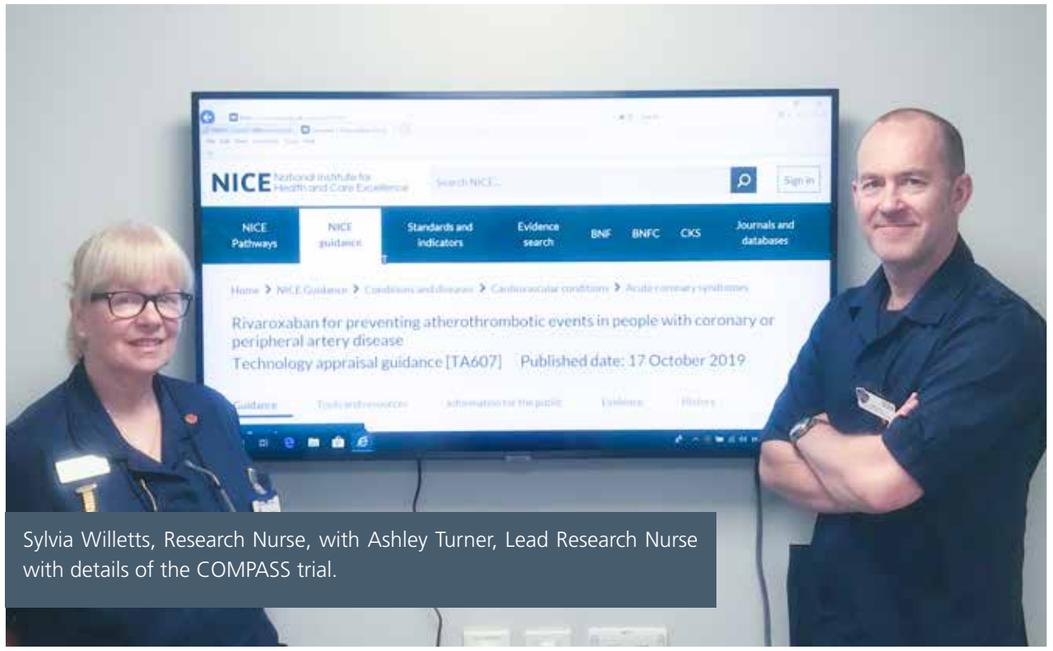
Research and Development plan

We successfully trebled the numbers of patients participating in clinical trials during the first three years of the research and development plan. The Trust has a strong research heritage in specialties including diabetes, stroke, rheumatology and cardiology where our research has changed the treatment and techniques for health care across the world. We have expanded and continue to expand the specialties that take part in active research as well as the professionals, increasingly seeing non-medical roles lead research programmes. Engaging patients in research remains a priority and our research often leads others and attracts colleagues to work here. The diversity of the population makes this Trust ideal for a range of clinical trials. The new name for Midland Met, the Midland Metropolitan University Hospital, reflects our research and education credentials as well as our future ambitions.

New drug regime is given seal of approval from NHS watchdog

The strong research and development culture at our Trust has once again come to the forefront as NHS watchdog NICE approved a change in the amount of medication given to heart disease patients thanks to a study our researchers have been leading on. The COMPASS trial found that a normal dose of aspirin along with a baby dose of anticoagulant (medicines that help to prevent blood clots) gave the same benefits as a higher dosage but with minimal risks. Lead Research Nurse, Ashley Turner said: "This approval from NICE shows that our research is leading the way. It's positive news that the drug regime for cardiovascular patients has now changed as a result of the work being done at our organisation." He added: "We found that patients received the same benefits around prevention of future strokes and attacks. There was also a reduced risk of bleeds on the baby dose."

NICE has now approved the reduction in dosage, showing that COMPASS has changed the medication drug regime for people at risk of stroke or heart attacks. As a result, there is a new follow up study which we're leading. This will observe patients who are on this new regime so their progress can be monitored.



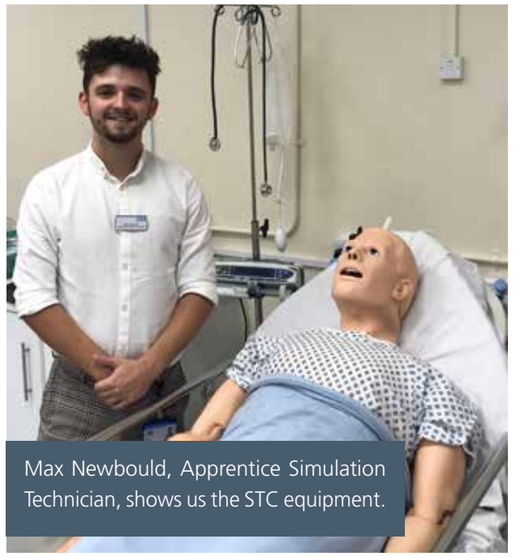
Sylvia Willetts, Research Nurse, with Ashley Turner, Lead Research Nurse with details of the COMPASS trial.

Education, learning and development

The Trust has maintained a training budget in excess of £1m to support career development and learning among our workforce. This year our first cadre of nurse associates began their training and our career escalator continued, offering a route for nurses to progress through the different levels of seniority. Our apprentice programme provided opportunities for hundreds of colleagues to learn whilst working, gaining new qualifications. Our medical training continues to receive positive feedback from trainee doctors and universities. The Aspiring for Excellence appraisal system is now embedded within the Trust and people with the highest performance scores will receive financial reward. Ensuring that all colleagues using the new electronic patient record, Unity, were fully trained and competent ahead of "go live" was a significant undertaking. All agency and bank workers are also trained with a clear process for new starters.

Creating a safe, risk free environment for learning

Our new Simulation Training Centre (STC) is a unique and exciting facility which boasts state-of-the-art resus dummies. It is unique in that it is that it is very interchangeable as a clinical space, and can be made to look like many different ward-based areas. The space can be made into a ward, a theatre, a resuscitation area, and even a GP surgery. It also includes a space purely for communication skills, something which very few simulation centres around the country are able to offer. This provides the opportunity to use actors or "plants" to simulate difficult conversations, such as breaking bad news, in a controlled and safe environment. The scope for the use of simulations is wide ranging, from training to re-enacting clinical incidents, testing protocols and guidelines, whatever is required for the learning of the team.



Max Newbould, Apprentice Simulation Technician, shows us the STC equipment.

Finance

Our long-term financial model formed one of the key enabling plans to deliver our 2020 vision. This plan has enabled the Trust to invest in our people through training and recruitment, invest in clinical systems such as our new electronic patient record, Unity, and the latest clinical equipment such as scanning and imaging technology. We have also developed our buildings, including new outpatient and research facilities at Sandwell, additional clinical services at Rowley Regis Hospital, a new Education Centre, expanded neonatal unit and changes to our emergency department. The financial plans have adapted to meet the changing timescale relating to the opening of the Midland Metropolitan University Hospital, delayed due to the collapse of the building contractor, Carillion. The sale of the land at City is complete. With a new financial arrangement for completing the building and construction partner Balfour Beatty continuing the work on site we expect to be able to open the new hospital in 2022 with a changed footprint of clinical services at Sandwell and City Hospital sites and in the community.

Peer review awards procurement with national accreditation

Procurement has a key role to play in supporting the delivery of high-quality patient care whilst ensuring value for money is achieved. It is with this in mind that our procurement team last year undertook and successfully obtained their level 1 accreditation. Getting the accreditation has helped the team to identify gaps in processes so while this initially required a lot of work to update, going forward it will be extremely beneficial for the department. Working through a peer review the team were assessed against six key areas: strategy and organisation, people and skills, strategic procurement, supply chain, data, systems and performance management and policies and procedures. Within the accreditation process, there are three levels which are level 1 building, level 2 achieving and level 3 excelling, which can only be achieved in order. In 2020, our procurement team are planning to obtain their level 2 accreditation which will only further improve processes within the department thus making improvements for everyone in the Trust.

Surinder Peberdy (Lead Assessor for Procurement Standards accreditation) Janice Nelson, Clinical Procurement Specialist, Mike Hanson, Director of the BCA procurement alliance and Elena Slater, Head of Clinical Product Management who collected our level 1 procurement accreditation certificate on behalf of the Trust.

Digital

The Trust has invested significantly in our IT infrastructure and systems over the past five years, improving the reliability and security of the clinical systems and digital technology used in corporate and clinical services. The digital transformation at the Trust has meant that every employee has been required to, and supported to, develop basic digital skills as no job within our organisation is possible without using digital technology. From receiving your payslip to booking annual leave, all roles need to use technology. Digital technology continues to evolve and the Trust is currently setting our digital ambitions for the next five years in collaboration with patients, staff and partners. We will look to optimise the consultations that can take place from the comfort of a patient's home, test out innovative healthcare such as the use of artificial intelligence in imaging and give patients the tools and support to manage their own long-term conditions at home..

Electronic patient record system launched

Following months of preparation our new electronic patient record system Unity was successfully launched across the Trust in September. The switchover took two days to implement, with all sites fully live within that timeframe. Unity experts called floor walkers were assigned to each area to help out. Colleagues worked round the clock to ensure that patients received the highest levels of care even as huge technical and operational changes were being made in the background. It was a tireless effort from all concerned, which chief clinical informatics officer Ash Sharma was keen to recognise. "We were really impressed by the immense levels of cooperation and patience from all departments as Unity was rolled out. There was a tremendous amount of hard work from all the transcribing doctors and pharmacists and great patience was shown from members of staff in utilising Unity on real patients for the very first time," he said.

The IT team get ready to roll out Unity across the Trust.

Estates

The Trust manages a range of buildings where health care services are provided and over the last five years it has delivered a number of improvements and changes to improve the environment for staff, patients and visitors. A newly refurbished Education Centre opened at Sandwell, providing a state of the art learning and conference facility. We have transformed the outpatient facilities at Sandwell Hospital and created a clinical research facility. Rowley Regis Hospital has additional facilities opened up for outpatient appointments and diagnostics and we have created a corporate office building, Trinity House at Sandwell. The neonatal unit has been expanded and we have moved some specialties services to a single site, including stroke, respiratory medicine, general surgery and interventional cardiology in preparation for acute services being consolidated at the new Midland Metropolitan University Hospital site. Unfortunately, the opening of Midland Met is delayed until 2022, following the collapse of the building firm Carillion. The Trust has appointed Balfour Beatty to complete the building, which will provide first class health care facilities as well as being a springboard for regeneration of the local area. Two new multi-storey car parks will be built at Sandwell and City Hospitals along with a new GP practice at Sandwell. The future estates plans will ensure a smooth transition to Midland Met with changed services delivered from our hospital and community bases.

New Clinical Research Facility opens at Sandwell Hospital

In May we opened a £1 million Clinical Research Facility as the hub of our Research and Development activity. R&D is an integral part of the Trust's 2020 vision to improve patient outcomes and quality of care. Last year more than 3,000 people took part in research at our organisation and their contributions and involvement will be part of what shapes the health service provision for years to come. The facility provides a suite of consulting, treatment and interview rooms dedicated for research participants while recognising that the majority of research happens in the wards, clinics, offices and laboratories throughout the Trust. It adds additional capacity to the Trust's ability to ensure patients have a quality experience as a research participant. Chief Executive, Toby Lewis, explained: "Research medicine is really important to our organisation. Most importantly we know that institutions that do a lot of research get better outcomes for the patients. But we also know that collaborating on research is part of why people come and work in our organisation."

The Clinical Research Facility was officially opened by Chief Executive Toby Lewis.

People

Apprentice administrator Abida Begum, Libby Marshall, Apprenticeship Coordinator and Jayne Evans, Apprentice.

Our People Plan set out commitments for a workforce that is appropriately sized and skilled to meet the needs of our patients and population. Over the past five years we have expanded our wellbeing offer to colleagues with a range of help and support from psychological support to financial management. On-site childcare provision and exercise facilities are available as well as clinical advice through our occupational health department. Our weconnect programme launched in 2018, building on the Your Voice quarterly survey initiative. The Trust's engagement score has improved and our pioneer teams approach is seeing real dividends in staff feeling engaged and informed. Recruitment plans have reduced our vacancies, particularly for nursing roles where we have succeeded at overseas recruitment, internal career development and attracting staff from other organisations. With our promise to "bring your ambition to life", we have been able to appoint people into some hard to fill roles and continue to offer good induction programmes to support people to stay and build their careers with us. We value the diversity of our population and workforce and our staff networks for BAME, LGTB and disabled colleagues provide valuable support and challenge.

Apprenticeship scheme

Our organisation is one of only a few apprenticeship providers in the NHS and we're really proud to be able to develop colleagues with over 170 apprenticeships delivered each year. We provide lots of opportunities inside and outside of our Trust including over 200 work placements each year, we work with over 265 refugees and overseas healthcare professionals and continue to provide opportunities for those furthest away from employment to improve outcomes. Jayne Evans, Trust Transfusion Officer, is currently enrolled on the team leading level 3 apprenticeship. She said: "I thought apprenticeships were aimed at younger people. I didn't look at what was available. I'm completing team leading level 3 and, whilst I've acted in a team leader capacity as part of my role, I've never thought about developing on that experience with an apprenticeship."

Our story 2020 vision – Delivery on our promises.

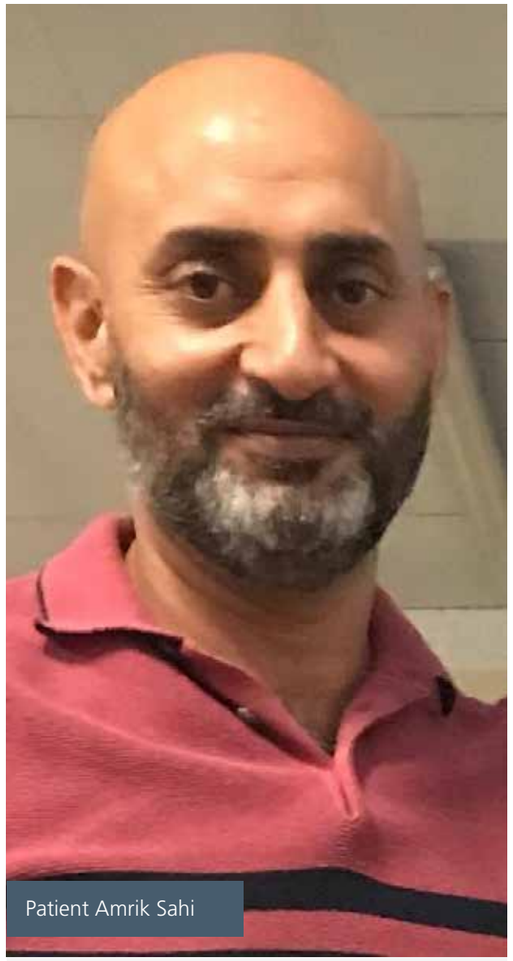
2020 is our year for completion of our 2020 promises and a stock take of what we have achieved out of our five year vision. For the year ahead we will prioritise five key areas:

IMAGING

Promise: More of our services will be open at weekends and in the evening

The MRI service at Sandwell and West Birmingham NHS Trust has been provided by InHealth for a number of years, running a seven-day a week service, up to 14 hours a day. Recently, the inpatient radiology care pathway was identified as an area that could benefit from optimisation, so a partnership decision was made between the Trust and InHealth to increase the provision of weekend scanning even further at Sandwell General Hospital, specifically for urgent inpatients. Through the additional capacity that has been provided, and with the support of the Trust portering and referring clinicians team, inpatient pressures have been significantly improved, as well as the patient experience, and a reduction in waiting times. Feedback from both the Trust imaging teams and InHealth has been extremely positive.

Promise: Our cardiac imaging services improving diagnosis and care



Patient Amrik Sahi

When dad-of-three Amrik Sahi started suffering chest pains, he was very quickly diagnosed and treated thanks to a new non-invasive test which helps to diagnose and treat coronary heart disease.

Treated at our Trust, his CT scan was analysed by new software called HeartFlow, which uses AI technology to provide a digital 3D model of the arteries. Amrik, a 44-year-old businessman, said: "The results very quickly came back, I think it was on either on the same day or the next day, and they showed I had three blockages. I was given immediate treatment by way of Cholesterol tablets and my condition has rapidly improved since then. Anything that can be treated so quickly and effectively is a good thing."

Coronary heart disease (CHD) leads to over 66,000 deaths in the UK and those living in Sandwell and West Birmingham are three times more likely to die from CHD than patients in London. Consultant Interventional Cardiologist, Dr Derek Connolly explained: "HeartFlow Analysis is changing diagnosis for patients, meaning that in some cases, operations can be avoided. Having used the test with 100 patients, I found that 70 per cent didn't require any follow up invasive testing. This leads to less risk, which is beneficial for the patient and represents considerable cost savings for our organisation. The National Institute for Health and Care Excellence (NICE) has suggested that HeartFlow could save the NHS approximately £9.1 million per year or £214 per patient."

(Left to right) Professor Rajai Ahmad, from SWB NHS Trust, Dr Nina Sharma, Sarah Robinson, Jasbir Chagger, Suzanne Sanderson and Dr Dilsher Singh, all from Enki Medical Centre.

MEDICINE AND EMERGENCY CARE

Promise: Patients will continue to be able to have their outpatient appointment at a location nearer to their home. In many cases this means that they will not need to come to the hospital to get specialised care and treatment

Our community-based one-stop cardiology service has been producing great results when it comes to seeing patients promptly. Set up at the Modality-run Enki Medical Centre, in Villa Road, Birmingham, patients are seen for their first appointment within an average of 17 days, leading to 53 per cent of patients being discharged after the first attendance. GPs have been trained up by hospital consultants to triage patients and order appropriate investigations. Most patients receive all diagnostics and consultations during a one-stop clinic. Patient feedback collected about the service has been extremely positive. One said: "This is an excellent service. All the staff were respectful and treated me with the utmost dignity. It is a much more patient-friendly service because the process is fast and completed in one morning (scan and result is given straight away). This leaves the patient with less anxiety and leads to quicker treatment so that we can get on with life." All aspects of the service are integrated including IT systems, meaning that investigations are reported in real time on both the hospital and GP systems. Patients with complex needs are referred to the appropriate multidisciplinary team so they can be followed up. "We have created a smooth pathway so that the patient is treated appropriately with the least number of contacts," says Dilsher Singh, GP with an extended role in Cardiology and service lead. The streamlined service has reduced the hospital waiting list from 30 weeks to 12 weeks.

Promise: We will continue to provide care in partnership with GPs by continuing to offer advice and guidance to primary care clinicians thus reducing unnecessary hospital visits for patients.

Our Single Point of Access (SPA) service for emergency care continues to go from strength-to-strength with our nursing team offering advice and guidance to GPs across Sandwell and West Birmingham. Work continues to promote the helpline, which successfully triages patients to the correct clinical pathway, without them having to attend the Emergency Department. Between July 2019 and January 2020, the service managed 8,075 referrals. Of those 6,791 did not present to the emergency department, instead accessing care either as a direct admission to the required admission unit or hot clinic area. In comparison of the same time period from the previous year, 6334 patients attended our Emergency Department after being referred by their GP. One doctor who has experienced the benefits first hand, is Sommiya Aslam. She said: "Since SPA has been implemented the time taken for me to refer my patients has significantly improved. I have also been able to speak to clinicians for advice when required. I have received positive feedback from my patients who have commented that the appointment system is efficient and their overall experience exceeded their expectations."

PRIMARY CARE, COMMUNITY AND THERAPIES

Promise: The service would be "a national pioneer in hospitals admission avoidance work" through iCares, supporting those at home and in care homes.

iCares continues its multi-fronted work on admission avoidance, and in particular re-admission. The team was behind a unique training package devised to help care workers recognise and treat a range of health conditions affecting patients in the community, such as dementia and neurological disorders as well as looking at functional activities such as balance. It was put together and delivered by occupational therapists, physiotherapists and nurses all working for SWBH's iCares – in partnership with Sandwell Metropolitan Borough Council's Short Term Assessment Reablement (STAR) service. Delivering care to patients who have recently been discharged or require home care to avoid hospital admission.

Nurse Theresa Chester, who is also the Primary Care Co-ordinator for iCares, said: "The training programme, funded by the Better Care Fund, provides training to all the STAR Service workers. Our team, comprising of occupational therapists, physiotherapists and nurses, put together a training package specifically tailored for carers in the community. From a therapies point of view it covered the physical side of things, whilst nurses delivered information on a range of health topics. This included pressure area, continence and skin care management, and how to recognise Sepsis." The carers can support people with daily living tasks, such as washing themselves, dressing skills, meal preparation, mobility and allows them to remain in their own homes. It's a short term service which is provided for six weeks. Theresa added: "This training will allow the carers to have a more focused approach with the knowledge that the therapists and nurses have given them."

David Stevens, CEO of Sandwell MBC, said: "This is a great project which shows the close working relationship between the council and our health partners to ensure residents are getting the best care and support possible. The Better Care Fund is helping us fund crucial projects and together we are working hard to keep people out of hospital and keeping the safe at home where possible."

The STAR team

Promise: Much greater use of technology will allow us to help support for your self-care, plan for needs after hospital discharge, and keep track of your care progress

Ahead of the introduction of Unity, most teams understandably had a few concerns about the way their established practices and routines would change. The acute paediatric physiotherapy team were no different but soon got on board and discovered some major benefits. "We've found Unity helpful. We're a team that has both inpatients and outpatients, so there's been a lot to overcome with using it in the two services. Inpatient-wise, we've found viewing and progressing the patient easier in terms of being able to access their records remotely rather than having to physically go to the ward and check their notes. That's been quicker, which has benefited us," says Sophie Baggott, the clinical lead for acute paediatric physiotherapy.

"Whereas we used to have a paper assessment form, with everything written down in boxes, we've been able to create auto-text so we can populate the form quickly. We've also been able to make it bespoke. We would have had a whole assessment form before but now we can just use the relevant parts so it's more concise. It's actually tailored to the patient, which is better, and with the auto-text you can just do it in a couple of clicks. You're not typing everything out each time."

As well as helping to save time and speed things up, Unity has improved communication between clinical and administrative colleagues, as paediatric physiotherapist Lucy Styles explains. "We've found the scheduling page useful. If one of the patients rings our admin staff to say they're running 10 minutes late, the notes section is really helpful. Our admin staff will type that in the notes section and we'll know straightaway. That's been really helpful to pass messages between us and admin."

Lucy and the rest of the team have even found that Unity allows them to plan ahead. The better prepared they are, the smoother their working day runs. "In the morning it's quite nice to come in and see who's in the clinic. You can put all the auto-text in and put what they're coming to see you for. Then, when you're seeing the patient all the information is already there and you've just got to type what the patient tells you and what you find. You can prepare your whole day in advance, which is good."

Long term, as more information is entered into Unity, other benefits will become apparent. "As time goes on it will be a lot easier to look as past appointments, whereas before on CDA you'd have to click on one scanned image and then scroll down and find your next one. You'd end up with multiple tabs open whereas once Unity's more populated it will be easy to just click and see everything right there. You can then have your notes next to it at the same time."

Left to right are Lucy Styles, Sophie Baggott and Alice Fedorovsky.

WOMEN'S AND CHILD HEALTH

Promise: Promise: High Normal delivery rates

Kat Webster with baby Arthur

We are continuing the good work around normal delivery rates (SWB 63 per cent, national average 60 per cent), with the introduction of the Willow Team, made up of a number of midwives who ensure mums-to-be are cared for by the same health professional throughout their pregnancy.

Kat Webster, who recently gave birth to baby Arthur, said: "My experience was great. It was tailored to my needs so if you have a busy lifestyle, or are working the midwife would come to you and arrange appointments around yourself. "The sort of care I received it was brilliant. If I had a question whilst I was pregnant I could phone my midwife Marlene Owens. Nothing was ever a problem." The Better Births report into the maternity provision in England and Wales, identified that when a woman is cared for by the same midwife, or by another from the same small team, the outcomes of pregnancy are greatly improved. Sarah Figg and Clare Williams have taken on the roles of continuity leads at our organisation to lead the Willow team, which consists of eight midwives, so that care will reflect the report. They each focus on the care of 36 to 38 women a year from the B67 area, providing antenatal, postnatal and intrapartum care. They also support births at home as well as in the midwifery-led unit, Serenity Suite, and the Delivery Suite, which are both based at City Hospital.

Promise: Promote healthy outcomes for children and pregnant mothers

There are a number of ways we are supporting families across Sandwell and West Birmingham, and that includes special sessions which provide help for young pregnant women and their children.

The Young Parents Education classes are held at the Six Ten Youth Club, in Kingstanding on a weekly basis and aim to give guidance and a 'safe space' to those attending the classes. Midwives from the Trust have organised the sessions, and have partnered with Acacia, a charity which offers mental health support to families, and Birmingham City Council. New mum Hayley Gordon, aged 17, whose baby Alicia is six months old, has been attending on a regular basis. She said: "It's really nice to meet other mums and dads and have people to talk to about our babies. They are all the same age so we have things in common, and everyone is really supportive too. It is also good way to build up our confidence."

Midwife, Angela Arnold, who specifically cares for young parents, said: "We cover various subjects, like infant feeding, labour and birth, and sleep safety. Acacia will provide support around mental health, whilst Birmingham City Council will provide information around education, advising how they can go back to college, as well as help with benefits. It promotes healthy outcomes for not just pregnant mothers, but also their children when they come into this world."

Hayley Gordon and Angela Arnold

SURGICAL SERVICES

Promise: Promise: Our links to primary care practitioners will be transformed, offering seamless integrated care

All our surgery patients who attend an outpatient appointment will undergo a pre-op assessment on the same day. This means that they will be ready to attend the hospital at short notice should a theatre slot become available and also reduces the number of appointments that they have to attend. Mohammed Nawaz, Deputy Directorate for General Surgery Directorate, said: "This new way of working means there has been a reduction in waiting times. Previously if a patient was given the option to fill a cancelled surgery slot, they would have to undergo a pre-op assessment first, subject to availability. But because they are given this assessment at their outpatients appointment, there is more chance that they will be able to attend surgery at short notice. We've had great feedback from patients who say that this has meant a shorter wait time and also means less time spent in a hospital setting."

Muriel Gillgrass was one of the first patients to use the new service at Tower Hill Medical Practice.

Promise: Any screening will take place at your outpatient appointment so that, unless you require general anaesthetic or have complex health needs, you will not be required to attend hospital for a separate pre-operative assessment

By offering patients with age-related macular degeneration intravitreal injections at Tower Hill Medical Practice in Perry Barr, we are ensuring they are receiving closer to home care. This service is delivered by ophthalmology clinicians from our organisation every Tuesday - part of the ongoing assessment of services and desire to provide closer to home care. These injections into the eye help to preserve and can even improve vision. The procedure helps patients to stay independent. It helps to reduce falls, prevent injury and generally improve mental wellbeing. The move has freed up theatres at both Sandwell and City Hospitals for more advanced procedures.

Muriel Gillgrass, 85, of West Bromwich, was one of the first to utilise the new service at Tower Hill. She said "I have had attended to have an injection in my right eye and it has gone very well. "Everybody is very friendly and it was completed in a nice room. I've never been here before, so it was quite an experience." "By moving this service into the community we're able to expand our capacity to treat patients" explained Muhammad Jawad, Ophthalmology Consultant. "Those that have experienced the procedure are impressed with the quiet and calmer environment. It's helpful for patients, particularly those who live in this area."

Waiting times for general surgery have improved after patients are given their pre-op assessment at their outpatient appointment.

Our 2020 Vision: Patient views

We stated that we would know whether we had delivered our 2020 vision because we would ask our patients. We will continue to seek patient's views throughout 2020 and understand whether their care has been truly joined up.

We have asked patients who have received care from the Trust whether they felt staff have worked well together, whether they have received clear communication and whether they have been involved in decisions about their care and treatment. We have also asked about discharge arrangements, information for family and friends and linking up health and social care services.

From the survey results we know we have more to do, to ensure we deliver seamless care in all specialties and services that span primary, acute and community care. Based on focus groups with patients from different communities we will refine future surveys to identify where we can improve our integrated care offer.

Patient responses	Score (out of 10 where 10 is the most positive)	Comparison to other Trusts
The staff caring for them worked well together	8.30	About the same
Not being told one thing by a professional and something different by another	7.6	About the same
For being involved as much as they wanted to in decisions about their care and treatment	6.6	Worse
For being given enough information on their condition and treatment	7.8	About the same
For receiving enough emotional support	6.5	About the same
For being able to get help within a reasonable time	7.2	About the same
For being involved in decisions about discharge from hospital	6.2	Worse
Receiving enough support at home from health and social care professionals if needed	5.7	Worse

It is clear that we have more to do to work with partners in social care as people return home from a hospital stay, as well as to ensure that patients are involved as much as they want to be in decisions about their care and treatment.

Patients with certain long-term conditions have reported feeling positive about the care and support they have received from the Trust, particularly those who are supported with a patient peer group such as the Sickle Cell and Thalassaemia service, the cardiac rehabilitation scheme and the fatigue and breathlessness clinics. Some felt that, without sharing of patient information and notes, they still have to repeat their situation and / or care needs to professionals from different agencies which can cause a frustration.

The Sapphire service, that helps to support people at risk of social isolation, in being discharged from hospital and in putting them in touch with support in their local area, has been highlighted by patients as a positive integrated care service. The iCares team have also demonstrated their ability to overcome organisational boundaries when arranging care for people in their own homes.

The Connected Palliative Care Service that provides end of life care in partnership with other health care providers and third sector organisations has been praised by commissioners, patients and their relatives. The 24/7 response service is a good example of integrated care working well, when the team are able to co-ordinate care provision with a range of organisations, enabling people to die in the place of their choosing.

We want to do more to understand by specialty how we measure up in terms of integrated care. In 2020 we will add focus groups and additional surveys to specialties that are less prominent and identify what more we can do to continue with our ambition to be the best renowned integrated care organisation in the NHS.

Performance Overview 2019/20

We have much to celebrate in terms of our Trust's achievements and performance during the year. This performance overview sets out a summary of our performance throughout the year against our key priorities and plans and includes our top achievements.

Detailed performance analysis can be found in the Quality Account that is published as an Annex to the Trust's Annual Report.

Developing our workforce

We have focused on recruitment and been successful in appointing to posts that have been previously hard to fill. Our overseas recruitment has brought new colleagues to the Trust and we continue to improve our onboarding and induction processes so that new starters are welcomed to the Trust and want to stay. Our wellbeing offer for staff has expanded significantly with a range of support and benefits for all our workforce. We have seen improvements in colleague engagement in some teams who have joined the weconnect pioneer programme which continues into the year ahead. We value the diversity of our population and workforce and are greatly supported by the staff networks. Our education programmes have continued to develop with award-winning apprenticeship schemes, our Health Overseas Professionals (HOP) programme and a dedicated training budget.

We have expanded our volunteer numbers and now have a range of roles on offer, supporting patients in many of our Trust's services. Volunteers have been of particular value in our COVID-19 response and have helped relatives deliver belongings for patients as well as play a part in distributing information and donations across the Trust and in our communities.

Working with partners

Our place-based arrangements have continued to develop with integrated care boards for Sandwell and Ladywood and Perry Barr. We participate with partners in the Birmingham and Black Country integrated care system to deliver improved outcomes for people within our population.

During the year we welcomed new GP practices to the Trust, taking on the contract for the Lyndon Health Centre and Great Bridge. From 1 April 2020, Your Health Partnership joined our Primary Care, Community and Therapies Group, as a primary care network forming a new directorate. We continue to work closely with GP colleagues and look forward to continued work on the new GP practice that is being built on the Sandwell Hospital site.

The Midland Metropolitan University Hospital was renamed in a ceremony in February 2020 where we were joined with partners who are working on the hospital project, as well as local community representatives, where all made a commitment to support the regeneration opportunities that the new building will bring. The inclusion of "University" within the hospital name signifies the existing credentials and future ambition as a research and education leading facility.

Public health goals

Our smokefree site implementation in July 2019 saw Trust leaders take part in voluntary warden rotas to ensure that our sites remain free from tobacco smoke. Smokers have been supported to quit and provided with alternatives such as vaping or NRT, as well as access to stop smoking clinics. Our programme has been held up as a beacon of excellence by the Chief Executive of Public Health England, Mr Duncan Selbie. We continue to work with partners to improve air quality. Our period poverty scheme provides free period products for staff and patients.

Quality and safety

Our quality and safety performance is set out in our Quality Account that is published alongside this annual report. This includes our focus on amenable mortality through improved management of Sepsis, embedding our safety plan and the use of Unity to improve the quality and safety of patient care.

Research and development

Our research portfolio continues to grow and this year we have appointed a new Director and Head of R&D. They are leading the Trust in expanding our research into new specialties as well as encouraging professionals from a range of disciplines to being involved in research. We are participating in a number of COVID-19 clinical trials, including within primary care.

Delivering our financial commitments

Our financial control total was exceeded this year as described in the financial section of this report. This sound financial governance has enabled us to invest in our workforce, our estate and our IT systems that have helped to improve patient care.

Digital transformation

The biggest technological change within the Trust was the introduction of the new electronic patient record, Unity. This new system replaces a number of clinical systems, reducing the need for duplication as well as the need for paper-based notes. Our staff have risen to the challenge of the new system, ensuring that they are fully trained and keep up to date with optimisation.

Estates development

Following the interim early works contract, the Trust finalised the contract with Balfour Beatty to complete the construction of the new Midland Metropolitan University Hospital in Smethwick. Balfour Beatty have progressed the design work on the building and continued work on the site safely during the COVID-19 pandemic. We continue to develop our retained estate and are building a new GP practice at Sandwell hospital as well as two new multi-storey car parks for the convenience of patients and staff. Our neonatal unit has been significantly extended this year and in May we expect to open our new paediatric assessment unit co-located with the emergency department at City Hospital.

Engaging with patients and the public

We are grateful to Healthwatch Birmingham and Healthwatch Sandwell for their support throughout the year and we continue to work with them to ensure that patients are represented in our developing plans. This year we established a patient advisory group as part of our integrated care place work. We also held workshops with patients to inform how we were reviewing services that might need to change ahead of the move to Midland Met. The third sector continue to play an important role as a delivery partner and a valuable source of information and feedback.

MP John Spellar (first left) with members of the community and Trust Chief Executive Toby Lewis (second right) at the Midland Metropolitan University Hospital naming ceremony.

OPERATION
MARY SEACOLE

Responding to the Coronavirus Pandemic:

The end of the year was dominated by our response to preparing for and dealing with the Coronavirus Pandemic. The Trust's microbiology team and infection control teams provided regular information on the emerging cases across the world to ensure that we were prepared should patients arrive with symptoms from affected countries.

Towards the end of February we started seeing patients who fit the criteria for testing. The Trust's first confirmed case of COVID-19 was on 12 March. The Trust established an executive-led tactical and strategic command structure to develop our "Operation Mary Seacole" response to the pandemic as well as a Clinical Advisory Group of Trust clinicians to consider clinical and ethical matters, for decision by the tactical or strategic leads.

We quickly changed our hospital sites to have "red" (COVID-19 positive or suspected) streams and "blue" (No COVID-19 suspected) streams for patients to be cared for safely. We put in place, and have used, additional surge capacity for our intensive care units. Our clinic appointments largely take place by telephone or video link and we have relocated much of our cancer surgery and treatment to private hospitals in the region.

The Trust established arrangements for testing of staff, inpatients and people in the community that we have continued that vital testing throughout the pandemic. The Midland Metropolitan University Hospital site office car park has become one of the regional testing centres, led by the Department for Health and Social Care.

Our PPE requirements continue to be a focus to ensure that our staff, patients and visitors are well-protected and that we can minimise the risks of infections. We have worked in partnership with other organisations across Sandwell and Birmingham and supported organisations with PPE where we could. Our clinical teams have provided additional support to care homes to enable them to treat patients with symptoms and so that well patients can be discharged back home.

In order to protect staff and patients we took the decision in March to restrict visiting of inpatients, apart from a few exceptions, and our sites have controlled access only. We are aware of the impact of these restrictions on patients and continue to promote the availability of mobile devices and tablets to allow relatives to stay in touch.

We have been overwhelmed by the support from local businesses, community groups and individuals who have provided equipment, goods, food and financial donations. As the community claps for carers every Thursday, we held our own Clap for Business, to show our existing and new suppliers how grateful we are for their support. We recognise that, much as NHS workers are at the frontline in this pandemic, there is real need among our communities as the impact of job losses and isolation is felt. We have been able to divert some of the valued donations towards people who are socially isolating at home, or who are otherwise in need.

The health and wellbeing of our workforce remains a priority and we have put in place a range of support including easy access to food and drink, psychological support programmes, on site and virtual counselling that is available 24/7, a wellbeing sanctuary and a range of advice and guidance. We have a partnership with March on Stress to train colleagues in Trim and mental health first aid. Colleagues who are shielding or needing to be in isolation have regular contact with managers and HR colleagues to touch base and over 400 colleagues have been doing meaningful work from home. We have provided hotel accommodation to enable people to stay safely near work if they would be at risk themselves or to avoid putting their families at risk. The Trust is actively participating in several COVID-19 clinical trials and reviewing the latest clinical evidence to aim to improve the outcomes of all patients affected by this virus.

We carefully review the information on people who have died in our care and have been open with sharing that data that includes people who have tested positive and those who have died, reviewing the cases against age, gender, underlying health conditions and ethnicity. On reviewing the information from March and April relating to our inpatients, hypertension and diabetes appear to be risk factors. Black patients in March were represented more highly as a percentage than the percentage in the wider population in times of deaths from COVID-19 although that was not the case in April suggesting a geographical cluster of cases. In April, deaths from COVID-19 at both acute hospitals, when reviewed by ethnicity, were proportionate to the Sandwell and West Birmingham population. The board in June will review the learning from deaths for the full months in March and April. We worked with partners to share our data and be open with our communities, aiming to reduce fear that could result in non-attendance.

Communication with the public, partners and staff remains a core part of our response as our services have changed, along with government guidelines and restrictions. We continue to urge the public to access health care services when they need to and not to stay away out of fear for the virus. Our collaboration with the West Midland Ambulance Service NHS Trust ensures that people who refuse a transfer to hospital via ambulance receive a call from one of our clinicians to assess their condition and provide advice on the next steps to take for their treatment.

Our recovery and restoration plans have begun, to bring back routine diagnostics and surgery, beginning with our Birmingham Treatment Centre which is a non-COVID-19 facility. Patients are swabbed and screened ahead of any procedures. We will continue to build back our services, whilst maintaining separate streams for positive and negative COVID-19 patients and engage with our local population over our service developments.

Our response to the Pandemic has dramatically changed the way our services are provided and, part of our restoration is to consider how much of those changes we will keep or amend in the weeks and months ahead, as well as ensuring we are prepared for any future surges of this or other viruses.

Staff gathered outside City Hospital to Clap for the local businesses that have helped us during the pandemic.

Charge Nurse Terry Ma with Amy Roberts, Senior Sister, and Anna McManus HCA, who work at City's Hospital's Emergency Department.

Maureen Kane and Camille Downer beside Camille's role model Mary Seacole as the icon of our pandemic response plan.

Future priorities 2020/21

2020 is our year for completion of our 2020 promises and a stock take of what we have achieved out of our five year vision. For the year ahead we will prioritise five key areas:

Priority 1

Our organisational response to COVID-19

The safety of our patients, staff and the community comes first and we are continuing to evolve our restoration and recovery plans as the pandemic progresses. We will retain our levels of preparedness mindful of future surges, ensuring that we maintain the ability to stream patients into query or positive infection areas and other non-COVID-19 areas. These plans will be effective should other viruses affect us in the future. The ability to hold virtual consultations with patients in their own homes remains a key benefit to our new ways of working that we will seek to maintain. Our imaging recovery comes first, followed by routine surgery in non-COVID-19 facilities such as our Birmingham Treatment Centre. We are committed to playing our part in robust test and trace arrangements. Some services will remain off site but we will look to repatriate those as infection rates change. Throughout all these changes we are mindful of the vulnerable in the community who will be suffering through job losses and the impact of isolation. We will commit to future support to those families in need during the year ahead.

Priority 2

Delivering our 2020 vision promises in line with the NHS Long-Term Plan

During this final year of our 2020 vision we want to ensure that we have met people's expectations and are able to understand how we have delivered integrated care to our population. There are areas of success, certainly, but more to do to cross organisational boundaries. Our place-based work in Sandwell and Ladywood and Perry Barr with partners will progress during the year as we work together on our priority areas for improvement which are:

- Healthier lifestyles reducing diabetes, asthma and heart disease
- School readiness
- Tackling loneliness and social isolation
- Supporting people with choice at the end of life

Priority 3

Developing our 2025 ambitions in partnership with the wider health and social care system

This year is the time to engage and consult with colleagues, partnerships, patients, community groups and members of the public over our plans for the next five years. Services will continue to evolve and we are committed to working more in collaboration on aspects that really make a difference to people's lives, not just their physical health. Over this five year period our new acute hospital, the Midland Metropolitan University Hospital, will open in Smethwick, changing the location of some acute services. Our strategic plans will need to reflect the changes to acute care as well as the wider regeneration opportunities that the new hospital creates. Community services will be delivered more and more using technology and helping people in their own homes. Sharing records through our IT systems such as Unity will be an important part of our future strategy.

Priority 4

Achieving consistency in the quality and standards of care that we provide

Most of our services are rightly called out as being "good" or "outstanding" by the Care Quality Commission following their inspections. We want to achieve an overall rating of "good" and have established systems to monitor the standards of the care that we provide. We know that we don't always get it right, for every patient, on every occasion and our clinical teams are using dedicated quality improvement time this year to deliver on consistently good standards of care. Our welearn programme that makes cross-organisational learning a priority gives us the tools to share learning and improve what we do.

Priority 5

Improving the wellbeing and engagement of colleagues at all levels

We have invested in our engagement approach during the year as we embedded the weConnect programme, based on leading work in other NHS Trusts. Through the quarterly surveys and pioneer teams approach we have seen overall engagement improve to 3.93 out of 5.0 with our aim to achieve 4.0 which would put us in the top quartile of all NHS Trusts. Our advocacy scores over the year have not improved and we will do more this year to understand what drives responses from colleagues as to whether they would recommend the Trust as place to work or receive care. Our wellbeing offer to our workforce is extensive and has further developed through the pandemic. We want to ensure that staff have access to a range of help to be as healthy at work as possible. This year our workforce and patient obesity strategy will be implemented, incentivising approaches to physical activity, good nutrition and mental wellbeing.

The weconnect Pioneer teams gather at an event to improve engagement. Pictured are the Theatres team.

Staff Engagement

weConnect to ensure our teams are engaged

We have completed our first full phase of the weConnect engagement programme which has seen all colleagues polled and give their views over a 12 month period. The survey is issued every quarter to a quarter of the workforce and is a more in depth look at engagement, giving us a better understanding of how colleagues feel about their jobs, their teams and our organisation.

Our response rate for the weConnect surveys has been higher than seen in any previous surveys and has averaged 32 per cent across the four surveys over the 12 month period. The engagement score out of five has averaged 3.8 taking us nearer to our target score of four. The average response rate means the feedback has reached the 30 per cent threshold which means it can be treated as representative. The Trust has been the one enabler that continues to be a positive factor across all our surveys including the National NHS Staff Survey. This means that the majority of our workforce feel they are trusted to do their job, they also feel they have the freedom to act and make decisions in the areas where they work. At the end of the first 12 months of the weConnect programme we have seen a general improvement across all engagement enablers. The results of the fourth survey revealed that five of the nine enablers increased significantly over the course of the year – these enablers are: clarity, mindset, resources, and influence. This is a clear demonstration that measures being out into place to support teams to act on the survey results are having an impact.

Setting action plans

After the results of the weConnect survey are published, the teams involved produce an action plan on how to make improvements. This can include further targeted surveys or listening events where teams can come together and agree what can be done to ensure colleagues feel they can contribute and have a say in the workplace.

Here are some examples of action plans produced:

- **Imaging:** The group will use a series of Listening into Action events during the year to develop a shared vision and identify solutions to improving the service. Recognising the collaboration between different departments to providing a good service for clinicians and patients, they want to work more closely with the portering team inviting porters to spend a day in imaging to review how the process between receiving patients and scanning patients could work better.
- **Paediatrics:** The directorate will relaunch their Recognition Tree to celebrate success within their teams. They want to understand more about how we can ensure people have the right resources to do their jobs so will do local surveys and act on the results. They will also ensure a clear escalation process so that missing essential resources can be identified and resolved quickly.

Actions plans are shared across the team and also made open for anyone in the organisation to view via Connect our intranet site. Teams are supported by senior leaders and HR business partners to ensure actions are followed through with a view of improving the engagement score at the next survey.

Intensive engagement approach

We also have the opportunity for teams to volunteer to be part of an intensive engagement approach called the weConnect pioneer teams. It is a real opportunity for the teams to listen, learn and make improvements to their working lives. Eight teams (theatres, City Hospital emergency department, estates, health visiting, pharmacy operational management team, sexual health services, medicine therapy and rapid response therapy services and informatics service) took part in a dedicated programme of activities to improve engagement as part of the first wave of the pioneer teams. This was the start of an ongoing process of continuous improvement of engagement within our teams. Our aim is to improve how happy, motivated and involved people are within their workplace and this programme helps us to do just that. The pioneer teams received help and support from their HR business partner, a specially trained connector and an executive director sponsor who helped them to achieve their goals. To kick off the programme all the teams were asked to take part in a survey to assess how they feel about working in their team or service. Team leads worked with their colleagues to develop action plans. A second survey followed at the end of the programme to see whether the activities they set up made a difference to how people feel about their job and team. The pioneer teams is a real opportunity for teams to make an impact and significant change in their area. It was pleasing to see that the engagement score either improve or stay the same for the majority of teams. Some teams really embraced the opportunity to make changes where they work and showed real improvement across all the nine enablers.

Making improvements in City ED

The team at City ED saw the pioneer teams as an opportunity to reflect on the good work that goes on the department and acknowledge that on a daily basis. City ED have implemented a wide number of initiatives but three schemes that have had a huge impact include a positivity box, an appreciate board and team member of the month. The positivity box is about the team focusing and appreciating what they do well. Colleagues are provided with coloured Post-it notes on which they can only write something positive about another member of the team. All the comments from the positivity box make it to the appreciation board where the individual comments are displayed (for up to a month) for colleagues, patients and visitors to see. The positive comments then form part of a process to select the team member of the month. Colleagues can put forward their nominations for team member of the month and at the end of each month the nominations are reviewed together with the positivity comments and a winner is selected. The winner gets a £10 gift voucher and a certificate and their photo goes up on the appreciation board.

City ED

Engagement score survey 1 = 3.76

Engagement score survey 2 = 3.76

Highest enabler = Working relationships

Most improved enabler = Influence

Comments: 'At ground level my team is working in best possible way.'

Engagement having a huge impact in medicine therapy and rapid response therapy services

The medicine therapy and rapid response therapy services is one team that made the biggest impact in terms of their engagement score and response rate overall. After receiving the results of their first survey they chose to focus on recognition, resources and mindset.

The team were able to demonstrate quick wins following feedback from their first survey. They:

- Increased library resources
- Created opportunities for team building exercises
- Involved the team in developing action plans
- Held virtual Listening into Action events

Results of their first survey revealed their top three most improved enablers as resources, mindset and influence. The team now plan to focus on resources, recognition and personal development in order to make further improvements within the service.

Medicine and Rapid Response Therapy

Engagement score survey 1 = = 4.04

Engagement score survey 2 = = 4.39

Highest enabler = Working relationships

Most improved enabler = Resources

Comments: 'Really enjoy my role within the team. The team I work for are very supportive for both work and out of work concerns'.

National NHS Staff Survey 2019 sees our highest response rate

Results of the National NHS Staff Survey 2019 showed that we achieved a response rate of 39 per cent - our highest response rate to date.

Just over 2,700 colleagues gave their feedback; giving us confidence that any changes made as a result of the feedback would reflect the views of a large part of the organisation.

The majority of our scores remained positively high, and just to highlight some of the results staff said:

- The Trust acts fairly with regard to career progression = 81 per cent
- My manager encourages me at work = 70 per cent
- My manager takes a positive interest in my health and wellbeing = 68 per cent
- My role makes a difference to patients = 90 per cent
- I am enthusiastic about my job = 73 per cent
- Time passes quickly when I am working = 78 per cent
- When errors, near misses or incidents are reported, SWB takes action to ensure that they do not happen again = 70 per cent
- Care of patients is our Trust's top priority = 71 per cent
- I would feel secure raising concerns about unsafe clinical practice = 72 per cent
- The Trust acts on concerns raised by patients = 70 per cent

Improvements were seen on 2018's results in the quality of appraisals, where more colleagues reported that their PDR definitely helped to improve how they did their job and helped them agree clear objectives for their work. Responses to questions about team working were positive although we scored less well than other organisations on teams having a set of shared objectives.

The NHS Staff Survey is just one of the avenues we use to gain feedback form colleagues. Staff also have the opportunity to give their feedback via the quarterly weConnect survey and the pioneer teams surveys.

Following a six-month improvement journey, eight teams celebrated their successful completion of the weconnect Pioneers Programme.

Recognising our stars

Our recognition schemes are well embedded in the organisation and are a fantastic way to acknowledge the excellent work that goes on every day to deliver high quality patient care across our sites.

Recognition is based on our nine care promises:

- **I will make you feel welcome**
- **I will make time to listen to you**
- **I will be polite, courteous and respectful**
- **I will keep you informed and explain what is happening**
- **I will admit to mistakes and do all I/we can to put them right**
- **I value your point of view**
- **I will be caring and kind**
- **I will keep you involved**
- **I will go the extra mile**

Colleagues are recognised in three ways:

SHOUT OUT

colleagues use this online platform to recognise acts of excellence from their peers. Shout outs are published on the front page of Connect (our intranet). A selection of the best shout outs are featured in Heartbeat (our internal magazine). Shout Out was introduced nearly three years ago with average of 30 Shout Outs being received a month.

Star of the Week

Star of the week is our newest award which replaces the Compassion in Care award and allows both clinical and non-clinical colleagues to be recognised for their amazing work on a weekly basis in their departments, with managers taking the lead to appreciate, acknowledge and award at a local level. This new recognition programme was introduced at the end 2019 and aims to shine a light on all of the great work that goes on at our Trust on a weekly basis. Each week a winner is chosen and presented with a certificate by a member of the Board. Winners are also put forward as nominees for the annual Star Awards.

THE GREATEST STAR AWARDS 2019

2019 was an even bigger year for the annual awards ceremony which saw over 350 colleagues attend the event. We had the highest number of nominations in the history of the awards with 560 nominations received. Of these, over 100 were from patients, carers and visitors. We were greatly encouraged to see support from businesses and organisations who helped us raised nearly £50,000 to help us stage a motivational event that praised and recognised the hard work and dedication of all our teams.

Making our services better based on what patients have told us.

Across our Trust we have a strong track record at making improvements that are based on patient feedback. We receive the feedback in many ways including directly in person from our patients, through our Purple Point telephone scheme, through formal complaints, our website and even social media. Below is a selection of some the changes both big and small, that we have made to make such a difference to our patients.

- We amended our appointment letters in our iCares service to advise patients that clinical staff would arrive at an 'approximate' time due to patient dissatisfaction when staff were later than planned, which can happen in the community if you are delayed with another patient or due to traffic.
- We have increased the use of text messaging and emails from our health visiting team to contact service users.
- Within our children's therapy team we have developed a sensory processing training programme for parents so they can work with their children at home.
- We have made access to our palliative care service available 24/7.
- Patients told us our audiology clinic at City Hospital was not easy to find so we improved signage to find Hearing Services from City Hospital/Dudley Road.
- As a result of patient complaints regarding access to the service for prescriptions and blood test queries for patients with long term conditions in dermatology, patients can access a dedicated helpline and a streamlined admin process to ensure queries are triaged and dealt with accordingly.
- Patients told us that they didn't want to have to explain what their GPs thought about their symptoms, so now we scan and input all GP letters into our electronic patient record system Unity, which means staff in our emergency departments can instantly access them.

Quiet Protocol


Smokefree


Pets As Therapy

Neonatal Unit

Carters Green

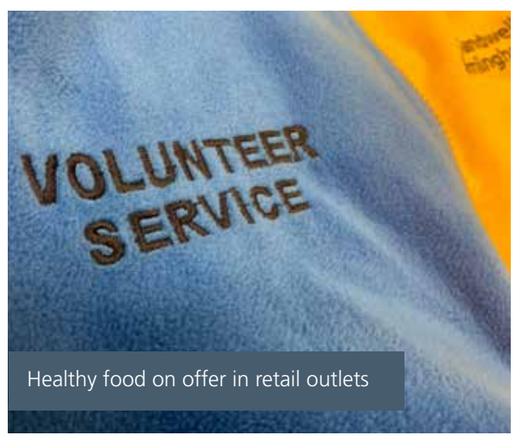
Willow Team

- We heard from patients that they had to wait longer than necessary for their prescriptions when being discharged following cataract surgery, so we have increased the range of standard pre-labelled medications that are available for nurses to supply directly to patients from ward stock upon discharge, thus negating a need to wait for Pharmacy.
- Through the introduction of Unity we have enabled both the maternity and neonatal electronic patient records to sit together allowing information and results to be more easily visible to clinicians working across both areas.
- We have made provisions of private rooms in some well-baby clinics so that parents can speak to the health visitor in confidence.
- After speaking to parents of some of our young patients, we have set up a loan library for families to access toys and other resources on short term loan.
- Carer packs are now available for relatives of end of life care patients who are being treated in our hospitals.
- Reception staff working within our GP practices will make multiple attempts to contact our patients who have had an appointment cancelled for any reason.
- Acting on feedback from patients about loud noises and bright lights within our hospital wards, we relaunched the Quiet Protocol which operates between 11pm to 6am.
- On July 5 2019 the Trust became a smokefree organisation with smoking banned anywhere on Trust premises, including outdoor areas and within cars parked on site.
- We have introduced appointment text reminders for parents whose babies are attending our audiology neonatal clinics.
- The Volunteer Service now employs volunteers to act as Theatre and Critical Care Liaisons so they can help relatives during instances where a family member has been taken in for unplanned surgery. They act as the go between for practitioners and relatives, providing updates on surgery times, advice, comfort and information about key amenities, such as local transport and hotel options. All with the aim of enhancing the care experience.
- Work is ongoing to build the new Carters Green Medical Centre at the Sandwell Hospital site which will boast 20 consulting rooms and serve more than 15,000 patients, transforming GP-led care for the local community.
- Patients with age-related macular degeneration can now receive intravitreal injections at Tower Hill Medical Practice in Perry Barr delivered by ophthalmology clinicians from our organisation every Tuesday. It is part of the ongoing assessment of services and desire to provide closer-to-home care.
- Two multi-storey car parks at City and Sandwell Hospitals will improve access for colleagues, patients and visitors creating nearly 1,000 spaces following feedback from those using our facilities.
- Our parents said our old unit Neonatal Unit was cramped and so we revamped it, creating a purpose built unit for our most poorly babies, with plenty of space between the cots which most importantly means that there is much less of a risk of transferring infections.
- In our GP practices, patients told us locum and agency staff did not always know what to do, so we have introduced and new local induction and created and Handbook.
- The Willow team consists of a group of a dedicated group of midwives who focus on the care of 36 to 38 women per year from the B67 area, providing care to mums wherever and whenever they need it during pregnancy and birth, improving outcomes.
- Snap, Crackle, Pop and Ron are a quartet of fluffy robotic seals (Paroseals) that are being used as a therapeutic intervention for people with dementia and learning disabilities on our wards. Research shows they reduce stress and anxiety, promote social interaction and improves mood and speech fluency.
- Feedback from our patients said staff at our GP practices were abrupt and so they underwent customer care training with our specialist teams to they were able to improve how they interact with patients.
- The Health Visiting team listened to parents by organising development clinics in a variety of settings in Sandwell including at children centres and local libraries in order bring care closer-to-home in a more relaxed setting.
- Rachel has gone from drinking 12 pints of cider a day to volunteering her time helping those in need – thanks to the Trust's Alcohol Team. She now gives back by sharing her experiences with patients as part of a peer support programme.

- Our GPs told us it was hard to get through to make and urgent referral, so we set up the Single Point of Access (SPA) service, so they had one point of contact. It saves our patients an unnecessary trip to A&E ensuring they receive the right care quickly.
- Wayfinding volunteers are there to help patients and visitors accessing our sites. They were introduced after feedback showed it was hard to find some of our departments.
- We have been tackling obesity head on and have cut the amount of sugary snacks on sale across our sites.
- Knowing what our Audiology patients think of the service and ways it can be improved is important to us, so the service introduced online questionnaires for patient feedback.
- A Female Genital Mutilation clinic, one of six in the UK, has been set up by our Trust at Summerfield Primary Care Centre after feedback from women using our service told us they wanted to be seen in a more community setting.
- We have been contacting our patients immediately if their GP appointments are cancelled – and if they don't answer the phone the first time we continue to call them until they have received the message.
- We continue to provide care for End of Life patients at the Heart of Sandwell Day Hospital, based at Rowley Regis Hospital, where we have increased the range of activities and different therapies available following comments from our patients.
- Our patients told us they wanted to have their outpatient appointments out of hospital and as a result the contract to deliver more than 10 specialties was awarded to Modality Partnership.
- Some of our parents said they had to wait for long period of time to have their child weighed at our health visiting clinics. So we introduced self-weigh clinics to resolve this.


Paroseal (or PARO seal)


Alcohol peer support volunteer



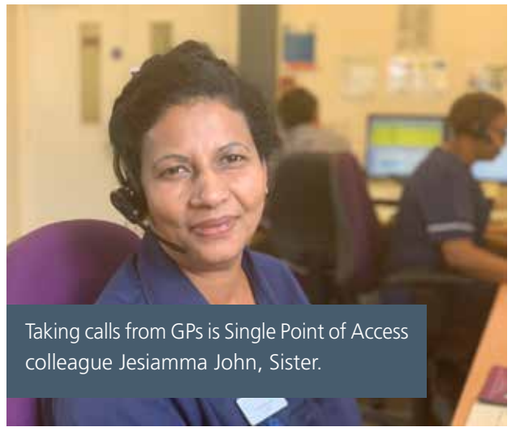
Healthy food on offer in retail outlets


Heart of Sandwell Day Hospice

Hindu Chaplain Rakesh Bhatt with Rev Mary Causer celebrating Diwali at our Sandwell Hospital chapel.

FGM survivor Sarata Jabbi is supporting the opening of a new clinic.

Healthy Food



Taking calls from GPs is Single Point of Access colleague Jesiamma John, Sister.

- A new cerebral palsy integrated pathway for hip surveillance in children has been developed which ensures a fully co-ordinated experience for our young patients and their families.
- We have introduced anticipatory medication boxes and palliative care folders in patient's homes to enable safe storage of drugs, leading to improved communication.
- Following complaints about a lack of patient interaction within our Audiology service, we introduced a patient focus group at our community site.
- Purple Point, is a phone system that encourages patients and families to give feedback on care, whilst with us on site. The dedicated team are on the end of the line from 9am-9pm every day to listen to your complaints and compliments.
- The Trust co-located the Paediatric Assessment Unit with the paediatric team in the Emergency Department at City Hospital, to ensure that our young patients receive care from a specialist team at all times whilst they are with us.
- The introduction of our new electronic patient record called Unity has reduced the need for patients families to continually repeat symptoms /conditions, whilst in our care. Unity has also allowed the Trust to start to create a shared care record with GP practices and other Health and Care organisations meaning people will have even less cause to repeat themselves.
- Our Health Visiting team changed the way our appointment letters looked to make it clearer and simpler with the date venue and time noted in bold and in large print following patient feedback.
- Our Heart of Sandwell Day Hospital now has two transport vehicles for patients, meaning shorter travelling times and more accessibility for patients using the service.
- Audiology patients felt some that they were waiting too long for open access repair sessions so we introduced a numbered queuing system and an expected waiting time display to resolve this issue.

- Those visiting Sandwell Hospital on a Thursday may have spotted Rosie and Otis, the Pets as Therapy dogs. These canines are providing therapy for our stroke and dementia patients as well as much-needed distractions for our young patients and have improved their mental wellbeing.
- We have made marked improvements to our bereavement rooms and quiet places for patients as well as families across our sites, ensuring that the facilities provide a comfortable setting.
- By developing special "patient passports" and "lanyards", containing information for young patients with complex needs has led to them accessing services more easily.
- Following issues around waiting times within our phlebotomy service, we have introduced a booking system to run alongside the walk-in service which has drastically cut the length of time patients have to wait for a blood test.
- The development of our new respiratory hub means all inpatient care is under one roof, meaning they are seen quickly and by the most appropriate clinician – thus reducing delays in treatment and length of stay.
- World of Work is a unique work experience placement programme at our Trust specifically designed and funded for job seekers who are age 25 plus, in the hope of leading to permanent work.
- We introduced "listening time" on wards for patients and/or relatives so that they are able to talk to clinical teams about the care plan in place for recovery. This has improved communication following complaints that some patients and their relatives were unaware of how treatment was progressing.
- Our Children's Therapy team has developed a family information pack, which introduces teams, key information, and telephone numbers to our young patients and their parents so they are able to familiarise themselves with the department before their appointment.
- The Sapphire Service offers befriending opportunities to some patients at risk of isolation. It is making a huge difference to those who do not have many visitors on the wards.
- A new Follow-Up Support Service (Fuss) sees a specialist team from Critical Care support patients after they leave the department to make sure they do not experience all too common, lasting effects following discharge from the unit. They also run a quarterly forum open to all patients who have been with us on critical care offering long term help and care.
- We have changed paediatric phlebotomy arrangements so that children and their families have less time to wait in our Outpatient Department. EMLA, a "magic cream", is sometimes now prescribed in GP practices for parents to apply before bringing their children to have blood taken.
- "Patient Knows Best" has been used in diabetes to

Volunteers who have joined the Critical Care Team.

Respiratory Hub

communicate in real time with patients. It allows both patients and clinicians to message each other, both prior to an appointment and after so that follow ups to appointments can be done remotely.

- In our well-baby clinics, run by our Health Visiting teams, we have introduced a number calling system rather than calling names in well-baby clinic to support confidentiality.
- Care homes and families of our patients complained personal belongings went missing on transfer to hospital and so Red Bags have been introduced to hold patients property safely whilst being transferred and in our care and we have seen a reduction in things going astray.
- Locally based early years triage assessment clinics have been organised leading to closer-to-home care, following feedback from the parents of our patients. In early March, at the start of the Coronavirus Pandemic, our expectant mums told us they did not want to come on site for antenatal care and so we relocated our teams to two GP practices.
- We are part of a pilot project which sees our Occupational Therapists supporting children with sensory processing needs in response to a survey and report from one of our parent groups.
- Our local residents told us it was difficult to get to our Public Trust Board meetings. As a result we now hold the meetings in community venues more often, so that people can join us.
- As part of our commitment to our patients, we have developed local guidelines on sharing conclusions of multi-agency assessments for those children with possible autistic spectrum disorders with their parents.
- Our Audiology team have been working on a Trauma and Orthopaedic pathway to provide patients with an information pack, as feedback showed they were not given enough information on discharge.
- When a patient is referred by their GP they will be triaged and seen in one of our hot clinics which means they are treated in a timely manner.
- As a result of negative patient feedback when trying to contact the Birmingham and Midland Eye Centre, a new telephone number was created so that that they were able to speak to an expert about their issue.
- Our Homeless Patient Pathway team continues to provide care for those of our most vulnerable patients and ensuring that once they have been discharged they are engaging with the relevant services and sustaining their tenancy.
- When seeing our Health Visitors, families had to go to their GPs for prescriptions which was an added an appointment, so our Health Visitors have added non-medical prescribing to their skills and so are able to prescribe directly thus reducing the need for the extra visit.
- After feedback from our patients about sprucing up our chapel at Sandwell Hospital, Your Trust Charity stepped in to revamp the area, changing it into an area for all our faiths.

We welcomed GP practices to our Trust as part of our plan to deliver integrated care.

The Paediatric Assessment Unit has moved into the Emergency Department at City – which means more joined up care.

Your Trust Charity

Your Trust Charity is the registered charity of Sandwell and West Birmingham NHS Trust and has the following mission: "To enhance the experience of all people using our services including staff, patients and their families. We will do this by providing additional facilities and supporting innovative projects that create a comfortable and secure environment."

making **everyone** matter

We exist to achieve the following four priorities:

1. Infrastructure

- Improving the organisation's environment and making the capital improvements to facilities
- Supporting integrated care across the estate of SWB NHS Trust and allied providers

2. Education

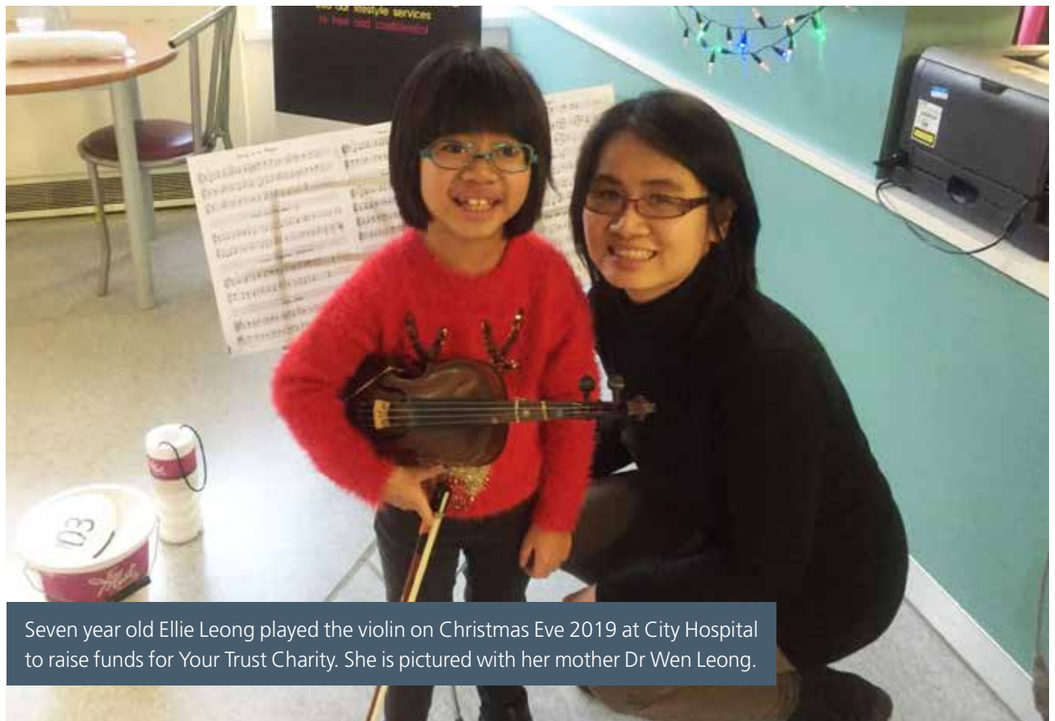
- Supporting the educational development of clinical and non-clinical staff
- Aims to secure the long term future of health and social care in Sandwell and West Birmingham
- To support education within the local community

3. Innovation

- Help the Trust to be a leader of innovation, pump priming activities, running pilots and testing out new ideas and technologies for care that enhances outcomes for local people

4. Community resilience

- Support communities to improve their health outcomes, enabling them to provide outstanding, compassionate care independent of statutory providers



Seven year old Ellie Leong played the violin on Christmas Eve 2019 at City Hospital to raise funds for Your Trust Charity. She is pictured with her mother Dr Wen Leong.

What we have achieved

It has been another successful year for Your Trust Charity, raising a total of £974,278* in 2019-20. We continue to be one of the top three NHS charities by income in the West Midlands. We would like to report total charitable expenditure for the year of £951,009*, which includes spend of £620,128* against our four priority areas of infrastructure, education, innovation and community resilience.

The charity has responded with undoubted determination to help our community and 7,000 staff during the COVID-19 crisis. We are extremely grateful to the overwhelming support we have received from our donors, supporters and colleagues during this extremely challenging time. The work of Your Trust Charity is more important than ever, as we begin to come to terms with the impact this pandemic has upon our society.

Particular thanks must go to the Asian Business Chamber of Commerce (ABCC) who selected us as the recipient charity for their annual awards dinner in December. Thanks must also go to Salts Healthcare and the Greater Birmingham Chamber of Commerce for playing such an important role in the launch of our 'We Are Metropolitan' public fundraising campaign in March 2020. There follows a selection of our many successful fundraisers this past year.

Dr Nick Makwana dons his dancing shoes for charity dance-a-thon

In November, Dr Nick Makwana, Group Director of Women and Child Health completed a dance-a-thon. Coinciding with Children in Need it was his way of doing something fun – all in the name of charity. The clinician invited his co-workers to join him on the dancefloor as he embarked on his fundraising task, which took place in the main reception of Sandwell Hospital.

As well as staff dancing along with Dr Makwana, patients and visitors also joined in with the fun, including youngsters from the Sandwell Day Nursery.

Not only did he raise funds for Your Trust Charity, but donations also went to the Encephalitis Society and Children In Need, Dr Makwana danced from 7am to 7pm.

Dr Makwana said: "These three charities are very important. Your Trust Charity has been making a huge difference to the lives of patients and staff locally which I wanted to support. I am also a professional panel member of the Encephalitis Society and I have seen first-hand the great work they do in raising awareness and supporting families affected by this devastating disease." Raising over £7,000, Dr Makwana had the full support of colleagues across the Trust as they queued up to dance with him.

Ward Services Officer Kulvinder Rattu takes a turn on the dance floor with Dr Nick Makwana.

Some of the World of Work students, a programme that was launched by Your Trust Charity.

Grants and Commissions

Continuing with our model to commission new funding requests and secure external funds, this last year has seen Your Trust Charity achieve some major milestones. The charity received the largest grant in its history from Homes England of £345,690, which enabled our Trust to undertake a feasibility study with key partners into an exciting potential community housing scheme on our estate. The domestic violence support service in our Emergency Department which receives an ongoing grant aid of £29,500 from Sandwell Safer Partnership (SSP), continues to deliver great work as we now see a growth in demand for this vital project. Your Trust Charity also launched the hugely beneficial 'World of Work' programme from our City Hospital site alongside our volunteer service. The charity relaunched the new role of 'fund ambassador' with our clinicians and staff. This is an important part of good charity governance, and we would like to personally thank many of our colleagues who have taken the time to make their own charity pledges in raising funds, spending donations effectively, and raising awareness of Your Trust Charity's work.

We Are Metropolitan

Just before social distancing measures were introduced, we launched our 'We Are Metropolitan' public fundraising campaign for the Midland Metropolitan University Hospital, due to open in 2022. Paul Faulkner, chief executive of the Greater Birmingham Chamber of Commerce, and Steve Allen, president of the Chambers and partner and head of Birmingham office at Mills and Reeves, will be co-chairing the business committee tasked with raising funds. Mr Faulkner said: "I am delighted to support this worthwhile campaign and would encourage the business community to get involved. The scale, ambition and impact of the hospital will be truly transformational for our region. We are already over half way there – but we need the help of our local community to get to £2 million by 2022. We want to make it more than a hospital, but that can only be achieved if we raise these vital funds."

Our Future Plans

Your Trust Charity has now completed three years of its current five year fundraising strategy, which aims to position Your Trust Charity as a key service deliverer and facilitator of partnerships within the region. We recognise that the years ahead will come with significant challenges post COVID-19. We simply cannot succeed without our donors, supporters, fund ambassadors and colleagues, and would like to thank you all for your continued support

How you can support us

Along with our urgent COVID-19 response appeal, our current appeals and themes are as follows:

Your Trust Charity General Appeal

Women's & Child Health Appeal

- Neonatal Care
- Maternity
- Paediatrics
- Bereavement Services

Medicine & Emergency Appeal

- Cardiology
- Diabetes
- Respiratory Medicine
- Emergency Department
- Gastroenterology & Hepatology
- Sickle Cell & Thalassaemia

Surgical Appeal

- Cancer
- Breast Care
- Critical Care Services

Research & Development Appeal

- Neurology
- Rheumatology
- Cardiology
- Endocrine & Metabolic R&D

Community Appeal

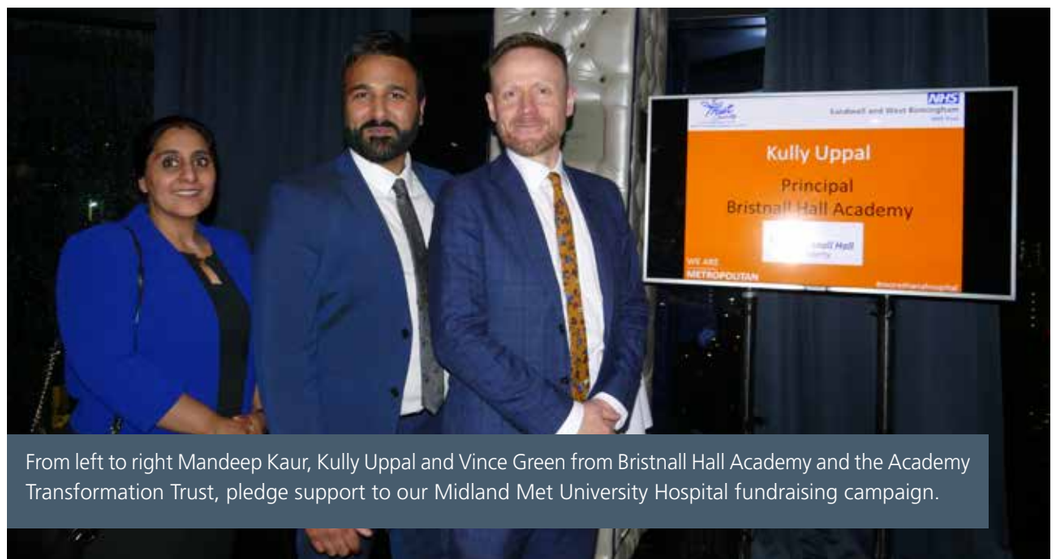
- iCares
- Palliative Care
- Dementia Support

Birmingham Midland Eye Centre (BMEC) Appeal

Midland Metropolitan University Hospital Appeal

We would welcome you to get in touch with us and be a part of enhancing the experience of all people using our services.

- Donate by cheque
- Direct debit - print out the direct debit form on our website
- You can always fundraise for us – we would love to hear your ideas – contact us for an event registration form online and we will be in touch to support you
- Donate online on our website: https://www.swbh.nhs.uk/charity/
- Bank transfer - you can donate to us directly by bank transfer. Please contact us for our bank details on 0121 507 5196
- Leaving a gift in your will to Your Trust Charity - a wonderful way to ensure that you will still help create new SWB moments beyond your lifetime



From left to right Mandeep Kaur, Kully Uppal and Vince Green from Bristnall Hall Academy and the Academy Transformation Trust, pledge support to our Midland Met University Hospital fundraising campaign.

Healthier Futures Partnership

In total, around 1.5 million people live in the five places of Wolverhampton, Walsall, Dudley, Sandwell and West Birmingham. There are a number of challenges for our local populations, including healthy life expectancy being lower than the national average by more than six years, higher numbers of people with mental health problems, high levels of infant mortality, plus high levels of child and adult obesity and many people living with multiple long term health conditions.

The Healthier Futures Partnership, previously known as the Black Country and West Birmingham STP, is the collaboration between 18 organisations across local authorities, NHS bodies and the voluntary and community sectors that has been established to address these challenges.

The aims of the Healthier Futures Partnership are:

a) To improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services

b) To attract more people to work in health and care in our region through new ways of working, better career opportunities, support and the ability to balance work and home lives

c) To work together to build a sustainable health system that delivers safe, accessible care and support in the right locations, in order to get the greatest value from the money we spend.

There is much work to do in order to achieve our aims. However, progress has started, with closer collaboration already leading to stroke services having being reconfigured, pathology services consolidated to improve efficiency and turnaround times, advances made in personalised care arrangements and a new perinatal mental health community service.

This year we have worked together to establish priorities for how health and care services in our local areas will be improved over the next five years. Services need to be designed and delivered for the benefit of the people who live and work within the Black Country and West Birmingham and so we engaged with patients, public and staff in developing these, plus we took account of feedback from staff, GPs, Health and Wellbeing Boards and governing bodies, as well as from all of the organisations in our partnership.

Other key highlights included:

- The development of our clinical strategy covering twelve priority areas, alongside a primary care strategy focusing on GP and general practice nurse recruitment and retention and also a digital enabling strategy.
- The pilot of a rapid cancer diagnostic centre in Dudley from January 2020 with the aim of rolling this out across the partnership.
- A local maternity and neonatal system plan which has already resulted in a significant reduction in smoking rates during pregnancy and has seen this system be the first, nationally, to implement one shared care record across individual maternity units.
- Secured funding for a digital app that will increase access to health and care services and offer our population alternative pathways via mobile phones, tablets and PCs.

Another development was the creation of our Healthier Futures website, giving us an online presence to update people on our aims, projects, achievements and challenges. www.healthierfutures.co.uk

I would like to thank all health and care colleagues throughout our system of care for their commitment, dedication and hard work during the past year. I'd also like to say a special thank you to Dr Helen Hibbs MBE, who will retire in April, having been the partnership lead for the past two years. Helen has made an invaluable contribution to the progress and success of the partnership and on behalf of everyone across the partnership, I'd like to wish her all the best for the future.

I would also like to recognise all of the hard work and effort on the part of Sandwell and West Birmingham NHS Trust to reach agreement on the completion of the Midland Metropolitan University Hospital, due to open in 2022 and key to the transformation of care in the local communities and to the redevelopment and regeneration of the surrounding area.

Our partnership exists to benefit local people, and through our continued collaboration and working together, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country and West Birmingham can be justifiably proud.

Jonathan Fellows, Independent Chair
Black Country and West Birmingham Healthier Futures Partnership

Our future land plans

The Trust is working with car park operator, Q-Park using its estates development partner Prime to develop the plans for the new multi-storey car parks at City and Sandwell Hospital sites.

To ensure residents, councillors and hospital staff were kept informed and engaged in progress they were invited to hear about the proposals during events held in April and October 2019. The views, ideas and concerns gathered fed into the planning application which was submitted to the two local authorities by specialist health and care developer Prime. These developments will address a longstanding concern for our dedicated workforce. Our schemes include Electric Vehicle charging provision and will help us to tackle parking on neighbouring streets. The Trust continues to invest in supporting other modes of travel as part of our Net Zero commitment.

We continue to explore other regeneration opportunities around our estate and in the surrounding areas, and we are heavily involved with local authorities and the combined authority in achieving this ambition. Regeneration will focus on Health and Wealth, Clean and Green and Places and People.

These are the plans which show how the City site and Midland Metropolitan University Hospital will look once work is complete.

Accountability Report

Corporate Governance Report

Director's Report

The Trust Board meets monthly. The Chair of the Board is Richard Samuda.

Non-Executive Directors: Board and Committee attendance

	Trust Board Public	Trust Board Private	Remuneration and Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investments	Charitable Funds	People and Organisational Development	Public Health, Community Development and Equality	Digital Major Projects Authority	Estates Major Projects Authority
Mr R Samuda, Chairman	12/12	12/12	3/3		10/12	7/7	4/4	4/7	4/5	6/9	7/8
Mrs O Dutton, Non-Executive Director*	1/2	1/2	1/3	0/2							
Ms M Perry, Non-Executive Director	12/12	12/12	3/3	5/6	11/12	7/7				8/9	
Prof K Thomas, Non-Executive Director	10/12	10/12	1/3	3/5	08/12			5/7	5/5		
Mr H Kang, Non-Executive Director	10/12	10/12	1/3	6/6	11/12	6/7				1/1	6/8
Mr W Zaffar, Non-Executive Director	10/12	10/12	0/3	5/6			3/4		4/5		5/8
Mr M Hoare, Non-Executive Director	11/12	11/12	3/3	2/5		7/7				7/9	6/8
Mr M Laverty, Non-Executive Director	11/12	11/12	2/3	5/5				6/7			6/8

Executive Directors: Board and Committee Attendance

	Trust Board Public	Trust Board Private	Remuneration and Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investments	Charitable Funds	People and Organisational Development	Public Health, Community Development and Equality	Digital Major Projects Authority	Estates Major Projects Authority
Mr T Lewis, Chief Executive	11/12	11/12					4/4	6/7	5/5	8/9	8/8
Ms D McLannahan, Acting Director of Finance****	11/12	11/12		6/6		6/7	4/4				8/8
Ms R Barlow, Chief Operating Officer**	11/12	11/12			11/11	6/7		6/6		8/8	
Prof D Carruthers, Medical Director	12/12	12/12			12/12			7/7	5/5		
Mrs P Gardner, Chief Nurse*	12/12	12/12			10/12		2/4	6/7	4/5		
Mrs R Goodby, Director of People and OD	11/12	11/12				7/7		7/7	5/5	9/9	
Miss K Dhami, Director of Governance	11/12	11/12		5/6	11/12					8/9	
Mr L Kennedy, Chief Operating Officer***					01/01			1/1		1/1	

KEY	
*Employment ceased May 2019	***Appointment commenced March 2020
☐ Denotes Chair of the committee	****Chief Finance Officer from March 2020
** Change in appointment March 2020	

The Trust Executive Group (at 1st April 2020) is:

- Toby Lewis, Chief Executive Officer (Board Member)
- Liam Kennedy, Chief Operating Officer (Board Member)
- Dr David Carruthers, Medical Director (Board Member)
- Paula Gardner, Chief Nurse (Board Member)
- Dinah Mclannahan, Chief Finance Officer (Board Member)
- Raffaela Goodby, Director of People & Organisational Development (Board Member)
- Kam Dhami, Director of Governance (Board Member)
- Ruth Wilkin, Director of Communications
- Rachel Barlow, Director of System Transformation
- Dave Baker, Director of Partnerships and Innovation
- Martin Sadler, Chief Informatics Officer

Committee	Purpose
Trust Board	The Trust is led strategically by the Board with Non-Executive Directors and the Executive Team working collectively to drive the strategic direction of the Trust and ensure high quality patient care, safe services and sustainable financial management over the medium/ longterm. The Board meets monthly in Public and Private.
Remuneration Committee	The Committee advises on the terms and conditions of employment and remuneration packages for the Chief Executive and Executive Directors. The Committee meets three times a year.
Audit & Risk Management	The Committee provides oversight and assurance in respect of all aspects of governance, Committee risk management, information governance and internal controls across Trust activities. The Committee meets five times a year.
Quality and Safety	The Committee provides oversight and assurance in respect of all aspects of quality and Committee safety relating to the provision of care and services to patients, staff and visitors. During this year the Committee has contributed to the development of the Trust's Quality and Safety Plans which form core pillars of the Trust's strategic direction. The Committee meets bi-monthly.
Finance and Investment	The Committee provides oversight and assurance in respect of the Trust's financial plans, Committee investment policy and the robustness of major investment decisions. The Committee has retained a sharp focus on the Trust's delivery against its Long Term Financial Model. The Committee meets monthly.
Charitable Funds	The Committee provides oversight and assurance in respect of how the Trust's Charitable Funds are invested to the benefit of patients in accordance with the wishes of donors. The Committee meets quarterly.
People and OD	The Committee provides oversight and assurance of delivery against the Trust's workforce and OD strategies, including the programme of workforce transformation, recruitment and retention and sickness absence management. The Committee meets bi-monthly.
Digital Major Projects	The Committee provides the Board with assurance concerning the strategic direction of the Trust. Specifically implementation of the Electronic Patient Record system Unity. The Committee meets monthly.
Estate Major Projects	The Committee provides the Board with assurance concerning the strategic direction of the Trust. Specifically, to support the project to establish the Midland Metropolitan University Hospital. EMPA ensures that programmes of work/reconfigurations are consistent with the long term direction towards the new hospital. The Committee meets bi-monthly.
Public Health, Community Committee	The Committee provides oversight and assurance regarding plans to drive holistic public development and equality health interventions and the Trust's equality ambitions. The Committee meets bi-monthly.

TRUST BOARD REGISTER OF DECLARED INTERESTS 2019/20

Name/Title	Interests Declared	Comment / reasoning for acceptance of material interest (where required)
Non-Executive Directors		
Mr R Samuda Trust Chair	• Trustee: 'Kissing It Better' healthcare charity • Non-Executive Director: Warwick Racecourse	These roles does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Mrs M Perry Non-Executive Director	• CFO – Gambling Commission	These roles does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Prof K Thomas Non-Executive Director	• Sessional Post – GMC (Education Associate) • Sessional Post – Health Education England (Member: Foundation Programme Workforce Delivery Group) • Trustee – Medical Schools Council Assessment	Will withdraw from any business discussions that could have any potential conflict of interest
Mr H Kang Non-Executive Director	• Trustee: Birmingham Botanical Gardens • Member of Council - University of Birmingham • Director of Healthcare: Civil Service Life Sciences and • Bio-economy, for the Department of International Trade	These roles does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Mr W Zaffar Non-Executive Director	• Elected Councillor: Lozells & East Handsworth Ward (Birmingham City Council) • School Governor: Heathfield Primary School. • Member: Unite the Union and the Labour Party. • Director: Simmer Down CIC • Director: Midlands Community Solutions CIC • Director: West Side BID • Member of GMB Union, • Shareholder Director at Birmingham International Airport, • Regional Board Member of Canals and River Trust, • Member of the West Midlands Combined Authority • Environment Board • Member of the Trent Floods Committee	Will withdraw from any business discussions that could have any potential conflict of interest
Mr M Hoare Non-Executive Director	• Director: Metech Consulting • CTO: Fujitso	These roles does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Mr M Laverty Non-Executive Director	• CEO: ExtraCare Charitable Trust • Council Member & Audit Committee Chair: University of Birmingham	Will withdraw from any business discussions that could have any potential conflict of interest

Name/Title	Interests Declared	Comment / reasoning for acceptance of material interest (where required)
Executive Directors		
Mr T Lewis Chief Executive	• Independent Member and Chair of Audit Committee: Council of Aston University	Will withdraw from any business discussions that could have any potential conflict of interest
Ms D McLannahan Chief Finance Officer	• Independent Member of the Audit Committee and Black Country Museum.	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Ms R Barlow Chief Operating Officer	• Nil declared	
Mr L Kennedy Chief Operating Officer	• Nil declared	
Prof D Carruthers Medical Director	• Nil declared	
Mrs P Gardner Chief Nurse	• Nil declared	
Mrs R Goodby Director of People and OD	• Nil declared	
Miss K Dhami Director of Governance	• Nil declared	

Annual Governance Statement 2019/20

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sandwell and West Birmingham Hospitals NHS 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 Sandwell and West Birmingham Hospitals NHS 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

At a strategic level the Trust's Board consider risk on an immediate monthly basis through review of our public risk register and on a strategic level through consideration of designated broader risks to our purposes and success governed through the Strategic Board Assurance Framework [SBAF].

The risks and risk mitigation faced by the Trust is based on analysis undertaken at team, directorate and Care Group level. These risks are scrutinised in those tiers, whilst being always visible corporately. They are collectively considered at the Risk Management Committee, chaired by a Board level director. The Clinical Leadership Executive, chaired by the Chief Executive, and attended by the full executive team then scrutinises these risks monthly.

During 2019-20 a series of risk workshops have explored the full process and content of the risk register with all senior leaders attending. The risk register is subject to monthly public Trust Board review and challenge and is also examined as directed at the quarterly Audit and Risk Management Committee. The risk model outlined above is regularly narrated and 'brought to life' in internal communications. In particular, staff are celebrated for raising risks and the actions taken as a result are highlighted. The funding process for revenue and capital investment is directly tied to the risk management process. Risk management training is a core part of the Accredited Manager's Programme undertaken by 700 staff (10% of our workforce) each year. This includes support in how to raise, document, and mitigate risks. Accredited manager training compliance is reported to the Board and to key executive committees.

The risk and control framework

As set out above changes have been made in year to our approach to risk to bring to life the processes that we have long applied. There is more work to be done on risk appetite at a group and directorate level, but the process of considering controls within the SBAF has allowed the Board to consider what it will tolerate by way of results and limitations of control over major system risks.

I summarise a brief description of the organisation's major risks, including our significant clinical risks. I seek to identify in year risks, associated with Unity, and longer term risks. The framework to manage these is reflected below, and incorporated into both our dynamic risk register, and SBAF.

2019-20 has seen the Trust manage in year delivery risks focused on income recovery and on implementing an organisation wide 'clinical wrap' EPR. This whole organisational change consumed huge corporate and local effort, reducing some risks highlighted in our 2018/19 annual report, and stimulating others including in year activity challenges. The most material immediate risk was around pace of care in our Emergency Departments, which was slowed by the new IT requirements. We worked with other sites to resolve this and whilst the mean recovery time to prior performance was six months we managed this over a four month period. A structured process of data quality management was put into place for the impact of the system and this led during Quarters 3 & 4 to resolution of key issues. The Board was throughout appraised of the position we faced, as were commissioning and regulatory partners. Optimisation remains an ambition for the Unity product and the metrics for that will be tracked at corporate, team and individual level through 2020/21.

As reported in 2018/19 the Trust continues to both seek to tackle amenable mortality, and improve care processes including results endorsement. Both have been led in year by the medical director, with good visibility of data, improvement work, and results, at Board and Board committee level. Unity undoubtedly interrupted work on results endorsement, with changed data flows, and COVID-19 to a degree paused work on wider mortality improvement. The Trust's sepsis performance is reflected in the quality account and is a key corporate and local team indicator. The broader medium term risk profile for the Trust lies in delivering, or the harms that would come from not delivering, ICP level care integration. Both the chair and Chief Executive are deeply involved in strategic dialogue to ensure that the ICS is grounded in the strong care partnerships that exist at local level.

Beyond these points, it is helpful to explicitly narrate:

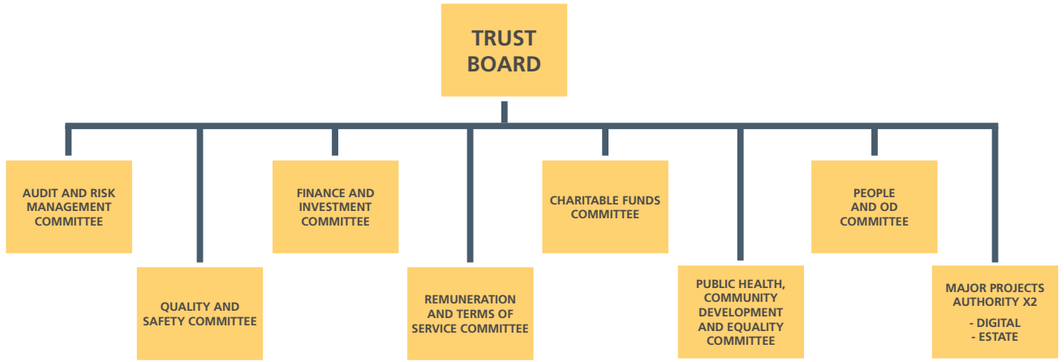
- Quality governance is at the heart of the work of each clinical group management board. Revised arrangements are in place now in each group to ensure that data on safety and quality is a standing local discussion item leading to action. Our QIHD programme then provides an improvement emphasis to that work that helps teams to identify and act on areas for betterment. Accreditation is achieved for QIHD and a larger number of teams are now reaching silver and then gold standing against our published metrics.
- Monthly review within the Performance Management Committee considers data quality across all aspects of the organisation's work including HR, finance and service information. Both internal data quality assessment and the use of Internal Audit is deployed through that locus.
- Care Quality Commission compliance is managed through the CLE Executive Quality Committee and through monthly meetings with the CQC attended by the Director of Governance, Chief Nurse and the Chief Executive.
- Under IG we explain how data security is managed, with it being a standing item on the CLE digital committee and considered by the Board through a dedicated monthly private meeting.
- The Board considers the Undertakings for the organisation agreed with NHSM on a monthly basis and has commissioned external assistance with our four hour wait position, whilst taking escalating action throughout the year to manage our agency spend. No other license conditions are of prevailing concern and we meet monthly with the regulator to explore issues as they arise.
- The Trust has an extant well-led action plan both at corporate and group level and is pursuing a series of changes to put this into effect. A board succession plan is in place and discussed with the remuneration committee. Planned executive changes have taken place in 2019/20, mindful of the need for leadership continuity through to, and for some time beyond, the disruption and opportunity represented by opening the Midland Metropolitan University Hospital in 2022/23.

The governance framework by which the Trust is managed has been stable over time, with incremental alterations made based on internal learning and external advice. Presently the Good Governance Institute is working with the Trust to explore the narrative thread and effectiveness of our governance, how that relates to Place, and to our strategic ambitions. The Trust is also active in and cooperates with the STP, and its various reviews of governance. We welcome the move to place-based leadership at STP level, away from an organisation specific mind-set. In October and November 2019, the Board debated and considered our role within the STP, and issued a clear and public partnership pledge designed to assist in helping other organisation to work with us effectively.

A summary of our organisational governance is provided below. The non-executive led committees are very much the first third of most Board meetings and drive decision making. All Board and committee meetings are recorded as well as minuted, and there is strong evidence therein of peer challenges across all disciplines. A monthly accountability meeting is held with the Chief Executive before each Board meeting, attended by all non-executive directors.

The Trust is led strategically by the Trust Board. The Board sets out the strategic direction of the Trust. Below the Board there are eight Board committees (figure 1) which serve an overview function against our 2020 Vision, and supporting plans. This structure is designed to ensure open and frank challenge from across the Board on progress against our agreed ambitions as a Trust.

Figure 1



During 2019/20 Rachel Barlow moved from a Board to a non-Board role, and the position of Chief Operating Officer was taken by Liam Kennedy. Dinah Mclannahan was appointed to the revised role of Chief Finance Officer. During Q1 2020/21 Paula Gardner steps down as Chief Nurse, and Lesley Writtle joins the non-executive Board in succession to Marie Perry. The Trust remains focused on the diversity of its senior structures – and 6/11 Executive members are female. BAME representation at the Board is 3/14 and plans to improve that proportionality are in hand. The wider diversity of the Trust's leadership is reflected elsewhere in this report, and we continue to support staff networks covering Disability and Long Term Conditions, BAME staff, and LGBTQ colleagues. EIA and QIA assessment does form part of standard Board work. It is acknowledged that this could be more impactful and we will review how it operates during 2020/21.

Time and attention has been spent, both in the Board and at the bi-monthly People and OD committee on compliance with the 'Developing Workforce Safeguards' recommendations. We consider that we meet the basic expectations set out, notably in respect of ward safer staffing. As is outlined later in this review, there is more work to do to join up quantity of staffing, quality of staff knowledge and skills, patient outcome, and employee experience – and to do that on a multi-disciplinary basis. Scorecards for both Speaking Up and for patient experience now come quarterly to the Board as part of work to ensure that hot-spot areas are identified and actioned. This is then linked to our work on weconnect and welearn. These are twin programmes to better engage employees and to assure ourselves of organisational knowledge sharing. They are described in the Annual Report and will remain for some time a major part of our improvement landscape.

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

The Trust has published on its website an up-to-date register of interests 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. A broader declarations of interest process is being implemented in 2020/21, albeit our gifts and hospitality policies remain extant and operational.

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. In particular the Board has a dedicated committee with a focus on diversity, and our People Plans reflect commitments to change BAME representation in senior management roles above band 8a. These commitments are being achieved.

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. We have a final draft plan to move the organisation towards Net Carbon Zero over time, but work to do to define a plan in time for 2030.

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

Use of resources, as defined through the regulatory framework, has been assessed routinely by the Board's Finance and Investment Committee. A trajectory to achieve an expected good rating is in place. The Board considers regularly the control measures and outcomes achieved in areas like variable pay, the capital programme, and other purchasing.

For much of 2019/20 very detailed scrutiny was provided to productivity measures, allied to patient experience metrics like short notice cancellation. There are clear improvements from that work when compared to prior years, albeit the overall volume of care provided fell short of our annual plan.

In year our Weighted Activity Unit (WAU) rating has improved and we continue to seek to achieve better than average and peer performance on this metric. The changes reflect a combination of productivity gains and cost of workforce improvement. There remains scope to better both, further.

Information governance

The Trust has no level 2 incidents during the past year. Our overall compliance with the Data Security and Protection Toolkit over the year has improved. This reflects in particular improved arrangements for the security of data through our IT function and considerable changes in governance made within that team.

Internal audit continue to review our position on the DSPT and it is clear from that work that there is more to do. Our submission in September 2020 is expected to show very considerable compliance for almost all areas.

The Board has a monthly review of cyber security which remains for all public bodies, a considerable and acknowledge risk. The penetration testing regime that we apply shows improved protection.

Data quality and governance

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Trust has both a Safety Plan and a medium term Quality Plan, developed through employee and patient involvement. Both are features of the full Board's work, and the monthly Board quality and safety committee. As such the account is a product of regular dialogue and challenge rather than a one-off consideration.

The data items contained in the quality account are all ones routinely considered within the Board and its committees, other than the consolidated report back on the clinical audit programme. In particular data on amenable mortality, on VTE, on sepsis, and on infection is discussed as standing items.

The Board oversight of data quality is maintained through the audit and risk management committee. Within that elective wait time data has been scrutinised in the Performance Management Committee, and specific arrangements made for the arbitration of subjective judgments about breaches of constitutional long wait standards. During 2019/20 the Trust re-implemented guidance on mixed gender accommodation and then updated our practices as national guidance again changed.

We have maintained regular dialogue with external bodies around quality of service, including standing meetings with Health-watch. We have benefitted from the involvement of NHS Midlands quality experts at our Board, and regular engagement with the regional medical director on mortality. During 2019/20 we hosted an inspection of our infection control cleanliness which moved our rating from red to amber and the Board remains focused on reaching green, now assessed through the recent framework issued by NHSE/I and the CQC.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In evaluating our effectiveness I have benefitted from contributions from across the Board's membership, considered the matters with the Audit and Risk Management Committee, and examined internal and external audit opinions. I have considered in turn clinical audit reports both internal and those examining peer comparisons. Having indicated my conclusions in quarter 4 of 2019-20 I have also had chance to reflect with the executive on actions to further strengthen controls.

In 2018/19 I highlighted work to be done on policy deployment and renewal and on results acknowledgement.

Both programmes have begun to be implemented but both are around four months behind scheduled completion. I also indicated that we faced risks in respect of patients missed from non-RTT follow up, data theft, IT infrastructure and vulnerable services. Progress has been strong in each area since, with an action plan on track (pre Covid-19) to address overdue follow up in eye services, implementation of PTRG as a route to tracking infrastructure delivery, and consideration by the Board of a vulnerable services plan which reflected Trust and STP actions. These areas are reflected in each case in either our SBAF or risk register, or where appropriate in both.

The Board would expect to deploy our policy electronic solution in Q2, and see reductions on waits for result acknowledgement and eye care during the Restoration phase. IT Infrastructure forms part of our dedicated Risk Mitigation oversight at Board level in public. Vulnerable services are part of the STP wide plan for recovery.

In considering new areas of weakness I have in particular considered audit reports into personnel procedures, financial control considerations pursuant to the Trust missing the agency ceiling, considerations associated with waivers and the process of examining the Midland Met FBC and contract completion. I also reflected on the major procurement for a new estate partner and deployment of the Unity Electronic Patient Record. While any or all of those areas could see lessons to be learned, I consider that the objective was achieved or deviation from it reflected changes circumstances not lapses in controls. I am also mindful that in all cases the Board and wider governance of the Trust was fully sighted and actively discussing remedies. I do not find evidence of weakness therein.

Overall information governance has improved in 2019-20 when compared to our exit return in 2018-19. However, I am not fully satisfied as yet by the data controller clarity at local level and have agreed a work programme to address that in 2020.

Similarly I am conscious that the Board and its People and OD committee have considered reports on workforce oversight and assurance. I have contributed to discussions on what is required and note that we have again agreed a programme of improvement work. With immediate effect the external professional guidance tracker is being put in place, and a process of work is being undertaken to ensure that we can compare quantitative, qualitative, outcome and experiential data on staffing. Safe staffing is assured. Staff have the opportunity to feedback direct to Board level leaders on their experience of shift leadership. However, we need to rapidly ensure that that clarity exists at local management as well as corporate level. We would expect to have addressed these limitations by November 2020.

Conclusion

I consider that we have work to do to ensure that our workforce assurance controls and that data control arrangements meet in full with best practice. I am satisfied that we have work programmes overseen at Board level to achieve these improvements and that mitigations mean that interim risk is being well managed.

Workforce assurance does constitute a significant ongoing risk and a failure of internal control. It is a standing item at a Board committee and through that oversight must see rapid and quantified improvement.

Signed..... Chief Executive
Date: 22 June 2020

Senior Sister Samantha Hinton, who works in the emergency department.

Remuneration and Staff Report

Overview of terms of service governance

The Remuneration Committee met on four occasions during 2019/20. It has been chaired by Harjinder Kang as vice chair and attended by all non-executive directors. The outcome of such meetings is reported to the public meeting of the Trust's Board. The main matters considered in year were:

- Creating a pension scheme opt out arrangements for medical staff pursuant to national guidance [permitting this in response to taper rules changes]
- Reviewing executive director salaries by reference to large Trust median peer group excluding London
- Approving Trust-wide pay premium arrangements for employees scoring 3 or 4 in their PDR arrangements
- Considering succession planning proposals from Chief Executive for executive directors and agreeing salary ranges for hires under that plan
- Approving support programme for second line leaders in facilitation of succession planning arrangements
- Agreeing CEA awards for medical staff after reviewing protected characteristics analysis
- Approving salary buy-back programme for executive board members to 2023/24
- Ensuring implementation of national salary instructions in respect of non-executive directors
- Considering and approving salary increment for 2018/19 for VSMs and considering and rejecting salary increment for 2019/20 for VSMs

The information included in the table below has been subject to external audit.

The information included in the table below has been subject to external audit.

SALARIES AND ALLOWANCES OF SENIOR MANAGERS								
Name and Title	2019-20				2018-19			
	(a) Salary (bands of £5,000) £000	(b) Expenses payments (taxable) to nearest £100 £	(c) All pension related benefits (bands of £2,500) £000	(d) Total all payments and benefits (bands of £5,000) £000	(a) Salary (bands of £5,000) £000	(b) Expenses payments (taxable) to nearest £100 £	(c) All pension related benefits (bands of £2,500) £000	(d) Total all payments and benefits (bands of £5,000) £000
Richard Samuda, Chair	20-25.	0	0	20-25.	20-25.	400	0	20-25.
Olwen Dutton, Non-Executive Director (Vice Chair) (to 30/6/19)	0-5	0	0	0-5	5-10.	0	0	5-10.
Cathyrn Thomas, Non-Executive Director	5-10.	0	0	5-10.	5-10.	0	0	5-10.
Marie Perry, Non-Executive Director	5-10.	100	0	5-10.	5-10.	100	0	5-10.
Mick Laverty, Non-Executive Director	5-10.		0	5-10.	0	0	0	0
Waseem Zaffar, Associate Non-Executive Director	5-10.	0	0	5-10.	5-10.	0	0	5-10.
Harjinder Kang, Non-Executive Director	5-10.	0	0	5-10.	5-10.	0	0	5-10.
Lesley Writtle, Non-Executive Director (from 1/3/20)	0-5	0	0	0-5	0	0	0	0
Michael Hoare, Non-Executive Director Designate	5-10.	0	0	5-10.	5-10.	0	0	5-10.
Toby Lewis, Chief Executive	190-195	0	47.5-50.0	240-245	190-195	0	45.0-47.5	240-245
Antony Waite, Director of Finance & Performance Management (to 02/08/19)	50-55.	0	0	50-55.	140-145	0	0-2.5	140-145
Dinah McLannahan, Acting Director of Finance & Performance Management (Chief Finance Officer from 11/03/2020)	115-120	0	50.0-52.5	170-175	85-90.	0	102.5-105.0	190-195
Paula Gardner, Chief Nurse	120-125	0	0	120-125	120-125	0	0	120-125
David Carruthers, Medical Director (from 1/1/18)	180-185	0	0	180-185	180-185	0	25.0-27.5	205-210
Liam Kennedy, Chief Operating Officer (from 10/03/2020)	5-10.	0	0	5-10.		0		
Rachel Barlow, Chief Operating Officer (until 09/03/2020)	125-130	0	25.0-27.5	150-155	125-130	0	5-7.5	130-135
Kam Dhami, Director of Governance	100-105.	0	22.5-25.0	125-130	100-105.	0	0-2.5	100-105.
Raffaela Goodby Director of Organisation Development	110-115	0	27.5-30.0	140-145	100-105.	0	22.5-25.0	120-125

Performance pay and bonuses are not applicable to the Trust.

Notes to Salaries and Allowances of Senior Managers

1. Non-Executive Directors do not receive pensionable remuneration and therefore do not accrue any pension related benefits.
2. Pension Related Benefits are a nationally determined calculation designed to show the in year increase in notional pension benefits, excluding employee contributions, which have accrued to the individual. Changes in benefits will be dependent on the particular circumstances of each individual.

Pensions

The pension information in the table below contains entries for Executive Directors only as Non-Executive Directors do not receive pensionable remuneration.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pensions payable from the scheme.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It excludes the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

During the year, the Government announced that public sector pension schemes will be required to provide the same indexation in payment on part of a public service scheme pensions known as the Guaranteed Minimum Pension (GMP) as applied to the remainder of the pension i.e. the non GMP. Previously the GMP did not receive full indexation. This means that with effect from August 2019 the method used by NHS Pensions to calculate CETV values was updated. Therefore the method in force at 31 March 2020 is different to the method used to calculate the value at 1 April 2019. The real increase in CETV will therefore be impacted and will in effect, include any increase in CETV due to the change in GMP methodology.

The information included below has been subject to external audit.

Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation and the median remuneration of the organisation's workforce.

The midpoint banded remuneration of the highest paid director/member in the Trust in the financial year 2019-20 was £192,500 (2018-19, £192,500). This was six times (2018-19,7) the median remuneration of the workforce, which was £30,615 (2018-19, £27,146).

In 2019-20, 7 (2018-19, 5) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £200,000 to £270,000 (2018-19 £195,000-£245,000).

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

The information included in the table below has been subject to external audit.

PENSION BENEFITS								
Name and Title	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2020	Lump sum at pension age related to accrued pension at 31st March 2020	Cash Equivalent Transfer Value at 31st March 2020	Cash Equivalent Transfer Value at 1st April 2019	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £'000	(bands of £2500) £'000	(bands of £5000) £'000	(bands of £5000) £'000	£'000	£'000	£'000	£'000
Toby Lewis, Chief Executive	2.5-5.0	0-2.5	60-65.	130-135	1039	951	38	0
Dinah McLannahan, Acting Director of Finance & Performance Management (Chief Finance Officer from 11/03/2020)	2.5-5.0	2.5-5.0	25-30.	55-60.	457	393	37	0
Rachel Barlow, Chief Operating Officer (until 9/03/2020)	0-2.5	0	45-50.	105-110	843	780	23	0
Kam Dhami, Director of Governance	0-2.5	0	40-45.	95-100.	786	728	27	0
Raffaela Goodby Director of Organisation Development	0-2.5	0	5-10.		86	61	8	0

Fair Pay Disclosure

The Trust complied with its gender pay gap reporting requirements during 2019/20. The reports are published online at www.gender-pay-gap.service.gov.uk - search Sandwell and West Birmingham NHS Trust.

Staff report

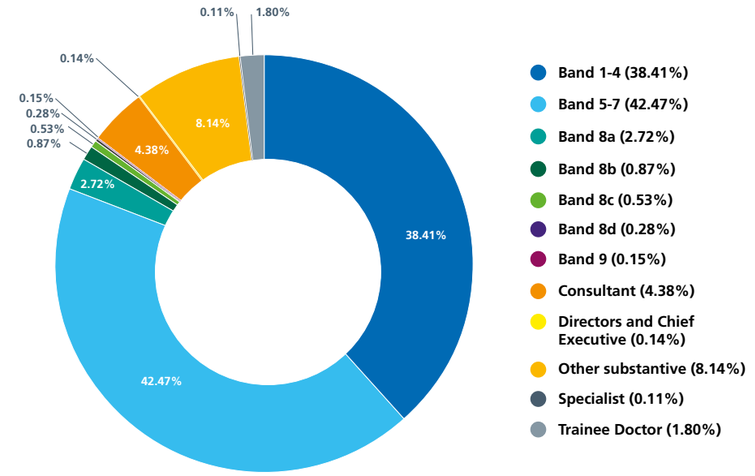
Our workforce

Our workforce is our biggest asset and we invest heavily in education, development and health and wellbeing services for all colleagues.

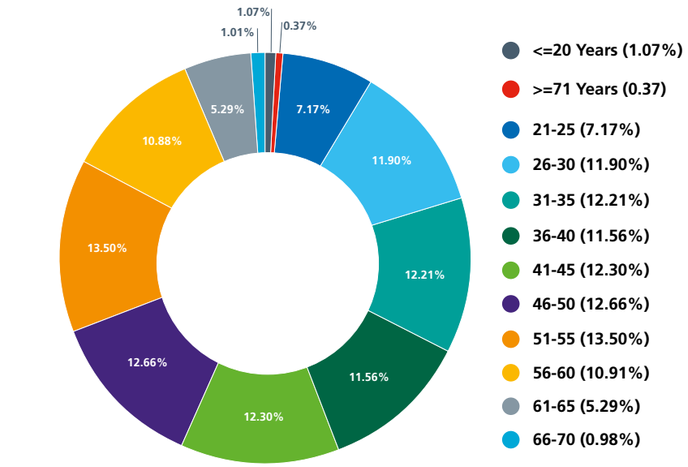
Senior managers by band

Managers and Senior Managers	Number
Band 8 - Range A	201
Band 8 - Range B	64
Band 8 - Range C	39
Band 8 - Range D	21
Band 9	11
Directors and Chief Executive	10
Chair	1

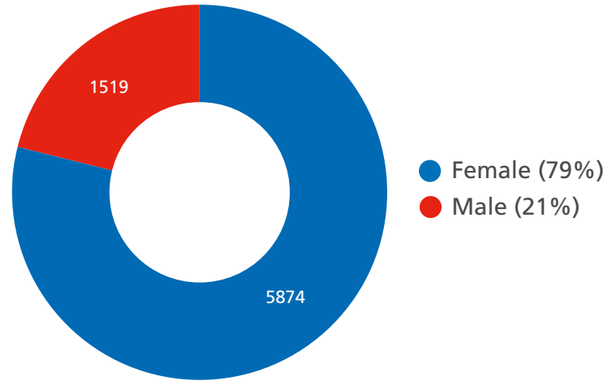
Workforce profile 2019/20



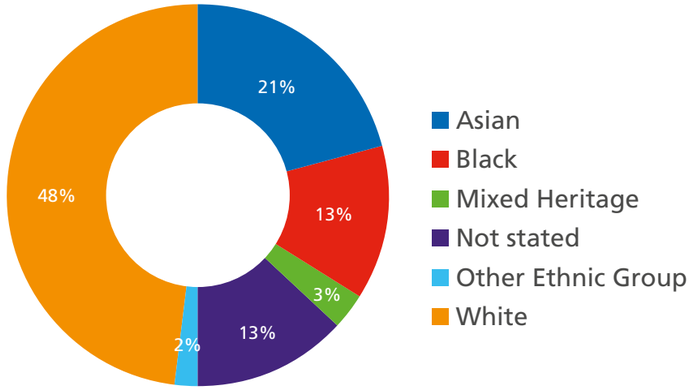
Age profile 2019/20



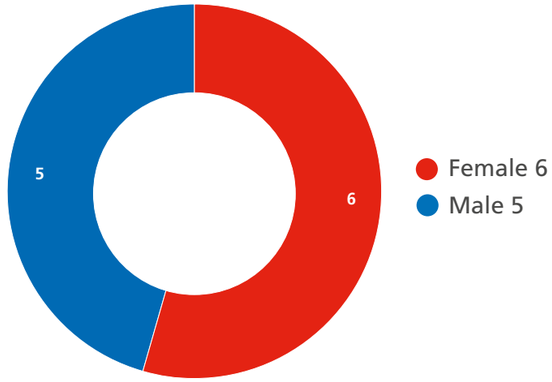
All employees gender profile 2019/20



Ethnicity profile 2019/20



Trust Directors by gender 2019/20



Staff costs

The information included in the table below has been subject to external audit.

			2019/20	2018/19
	Permanent	**Other**	**Total**	**Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	262,331	-	**262,331**	241,911
Social security costs	26,509	-	**26,509**	24,371
Apprenticeship levy	1,265	-	**1,265**	1,276
Employer's contributions to NHS pension scheme	41,021	-	**41,021**	27,508
Temporary staff	-	18,911	**18,911**	15,527
Total gross staff costs	**331,126**	**18,911**	**350,037**	**310,593**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**331,126**	**18,911**	**350,037**	**310,593**
Of which				
Costs capitalised as part of assets	2,737	-	**2,737**	3,049

Workforce Profile by Employment Category

The information included in the table below has been subject to external audit.

			2019/20	2018/19
	Permanent	**Other**	**Total**	**Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	837	121	**958**	881
Administration and estates	1,163	119	**1,282**	1,201
Healthcare assistants and other support staff	1,526	227	**1,753**	1,749
Nursing, midwifery and health visiting staff	1,957	352	**2,309**	2,215
Scientific, therapeutic and technical staff	562	43	**605**	624
Healthcare science staff	22	-	**22**	26
Total average numbers	6,067	862	**6,929**	6,697
Number of employees (WTE) engaged on capital projects	132		**132**	92

Reporting of compensation schemes

The information included in the table below has been subject to external audit.

There were no compensation scheme payments during 2019/20

Exit packages 2018/19

	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages**
Exit package cost band (including any special payment element)	Permanent	Other	**Total**
£50,001 - £100,000	1	-	**1**
Total number of exit packages by type	1	-	**1**
Total cost (£)	**£99,000**	**£0**	**£99,000**

Off pay-roll

There are no off payroll engagement of Board members or senior officials with significant financial responsibility between 01 April 2019 and 31 March 2020.

Consultancy Services

During 2019/20 the Trust complied with the controls introduced by the NHS Trust Development Authority in 2015/16 which included the requirement for NHS bodies to seek approval before signing contracts for consultancy projects over £50,000. No expenditure was incurred.

Staff policies applied during the financial year

Our organisation has updated a number of policies during the year to better support staff's health and wellbeing and to support their professional development including those for retirement, service recognition, employment breaks, secondment and the smokefree policy which was launched to support and facilitate the launch of our Trust as a smokefree environment for staff, patients and their visitors. All policies affecting staff are consulted on with our Staff Side representatives to represent the views of our staff. In addition, we actively canvass input from our managers and key stakeholders including our staff networks for BAME, LGBT and staff with a disability and long term condition.

Diversity issues and equal treatment in employment and occupation

The Trust is committed to achieving equality and inclusivity both as an employer and as a provider of health services. We are determined to ensure that our policies and practices meet the needs of all service users as well as those of our 7000 staff. We will publish our equality assurance and objectives on our websites, and in print format on request. The Trust Board is committed to developing ever more consistent links into our local communities, working with the voluntary sector, faith and grassroots organisations. The development of our governing body and the expansion plans we have for our charitable foundation will also reinforce this work.

Over the last year we have introduced a number of diversity and inclusion initiatives and measures to improve the experiences and outcomes for our patients and staff. These include:

- Achieved Level 2 Disability Confident employer status.
- Commenced work with Stonewall to enter the Trust onto the Top 100 Stonewall Equality Index by 2020.
- Continued the momentum of staff network groups for BME (Black and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual the Transgender) and Disability and Long Term Conditions staff networks groups, with Executive Director sponsorship for each group.
- Introduced two new policies for Transgender Patients and Staff members.
- Commissioned British Sign Language level 1 courses for all levels of colleagues within the Trust.
- In liaison with the Muslim Liaison Group and BME Staff Network held our first Iftar (meal for breaking of the fast)
- Achieved 26th position in the Top 50 Inclusive employers list for 2018
- In liaison with the NHS Leadership Academy continued our sponsorship of the BAME Stepping Up programme for the West Midlands.
- Chosen as one of NHS Employers Diversity and Inclusion Programme for 2020-21.

Later in 2020 we will hold what we hope will be the first of our annual Inclusion celebrations. We are also participating in the rescheduled Birmingham Pride celebrations in September 2020. The Trust remains an Equal Opportunities employer and proudly the only Living Wage accredited Trust in our region. In 2019 we were highly commended at the ENEI Awards in their Community Impact Award category for our Healthcare Overseas Professionals (HOP) programme.

This involves a much long-term approach developing the route or journey to employment. This includes language courses and skills development, but importantly also includes opportunity for volunteering in an individual's specified area of interest. HOP has not just focused upon overseas nationals seeking employment opportunity. It has also been about changing the mindset of existing professionals and the diversity of departments and institutions within the NHS.

The activities have also led to a range of knock-on benefits for their families. There are economic benefits for families, in that some of the participants are now in sustainable employment within the NHS, hence bringing in a steady income to their households. A sense of community cohesion as the community is more likely to engage with the NHS at an earlier stage and thus reduce demand for services at a future point. It also fosters a sense of trust amongst the community in the ability of local organisations to provide support opportunities for a diverse range of communities. This is effectively a key area of added value.

This has had a key impact on the neighbourhoods surrounding the Trust's various healthcare sites, in particular, with around 150 of the beneficiaries living in the area directly within the footprint of the Trust.

The programme taps into a wealth of clinical expertise in the refugee/migrant community, which had previously been ignored or inaccessible due primarily to language barriers. HOP provides training in the English language for medically qualified refugees to find a way to resume their medical careers, whilst putting much needed resource back into the local NHS. Currently, there are more than 300 clients on HOP database and 40 per cent are now in paid work with either our organisation or other healthcare providers in the West Midlands.

Equal opportunities

The Trust remains an Equal Opportunities Employer, and is proudly a National Living Wage Employer.

Health & Safety

Our organisation accepts its humane, economic and legal responsibilities in respect of the management of health and safety risks arising from its activities that may affect staff, patients and others. We are committed to:

- provision of adequate control of the health and safety risks arising from its work activities.
- consultation with its employees on matters affecting their health and safety.
- provision and maintenance of safe plant and equipment.
- safe handling and use of substances.
- provision of information, instruction, training and supervision for employees.
- developing and maintaining the competence of all employees to do their work safely.
- prevention of accidents and workplace ill-health.
- maintenance of safe and healthy working conditions.
- review and revision of this policy at three-yearly intervals and whenever necessary.

Human Capital Management

The Trust continues to roll out and expand its Accredited Managers programme equipping all our managers with the tools to manage and develop our staff to the best of their abilities.

Aspiring to Excellence

We are in the second year of our Aspiring to Excellence Programme Performance Development Review (PDR) for all employees. This enables our organisation to deliver its aims and objectives through its people. During a PDR every employee receives a Performance Score and a Potential Score which is translated into organisation mapping of talent in terms of employees overall performance and their potential. Those employees who demonstrate the highest scores go on to receive a talent management package including access to coaching and mentoring, access to development funding and results in many high scoring employees successfully being appointed into new roles within that year. Our Trust provides career development to attract and retain employees, this may be an early career as an apprentice, or a newly qualified member of staff. We continue to develop them through development pathways throughout their career to more senior roles supported by a ring-fenced training budget.

Trade union relationships

We employ a full time staff side convener, who attends Trust Board meetings, The Clinical Leadership Executive and other key forums. We record the time our staff are carrying out Trade Union activities, called facility time. This covers duties carried out for the trade union or as a union learning representative, for example, accompanying an employee to disciplinary or grievance hearing. It also covers training received and duties carried out under the Health and Safety at Work Act 1974. We have seven employees recorded as taking time for Union Activities.

TU official	Recorded absence for TU duties (hours)
Employee 1	9
Employee 2	52.2
Employee 3	7.5
Employee 4	15
Employee 5	7.5
Employee 6	30
Employee 7	15

EPRR Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance

As a Category one responder under the Civil Contingencies Act 2004, we completed the annual self-assessment for the NHS England Core Emergency Preparedness Response and Recovery (EPRR) Standards. Our continued commitment to ensure we can respond to an incident means this year we were substantially compliant. Our work program for the next 12 months has addressed the areas that we were not fully compliant with and demonstrate progress in the categories we met. The role out and embedding of our Business Continuity Strategy has provided a structured approach in how to respond to critical incidents, the recovery from incidents and identify lessons to be learnt. The work of our committees in our governance structure continues which ensures developments and changes are reported to the Trust Board as appropriate. We confirm that our level of compliance with the EPRR core standards 2019/20 has been confirmed to our Board of Directors. We have been responding to COVID-19 since 31 January 2020, and our preparations for a major pandemic over the last few years have stood us in good stead for our response.

Modern Slavery statement

We fully support the Government's objectives to eradicate modern slavery and human trafficking and recognise the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage. Our Dignity at Work, Grievance and Disputes and Whistleblowing policies additionally give a platform for our employees to raise concerns about poor working practices. We provide training on safeguarding in respect of adults and children which includes reference to modern slavery as a form of abuse. Our policy on safeguarding adults provides advice and guidance to front line practitioners to ensure they are aware of and able to respond to incidents of modern slavery within care settings.

Our procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015. When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation. Procurement staff receive training on ethical and labour issues in procurement.

Employee consultation and participation

Building on the launch of the weConnect Pioneer programme, a tried and tested approach already used in several NHS organisations, the Trust rolled out wave 2 of the programme with more of our staff and their colleagues fully invested in the programme. The aim is to improve how happy, motivated and involved people are within their workplace and this programme has helped do that. Our quarterly weConnect surveys help us to generate essential feedback from our staff which we can act on to make positive changes or address concerns that affect how staff see the organisation.

Over 2,700 staff completed and returned the national staff survey in 2019 and our results highlight improvements in some key areas.

What staff said:	Percentage of staff
My role makes a difference to patients	90
The Trust acts fairly with regard to career progression	81
My manager encourages me at work	70
My manager takes a positive interest in my health and wellbeing	68
I am enthusiastic about my job	73
Time passes quickly when I am working	78
When errors, near misses or incidents are reported, SWB takes action to ensure that they do not happen again	70
Care of patients is our Trust's top priority	71
I would feel secure raising concerns about unsafe clinical practice	72
The Trust acts on concerns raised by patients	70

Improvements were also seen on last year's results in the quality of 'Aspiring to Excellence' Performance Development Reviews (PDRs). More staff reported that their PDR definitely helped to improve how they did their job and gave clear objectives for their work.

Sustainability report

The Trust is committed to delivering high quality and sustainable healthcare that takes strong consideration of environmental, financial and social factors. We recognise the importance of protecting resources for future generations and that to sustain a healthy population we also depend upon a healthy planet. To deliver our sustainability vision, we have developed some key overarching values. These are:

1. To deliver high quality care without exhausting resources or causing environmental damage to preserve resources for future generations.

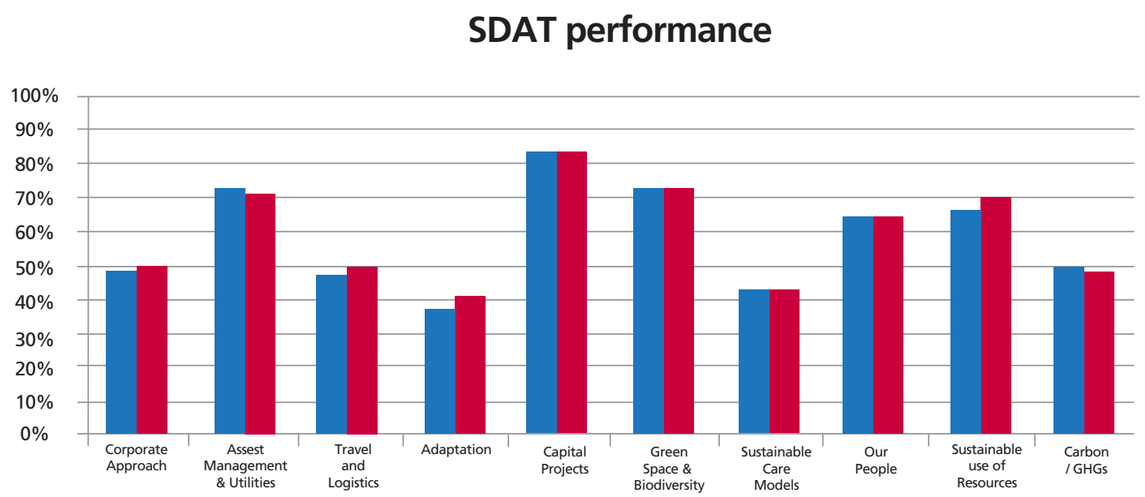
2. To embed sustainability into the heart of our organisation and lead on driving working practice towards using resources, like energy and water, more efficiently to reduce wastage. We believe that investing in infrastructure to improve energy and water efficiency will bring about positive environmental impacts and costsavings,and

3. To engage and inspire our colleagues and patients to take actions that will collectively make a big impact. Reducing energy and water wastage, generating less waste, and travelling actively and sustainably will benefit the environment and improve physical and mental wellbeing.

To achieve these values, we will continue to invest in energy and water efficiency projects, staff and patient engagement campaigns, greener transport initiatives, reducing waste and recycling, and many more.

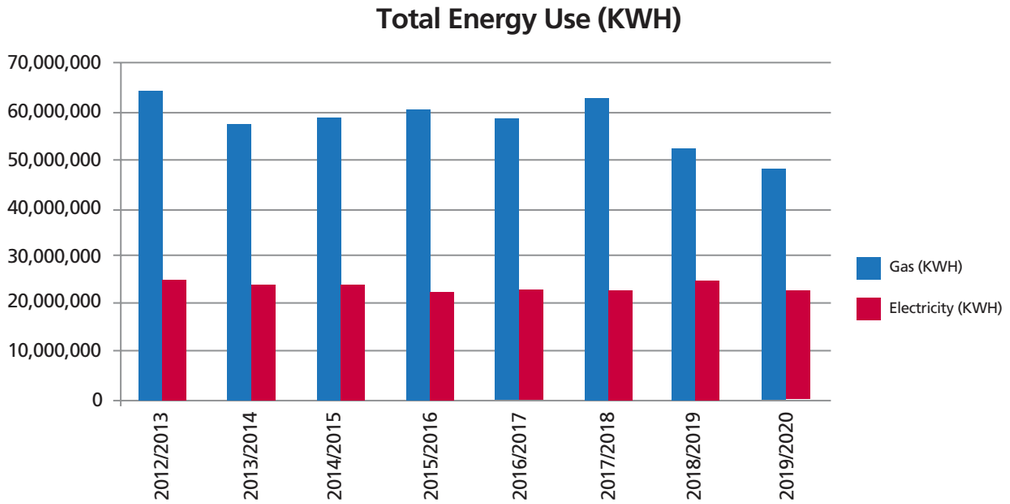
Progress to Date

One of the methods we use to measure our organisational sustainability performance is the NHS Sustainable Development Assessment Tool (SDAT). Our score in 2019 was 57per cent, an improvement from the previous year. This tool will help us measure performance and inform our strategy. The figure below illustrates our performance across all sections of the SDAT in the last submission.



Energy and water use in our buildings

The Trust continues to invest in technology, infrastructure and staff engagement to reduce energy and water consumption. With service intensity increases and major site changes, this will be an on-going challenge. Despite challenges, total energy consumption has reduced 8.5 per cent from the previous year, with significant reductions in gas consumption. We have implemented a number of initiatives to reduce energy consumption, the key projects being continued work on LED energy efficiency lighting upgrades, boiler replacements, reviewing our building management system, better control around occupancy, upgrading older and less energy efficient plant and equipment. We continue to drive our accredited environmental engagement programme, 'Green Impact'. 'Green Impact' requires colleagues to work together in teams to complete simple actions that collectively have a big impact. The programme makes strides towards more efficient ways of working, reducing costs and has a positive impact on wellbeing.



Note: A new, significant electricity meter has been included in the 2018/19 data which will increase consumption from this date onwards

The Trust has two owned solar PV systems to increase the amount of renewable energy we generate on our sites. These are located at City Hospital (Birmingham Midland Eye Centre) and Rowley Regis Hospital. During 2019-20, our solar PV systems generated 87,310.00 KWH of renewable energy.

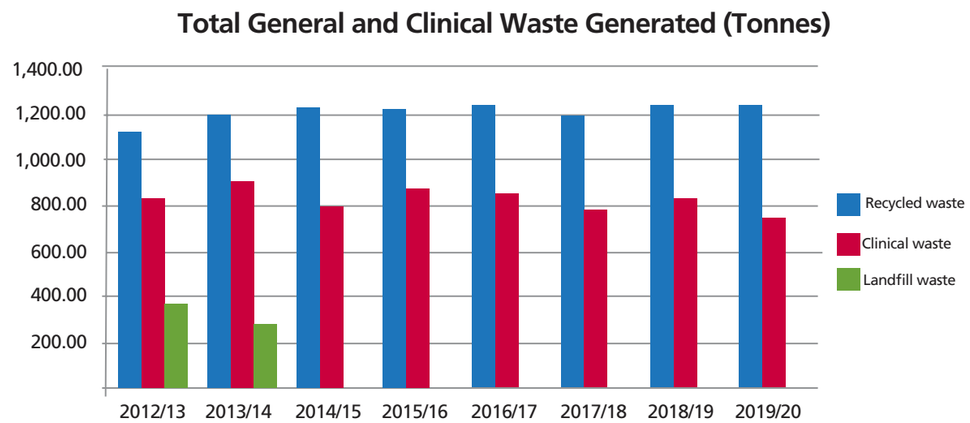
Solar Panels on the roof of the Birmingham Midland Eye Centre at City Hospital

The Trust is working with suppliers to gather data on water consumption for 2019-20. We are committed to making on-going improvements to ensure that water is used wisely and efficiently so that we can work towards our aim of stabilising consumption. This has been a challenge in recent times, with more intensive services and stringent regulations on water safety and hygiene.

Waste

We are actively working to adopt the waste hierarchy – "reduce, reuse, recycle, recover" - where possible in our hospital environments. We aspire to improve correct waste segregation and engage our staff in paper-light ways of working. Working closely with our waste contractor, we have significantly reduced the amount of general waste sent to landfill. We send zero general waste to landfill; our general waste is either recycled or reprocessed off-site. Clinical waste is sent for incineration with energy recovery and the Trust continues to recycle all of its confidential waste.

The figure below illustrates general and clinical waste disposal volumes by treatment type since 2012/13.



Sustainable and active travel

We take a very proactive approach to supporting our staff travelling to/from work by walking, cycling, using public transport, car sharing and low emission vehicles. We continue to carry out annual staff travel surveys to track modal changes and obtain feedback on how we can better support colleagues.

We have been awarded a 'Top Cycle Location Gold Standard', 'Top Walking Location Gold Standard' and 'Platinum Top Active Travel Location' by the West Midlands Combined Authority for work the Trust has done to encourage and support the move towards more sustainable and active modes of travel. We have launched a car sharing scheme and offer staff access to an online platform. We continue to offer colleagues access to a cycle to work scheme, free bike checks, free pool bike hire, lunchtime walks, and discounts on public transport, with public cycle storage facilities, dedicated cycle lanes, travel information kiosks, and much more. We are also working with Tusker to provide staff access to low emission vehicles.

We have installed six 7KW electric vehicle charge points across three sites for staff, patients and visitors to incentivise low emission vehicles. Plans are underway to significantly increase the charging infrastructure across our estates.

Dawn Hall, Waste and Decommissioning Manager, who is leading our commitment to the NHS Single-Use Plastics Pledge.

Our achievements

- 'Green Impact' – 30 teams signed up and taking action. More than 250 people engaged and over 400 actions achieved in the first two years, including turning lights and equipment off when not required, engaging the wider team on sustainability, embedding energy efficiency into standard working practices, reducing single-use plastics, and many more
- NHS Sustainability Day Awards (2019) – winner of the Transport Award, Highly Commended in the Staff Engagement Award and Overall Winner Award
- Launch of formal car sharing scheme and app
- Signed up to the NHS Single-Use Plastics Reduction Campaign Pledge and committed to achieving the targets to reduce our reliance on single-use plastics
- Large-scale LED lighting projects across our estates
- Trust 'Plastics Plan' created to monitor and report on changes to reduce single-use plastics Recent example projects include:
  - 18,200 plastic, single-use sharps containers saved each year by moving to multi-use containers
  - 3,000 plastic patient wash bowls saved each year by moving to pulp bowls
  - 43,000 plastic kidney bowls saved each year by moving to pulp bowls (and saving over £8,000 a year)

Midwife Sharon Palmer-Johnson

Financial statements

Directors' Report

The Trust ended 2018/19 with a significant headline surplus of £158m. £148m of this related to the donated gain arising from transfer in to the Trust's books of the partially complete Midland Metropolitan University Hospital following the termination of the PFI in July 2018. Excluding this transaction, the year-end performance of the Trust was a small deficit of £2.5m against a deficit of control total of £7.5m; this £5m over-performance earning a total Performance and Sustainability Fund total of £20m for the year.

2019/20 was a very different year to the one before. Control totals were reset nationally, and the Trust accepted its £17.3m deficit, and with it conditional central funding, to reach an overall break even plan. Whilst this would appear to be a deterioration in the Trust's financial position, the underlying position is now aligned to the headline target having been some distance away in prior years.

As is always the case, the Trust plans ambitiously, to be able to invest in quality and service improvements as well as meeting national efficiency requirements or other pressures. In 1920, the Trust set an ambitious plan to deliver a large increase in activity from repatriating elective care for Sandwell and West Birmingham patients that have, in recent years, been referred by their GP elsewhere for their care. The Trust agreed a novel "block plus" risk share arrangement with its host CCG that paid average price per case for activity repatriated above the block, and incentivised more efficient and innovative ways of delivering outpatient care. The plan expected to earn a margin against national prices to meet efficiency targets rather than a large cost cutting project. Alongside the income plan was a small cost reduction programme focused on procurement savings, and a pharmacy project.

Alongside this, the Trust had made good progress on its Unity (new EPR) project, and implementation was planned for the 2019 calendar year, and happened in late September. This was the largest organisational development project undertaken by the Trust in recent, perhaps entire, history, ahead of Midland Met University Hospital (MMUH) in 2022.

The financial performance of NHS trusts is measured against four primary duties:

- The delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target);
- Not exceeding its Capital Resource Limit (CRL);
- Not exceeding its External Financing Limit (EFL);
- Delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

Breakeven Duty

For 2019/20 the Trust agreed an income and expenditure target with NHS Improvement/England of breakeven. This reflected acceptance of the control total of a deficit of £17.3m, and central funding of the same amount. This target therefore meets the breakeven duty required of the Trust. Due to the stretching ambitions of the plan and the context within which all (particularly Acute) trusts are working, it was a challenging ask. At Month six, the Trust conducted an internal review of its year to date performance and revised its plan. The main feature of the revision was to improve delivery of the activity plan, and a review of the forward recruitment and retention plan. The revised plan confirmed expected delivery of the control total. Despite the implementation of Unity, seasonal activity, and then a flood at the Birmingham Treatment Centre that removed six theatres from use for a month in February, and then COVID-19 in March, the Trust achieved its control total deficit, and earned central funding to deliver a small headline surplus of £46k, therefore achieving the break even duty.

Figure 1 shows how the Trust's reported performance is calculated. The surplus in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust's performance against the duties summarised above (i.e. I&E breakeven, CRL, EFL, capital cost absorption)

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOCI). Impairments and reversals transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). DH holds allocations centrally for the impact of impairments and reversals.

Figure 1: Income and Expenditure Performance

	2019/20	2018/19
	£000s	£000s
Income for Patient Activities	475,836	439,453
Income for Education, Training, Research & Other Income	68,197	215,921
Total Income	**544,033**	**655,374**
Pay Expenditure	(347,300)	(307,544)
Non Pay Expenditure including Interest Payable and Receivable	(196,392)	(182,089)
Public Dividend Capital (PDC) - Payment	(8,595)	(7,677)
Total Expenditure (Including Impairments and Reversals)	**(552,287)**	**(497,310)**
Surplus/(Deficit) per Statutory Accounts	(8,254)	158,064
Exclude Provider Sustainability Fund (includes Prior Year incentives)	(18,440)	(20,312)
Exclude Impairments and Reversals	8,695	8,396
Adjustment for elimination of Donated and Government Grant Reserves	135	(148,628)
Total I&E Performance	**(17,864)**	**(2,480)**

CRL

Further detailed information on capital spend is shown below at Figure 5. The CRL sets a maximum amount of capital expenditure a trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the CRL although the Trust may undershoot. Against its CRL of £98.916m for 2019/20, the Trust's relevant expenditure was £82.975m, thereby undershooting by £15.941m and achieving this financial duty.

EFL

The EFL is a control on the amount a trust may borrow and also determines the amount of cash which must be held at the end of the financial year. Trusts are not allowed to overshoot the EFL although the trust is permitted to undershoot. Against its EFL of £54.585m, the Trust's cash flow financing requirement was £54.585m, thereby achieving this financial duty.

Capital Cost Absorption Rate

The capital cost absorption rate is a rate of return on the capital employed by the Trust which is set nationally at 3.5 per cent. The value of this rate of return is reflected in the SOCI as PDC dividend (as shown in Figure 1), an amount which trusts pay back to DH to reflect a 3.5 per cent return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5 per cent and accordingly the Trust has achieved this financial duty.

It should be noted that the Trust has not charged a 3.5 per cent dividend charge on MMUH construction costs during 1920 and awaits confirmation of treatment from NHSI/E at the time of writing this report.

Income from Commissioners and other sources

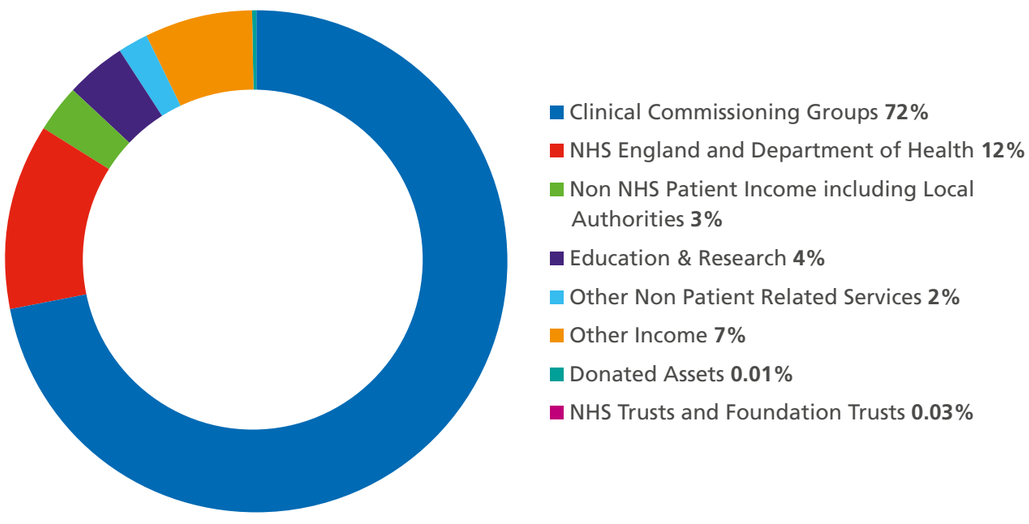
The main components of the Trust's income of £544.033m in 2019/20 are shown below in Figure 2 which shows an overall decrease of £111.341m. A large proportion of this is driven by the donated asset income adjustment in relation to Midland Met in 2018/19. Without this, the increase year on year is 7.40 per cent. Within Other Income is PSF received at £18.4m, and Taper Relief of £4.7m approved as part of the original MMUH business case.

Figure 2: Sources of Income

Sources of Income £000s	2019/20	2018/9
Clinical Commissioning Groups 72%	393,084	363,704
NHS England and Department of Health 12%	64,402	50,994
Non NHS Patient Income including Local Authorities 3%	16,010	14,343
Education & Research 4%	19,925	21,647
Other Non Patient Related Services 2%	9,348	8,953
Other Income 7%	40,093	45,598
Donated Assets 0.01%	81	148,835
NHS Trusts and Foundation Trusts 0.03%	183	222
NHS Other (including Public Health England and Prop Co) 0.2%	907	1,078
Total Income	**544,033**	**655,374**

Within Figure 3, the pie chart below, the largest element of the Trust's resources flowed directly from CCGs, and 12 per cent from NHSE, and education, training and research funds at 4 per cent. The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate doctors and other clinical trainees. It also has an active and successful research community.

Figure 3: Income by Category



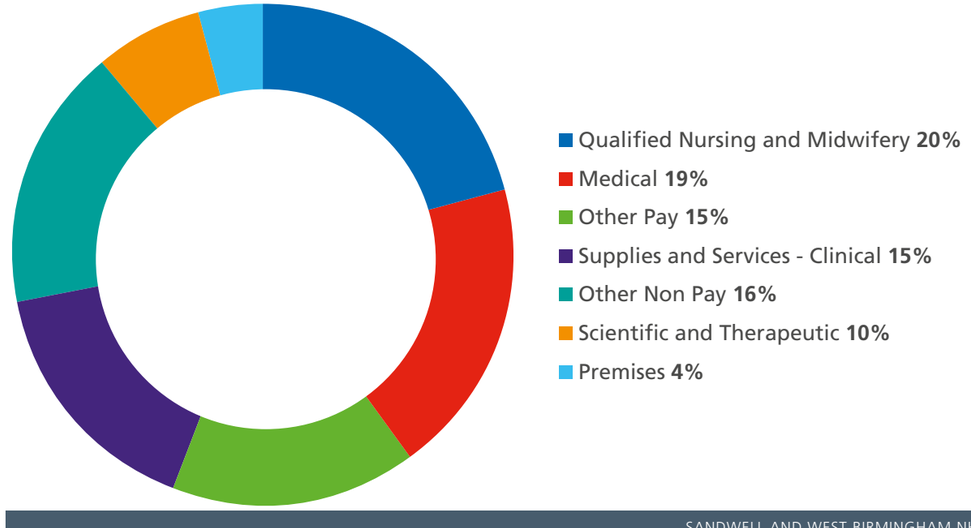
For 2019/20 the Trust agreed with its host commissioner, Sandwell and West Birmingham Clinical Commissioning Group (CCG), a risk share arrangement in place for most elements of the contract that moved away from a traditional PbR transactional based arrangement. The Trust and the CCG agreed to a year end settlement of £293.5m which is reflected in the values above. Activity delivered in 2019/20 generated income below this figure. For the purposes of future planning the Trust commissioned an independent review of the 2021 baseline position which determined that baseline income on 2019/20 Month 11 forecast (Month 12 having been materially affected by the Covid-19 pandemic) at full national PbR prices would be £297.6m. The impact on the Trust SOCI for 2019/20 is shown in the following table:

	Actual SOCI	Restated SOCI for CCG Rebate
	2019/20	2019/20
	£000	£000
Operating income from patient care activities	475,836	479,936
Other operating income	68,197	68,197
Operating expenses	(541,408)	(541,408)
Operating surplus/(deficit) from continuing operations	**2,304**	**6,404**
Finance income	223	223
Finance expenses	(2,320)	(2,320)
PDC dividends payable *	(8,595)	(8,595)
Net finance costs	**(10,692)**	**(10,692)**
Other gains / (losses)	(187)	(187)
Surplus / (deficit) for the year from continuing operations	**(8,254)**	**(4,154)**
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	(8,254)	(4,154)
Remove net impairments not scoring to the Departmental expenditure limit	8,695	8,695
Remove I&E impact of capital grants and donations	135	135
Remove 2018/19 post audit PSF reallocation (2019/20 only)	(530)	(530)
Adjusted financial performance surplus / (deficit)	**46**	**4,146**

Expenditure

Figure 4, shows that 64 per cent of the Trust's cost was pay and, within this, were nursing and midwifery 20 per cent, medical staff 19 per cent, other pay 15 per cent, and scientific and therapeutic 10 per cent. The categories contain total agency spend of £18.911m for the Trust for the year. This included the impact of Unity implementation during the year, and an excess of staffing requirements during December and January. The remaining 44 per cent of operational expenditure was non pay, the largest element of which was clinical supplies and services at 16 per cent. This figure includes drug costs.

Figure 4: Expenditure by Category - 2019/20



Black Country Pathology Services

In February 2018, SWB NHS Trust entered into a Pathology partnership agreement with other Black Country providers. The Black Country Pathology service is an arm's length organisation hosted by Royal Wolverhampton NHS Trust and SWB NHS Trust has a 30.1 per cent (the largest individual share) stake in its operation. The baseline year was 2016/17 and it was expected that the service would have fully transitioned to a hub and spoke model by 30th September 2019. The table shows the Full Business Case (FBC) 1920 values, compared to the revised budget and 1920 outturn position. Key to achieving the hub go live and financial assumptions in the business case is dependent on three workstreams:

1. A shared and live Laboratory Information Management System – the FBC assumed go live in December 2019, current assessment September 2020.

2. Pathology building extension on the New Cross site – funding agreed via STP capital. FBC assumed operational from October 2019, current estimated date for building handover is early 2021.

3. Procurement of common equipment platforms to achieve "go live" of the target operating model – FBC assumed completion by March 2020 – one lot for haematology equipment has been awarded. Microbiology, chemistry and immunology are currently delayed, and the target date for completion is to be confirmed.

	Plan - FBC	Budget	Actual	Variance
	2019/20	2019/20	2019/20	2019/20
	£000	£000	£000	£000
Revenue	**59,618**	**49,973**	**51,411**	**-8,207**
Direct Costs				
Pay	28,588	32,174	31,343	2,755
Non-pay	18,730	6,686	10,854	-7,876
Hub Costs	2,035	1,680	1,321	-714
Total Direct Costs	**49,353**	**40,540**	**43,518**	**-5,835**
ESL Corporate overhead (pre-transition)	7,253	7,253	7,253	0
Hub Overhead and transition	1,294	1,139	633	-661
Depreciation, PDC and Interest	670	0	0	-670
Total Indirect Costs	**9,217**	**8,392**	**7,886**	**-1,331**
Net Profit /(Loss)	**1,048**	**1,041**	**7**	**-1,041**

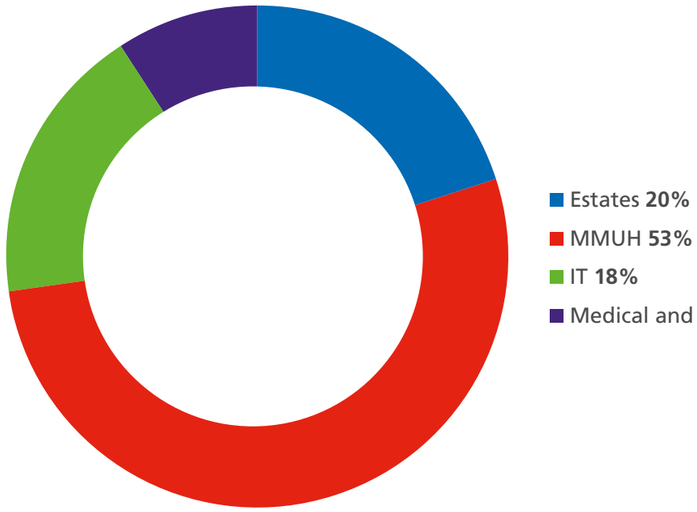
Use of Capital Resources

Capital expenditure differs to day to day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. In total, the Trust's gross spend during 2019/20 on capital items was £82.975m. This is adjusted by any donated items and the book value of assets disposed when measured against the CRL (see above). A breakdown of this gross expenditure is shown in the pie chart below.

The Trust spent a significant proportion - 53 per cent of its capital budget on the Midland Metropolitan University Hospital (MMUH); the spend of £44.3m was funded by PDC contributions. The Trust spent £16.4m on upgrading the Trust's residual Estate, including ensuring compliance with statutory standards.

Medical and Other Equipment accounted for £7.2m, all of which has a direct impact on clinical quality improvement. IT spend was more than had been planned for following a period of network and system instability and consequent investment in to the Infrastructure, pre-Unity. This totalled £15.0m, of which a significant proportion was for the Unity EPR.

Figure 5: Capital Spend - 2019/20



Sickness absence data

For 2019/20 staff sickness absence data is not required by the DHSC GAM to be disclosed in annual reports. This disclosure may be replaced with a link to where information is published by NHS Digital:

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

Audit

The Trust's External Auditors are Grant Thornton UK LLP. They were appointed for the 2017/18 audit by the Trust, following a competitive tendering process undertaken during 2016/17 ready for when the previous contract with KPMG LLP expired.

The cost of the work undertaken by the Auditor in 2019/20 was £67k including VAT. The fee in respect of auditing charitable fund accounts at £5,750 is excluded from this sum, but the audit of the Quality Accounts is included.

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are unaware. In addition the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information.

The members of the Audit and Risk Management Committee at 31 March 2020 were Marie Perry, (Chair), Harjinder Kang, Waseem Zaffar, Kate Thomas, Mike Hoare, and Mick Laverty.

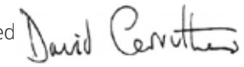
Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the 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 my letter of appointment as an Accountable Officer.

Signed  Acting Chief Executive

Date 26th June 2020

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 HM 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, the 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
- tate 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 Trust's performance, business model and strategy.

By order of the Board

Signed: .  Acting Chief Executive Date: 26th June 2020

Signed:  Chief Finance Officer Date: 26th June 2020

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	475,836	431,609
Other operating income	4	68,197	223,765
Operating expenses	6, 8	(541,408)	(487,141)
Operating surplus/(deficit) from continuing operations		**2,625**	**168,233**
Finance income	11	223	208
Finance expenses	12	(2,320)	(2,283)
PDC dividends payable *		(8,595)	(7,677)
Net finance costs		**(10,692)**	**(9,752)**
Other gains / (losses)	13	(187)	(416)
Surplus / (deficit) for the year from continuing operations		**(8,254)**	**158,065**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus / (deficit) for the year		**(8,254)**	**158,065**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(15,437)	(569)
Revaluations	18	17,296	20
Total comprehensive income / (expense) for the period		**(6,395)**	**157,516**

Note to the Statement of Comprehensive Income		
Adjusted financial performance (control total basis): **		
Surplus / (deficit) for the period	(8,254)	158,065
Remove net impairments not scoring to the Departmental expenditure limit	8,695	8,396
Remove I&E impact of capital grants and donations ***	135	(148,626)
Remove 2018/19 post audit PSF reallocation (2019/20 only)	(530)	
Adjusted financial performance surplus / (deficit)	**46**	**17,835**

* The Trust reduced the PDC Dividend Payable by £693,000, which represents the amount that would have arisen based on the movement in net assets as a result of the continued construction of the Midland Metropolitan University Hospital. The basis of calculation was 3.5% of the change in average relevant net assets which the Trust calculated using the actual £39.58m received as Public Dividend Capital in 2019/20, this treatment has been agreed with DHSC.

** During the 2019/20 financial year the Trust has revalued its property assets. This has resulted in a net impairment charge to expenditure of £5.516 million and which is included within the operating surplus/(deficit) for the year. However impairment charges (or reversal of previous impairment) are not considered to be within the scope of financial performance measured against the Trust's control total and are excluded as per the disclosure above.

*** In 2018/19 the Trust recognised £148.7m in Donated Income as part of the recognition of the Midland Metropolitan University Hospital asset transferring to the Trust following the collapse of Carillion. The Trust has complied with additional mandatory guidance, supplementary to the Department of Health and Social Care's (DHSC) Group Accounting Manual in respect of the accounting treatment for the transfer of the Midland Metropolitan University Hospital to the public sector. To reflect the full economic benefit inherent in the new hospital, the DHSC directed that the Trust consider these assets as part-purchased and part-donated.

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	15	145	181
Property, plant and equipment	16	522,007	463,027
Receivables	24	181	193
Total non-current assets		**522,333**	**463,401**
Current assets			
Inventories	23	5,129	4,708
Receivables	24	45,497	47,467
Cash and cash equivalents	27	23,381	27,970
Total current assets		**74,007**	**80,145**
Current liabilities			
Trade and other payables	28	(78,432)	(70,701)
Borrowings	30	(1,876)	(2,353)
Provisions	32	(715)	(1,270)
Other liabilities	29	(5,475)	(3,737)
Total current liabilities		**(86,498)**	**(78,061)**
Total assets less current liabilities		**509,842**	**465,485**
Non-current liabilities			
Borrowings	30	(27,527)	(29,440)
Provisions	32	(3,604)	(3,325)
Total non-current liabilities		**(31,131)**	**(32,765)**
Total assets employed		**478,711**	**432,720**
Financed by			
Public dividend capital		300,103	247,717
Revaluation reserve		10,704	9,051
Other reserves		9,058	9,058
Income and expenditure reserve		158,846	166,894
Total taxpayers' equity		**478,711**	**432,720**

The notes on pages 83 to 130 form part of these accounts.

Signed David Carruthers Acting Chief Executive

Date 26th June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**247,717**	**9,051**	**9,058**	**166,894**	**432,720**
Surplus/(deficit) for the year	-	-	-	(8,254)	**(8,254)**
Other transfers between reserves	-	(206)	-	206	**-**
Impairments	-	(15,437)	-	-	**(15,437)**
Revaluations	-	17,296	-	-	**17,296**
Public dividend capital received	52,386	-	-	-	**52,386**
Taxpayers' and others' equity at 31 March 2020	**300,103**	**10,704**	**9,058**	**158,846**	**478,711**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**226,891**	**9,744**	**9,058**	**8,685**	**254,378**
Prior period adjustment	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**226,891**	**9,744**	**9,058**	**8,685**	**254,378**
Surplus/(deficit) for the year	-	-	-	158,065	**158,065**
Other transfers between reserves	-	(144)	-	144	**-**
Impairments	-	(569)	-	-	**(569)**
Revaluations	-	20	-	-	**20**
Public dividend capital received	20,826	-	-	-	**20,826**
Taxpayers' and others' equity at 31 March 2019	**247,717**	**9,051**	**9,058**	**166,894**	**432,720**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

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

Other reserves

The other Reserve of £9.058m (as per the Statement of Financial Position) represents the difference between the carrying value of Assets at the Trust inception date and the value of PDC attributed to the Trust. This reserve was created under the guidance of the Department of Health as a result of imbalances between the transfer of assets to Sandwell Primary Care Trusts and the issue of Public Dividend Capital (PDC) to Sandwell & West Birmingham Hospitals when the remainder of the Trust merged with City Hospital NHS Trust to become Sandwell and West Bromwich NHS Trust on 1st April 2002.

Income and expenditure reserve

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

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		2,625	168,233
Non-cash income and expense:			
Depreciation and amortisation	6.1	17,276	12,252
Net impairments	7	8,695	8,396
Income recognised in respect of capital donations	4	(81)	(148,835)
(Increase) / decrease in receivables and other assets		2,440	6,251
(Increase) / decrease in inventories		(421)	34
Increase / (decrease) in payables and other liabilities		5,363	5,900
Increase / (decrease) in provisions		(280)	(718)
Net cash flows from / (used in) operating activities		**35,617**	**51,513**
Cash flows from investing activities			
Interest received		223	208
Purchase of intangible assets		-	(116)
Purchase of PPE and investment property		(78,869)	(40,404)
Net cash flows from / (used in) investing activities		**(78,646)**	**(40,312)**
Cash flows from financing activities			
Public dividend capital received		52,386	20,826
Capital element of PFI, LIFT and other service concession payments		(2,390)	(2,149)
Other interest		(1)	-
Interest paid on PFI, LIFT and other service concession obligations		(2,315)	(2,279)
PDC dividend (paid) / refunded		(9,240)	(9,320)
Net cash flows from / (used in) financing activities		**38,440**	**7,078**
Increase / (decrease) in cash and cash equivalents		**(4,589)**	**18,279**
Cash and cash equivalents at 1 April - brought forward		**27,970**	**9,691**
Cash and cash equivalents at 31 March	27.1	**23,381**	**27,970**

Notes to the Accounts

Accounting policies and other information

The note at page 78 also forms part of these notes to the accounts

Note 1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1 Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

NHS organisations are required to produce financial statements in line with International Accounting & Financial Reporting Standards. The NHS also has the benefit of additional guidance in the group accounting manual (GAM). The impact of this is that Trusts should prepare financial statements on a going concern basis unless management concludes that the entity is not a going concern. IAS 1 requires this conclusion to be based on a management assessment of an entity's ability to continue as a going concern.

Management Assessment of Going Concern

Having reported a surplus above plan in the adjusted financial performance for the financial year 2019/20 the Trust has earned additional Financial Recovery Fund (FRF) monies. This, together with the recovery actions undertaken internally, has enhanced the Trust's cumulative breakeven position. With the exception of the 2016/17 financial year the previous 10 year period has seen this breakeven position improve year on year consistently. The cumulative position is now at the highest level for 10 years. While many of the recovery actions have been cash generating in nature they have also been non-recurrent as the underlying recovery is delayed. Consequently the Trust enters 2020/21 with an underlying deficit.

Despite the underlying deficit, the Trust has consistently ended recent financial years materially ahead of the cash balances planned, and this is repeated at 31st March 2020 with a cash balance of £23.3m against a plan of £12.4m.

The Trust has consistently maintained a long term forward looking financial model aligned to the Midland Metropolitan University Hospital (MMUH) business case. The most recent version reflected income and CIP plans that removed the underlying deficit of the Trust by April 2021. In late 2019, the new Financial Improvement Trajectory (FIT) regime and the funding of the finance costs in relation to MMUH meant that the underlying deficit removal trajectory had to be deferred until 23/24. Despite this, the Trust had a plan to break even in 2021, with an underlying deficit of £14m and was part of a Black Country and West Birmingham System FIT compliant plan. The new regime links system performance to earning of financial recovery fund (FRF) and as such the Trust may not realise full FRF if as a system the financial targets are not met.

Due to the Covid-19 global pandemic, the NHS financial framework and regime was amended quickly to facilitate a block income arrangement, reimbursement process for Covid-19 related costs, and a retrospective top up process where costs exceeded those two sources of income. This process will be in place until at least 31st July and at present we have not been formally advised of transition plans beyond the 31st July 2020. Before the pandemic struck, the Black Country and West Birmingham CCG had not reached satisfactory contract settlements with the Trust or any others. Despite this, and the reflection of a significant adverse variance to plan, the draft plan submitted indicated no cash borrowing requirement during 2020/21.

The financial framework and income settlements in 2021 from August onwards are unclear and more information is required to support cashflow forecasts and going concern disclosures. The Trust is developing CIP plans at pace representing circa 4% of expenditure budgets. It is the Trust's working intention to achieve a route to breakeven or better for 20/21, and with opening cash balances and current capital plans it is on this basis that the Trust should be considered a going concern. The financial statements for the period 2019/20 have therefore been prepared on that basis.

Note 1.3 Interests in other entities

The Trust does not have any interests in Associates, Joint Ventures or Joint Operations

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided (including education and training, non-patient care income and other income) is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

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

NHS Pension Scheme

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 scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: 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
• 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.

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

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 (excluding Leased/IFRIC12 Buildings) 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.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets 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.

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 and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating 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.

Note 1.9 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI 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 HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Services received

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

PFI Asset

The PFI 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.

PFI liability

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

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

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

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

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

Assets contributed by the NHS Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Trust's Statement of Financial Position.

Other assets contributed by the NHS Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

Note 1.10 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:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	16	70
Dwellings	-	-
Plant & machinery	-	29
Transport equipment	1	8
Information technology	1	10
Furniture & fittings	2	29

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 1.11 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.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

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 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
Software licences	-	5
Licences & trademarks	-	1

Note 1.12 Inventories

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

Note 1.13 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.14 Cash and cash equivalents

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

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

Note 1.15 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.16 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 or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition. The Trust has no Financial Assets measured at Fair Value through Comprehensive Income

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income. The Trust has no Financial Assets measured at Fair Value through income and expenditure

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, 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 other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by review of individual debt over 90 days old, in addition a full provision is made for Overseas visitor income and invoices raised for Delayed Treatment of Care with Local Authorities.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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 1.17 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

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

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 1.18 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 32.2 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 1.19 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 33 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 33, 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 1.20 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 of the audit of the annual accounts.

Note 1.21 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 1.22 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 a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.23 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 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.25 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 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. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. 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

Note 1.26 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Charitable Funds

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1st April 2013, the Trust has established that as it is the corporate Trustee of the Sandwell and West Birmingham Hospitals NHS Trust Charities, charity number 1056127, it effectively has the power to exercise control so as to obtain economic benefits.

Total donations recorded in the unaudited Charity Accounts show receipts during 2019/20 of £0.875m and total resources expended of £0.951m which represent 0.16% of the Trust's Exchequer turnover.

IAS 1, Presentation of Financial Statements, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material and this guidance is reiterated in the GAM for 2017/18.

Thus, In line with IAS 1, charitable funds are not consolidated into Sandwell and West Birmingham Hospitals NHS Trust's accounts on grounds of materiality.

PFI Asset Valuation

From 1st April 2015, the Trust has accounted for the Valuation of its PFI Hospital (BTC) on the basis of Depreciated Replacement Cost excluding VAT, prior to this judgement the Trust included VAT at 20% in the Valuation. The Trust considers that by excluding VAT accurately reflects the depreciated replacement cost, as a replacement asset would also be funded by PFI and, by the nature of the contract, have VAT recovered.

Property Valuation

Assets relating to land and buildings were subject to a formal valuation at 1st April 2015, completed on an 'alternate MEA' basis. An Existing Use Value alternative MEA approach was used which assumes the asset would be replaced with a modern equivalent, i.e. not a building of identical design - but with the same service potential as the existing assets. The alternative modern equivalent asset may well be smaller (reduced Gross Internal Area) than the existing asset which reflects the challenges Healthcare Providers face when utilising historical NHS Estate. A subsequent annual valuation is performed at 31st March each year to ensure a true and fair view was reflected.

Note 1.27 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property Valuation

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. 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. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. 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.

Note 2 Operating Segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

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
Acute services		
Elective income	55,120	48,185
Non elective income	110,487	121,461
First outpatient income	53,173	33,628
Follow up outpatient income	34,680	41,645
A & E income	29,312	25,869
High cost drugs income from commissioners (excluding pass-through costs)	22,916	23,662
Other NHS clinical income	94,903	87,317
Community services		
Community services income from CCGs and NHS England	33,812	32,794
Income from other sources (e.g. local authorities)	8,573	6,358
All services		
Private patient income	239	248
Agenda for Change pay award central funding*	-	4,492
Additional pension contribution central funding**	12,505	-
Other clinical income	20,116	5,950
Total income from activities	**475,836**	**431,609**

*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)

	2019/20	2018/19
Income from patient care activities received from:	**£000**	**£000**
NHS England	64,402	46,502
Clinical commissioning groups	393,084	363,704
Department of Health and Social Care	-	4,492
Other NHS providers	1,433	1,490
NHS other	907	1,078
Local authorities	11,355	9,112
Non-NHS: private patients	239	254
Non-NHS: overseas patients (chargeable to patient)	2,795	2,462
Injury cost recovery scheme	1,235	2,341
Non NHS: other	386	174
Total income from activities	**475,836**	**431,609**
Of which:		
Related to continuing operations	475,836	431,609
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2019/20	2018/19
	£000	£000
Income recognised this year	2,795	2,462
Cash payments received in-year	463	255
Amounts added to provision for impairment of receivables	1,905	1,678
Amounts written off in-year*	3,217	-

* During 2019/20 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is ledger only as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery is now reported to the Chief Executive and during 2020-2021 enhanced scrutiny of performance will be used to seek to improve debt recovery performance

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,652	-	**1,652**	2,490	-	**2,490**
Education and training	18,273	394	**18,667**	19,157	-	**19,157**
Non-patient care services to other bodies	9,348	-	**9,348**	8,953	-	**8,953**
Provider sustainability fund (PSF)	9,025	-	**9,025**	20,312	-	**20,312**
Financial recovery fund (FRF)	8,689	-	**8,689**	-	-	**-**
Marginal rate emergency tariff funding (MRET)	726	-	**726**	-	-	**-**
Receipt of capital grants and donations**	-	81	**81**	-	148,835	**148,835**
Other income	20,009	-	**20,009**	24,018	-	**24,018**
Total other operating income	**67,722**	**475**	**68,197**	**74,930**	**148,835**	**223,765**
Of which:						
Related to continuing operations			**68,197**			**223,765**
Related to discontinued operations			**-**			**-**

** In 2018/19 the increase in the receipt of donations was as a result of the asset recognition of the Midland Metropolitan Hospital

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,136	1,281

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	767	718
Total revenue allocated to remaining performance obligations	**767**	**718**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	15,632	9,517
Purchase of healthcare from non-NHS and non-DHSC bodies	7,052	5,500
Staff and executive directors costs	344,376	303,511
Remuneration of non-executive directors	79	64
Supplies and services - clinical (excluding drugs costs)	46,289	53,216
Supplies and services - general	9,087	7,742
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	34,958	30,314
Establishment	4,752	4,735
Premises	23,888	22,576
Transport (including patient travel)	2,387	1,867
Depreciation on property, plant and equipment	17,240	12,211
Amortisation on intangible assets	36	41
Net impairments	8,695	8,396
Movement in credit loss allowance: contract receivables / contract assets	3,177	4,039
Change in provisions discount rate(s)	285	(69)
Audit fees payable to the external auditor		
audit services- statutory audit	67	68
other auditor remuneration (external auditor only)	-	6
Internal audit costs	240	208
Clinical negligence	13,218	14,408
Legal fees	367	209
Insurance	129	102
Research and development	1,943	1,903
Education and training	2,878	3,328
Rentals under operating leases	169	169
Charges to operating expenditure for on-SoFP IFRIC 12 schemes - PFI	2,802	2,417
Other	1,662	663
Total	**541,408**	**487,141**
Of which:		
Related to continuing operations	541,408	487,141
Related to discontinued operations	-	-

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2018/19: £5m).

Note 7 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	8,695	8,396
Total net impairments charged to operating surplus / deficit	**8,695**	**8,396**
Impairments charged to the revaluation reserve	15,437	569
Total net impairments	**24,132**	**8,965**

Note 8 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	262,331	241,911
Social security costs	26,509	24,371
Apprenticeship levy	1,265	1,276
Employer's contributions to NHS pensions *	41,021	27,508
Temporary staff (including agency)	18,911	15,527
Total gross staff costs	**350,037**	**310,593**
Recoveries in respect of seconded staff	-	-
Total staff costs	**350,037**	**310,593**
Of which		
Costs capitalised as part of assets	2,737	3,049

* 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 and the increase included above for this change is £12.5m

Note 8.1 Retirements due to ill-health

During 2019/20 there were 3 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £87k (£137k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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 10 Operating leases

Note 10.1 Sandwell And West Birmingham Hospitals NHS Trust as a lessor

The Trust generated no income as a lessor in 2019/20

Note 10.2 Sandwell And West Birmingham Hospitals NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Sandwell And West Birmingham Hospitals NHS Trust is the lessee.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	169	169
Total	**169**	**169**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	169	150
- later than one year and not later than five years;	118	103
- later than five years.	91	91
Total	**378**	**344**
Future minimum sublease payments to be received	-	-

Future minimum lease payments represented by category of lease	31 March 2020 £000	31 March 2019 £000
Land	182	182
Other	196	162
	378	**344**

Note 11 Finance income

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

	2019/20 £000	2018/19 £000
Interest on bank accounts	223	208
Total finance income	**223**	**208**

Note 12.1 Finance expenditure

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

	2019/20 £000	2018/19 £000
Interest expense:		
Interest on late payment of commercial debt	1	-
Main finance costs on PFI and LIFT schemes obligations	1,163	1,215
Contingent finance costs on PFI and LIFT scheme obligations	1,152	1,064
Total interest expense	**2,316**	**2,279**
Unwinding of discount on provisions	4	4
Other finance costs	-	-
Total finance costs	**2,320**	**2,283**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20 £000	2018/19 £000
Amounts included within interest payable arising from claims made under this legislation	1	-

Note 13 Other gains / (losses)

	2019/20 £000	2018/19 £000
Gains on disposal of assets	-	-
Losses on disposal of assets	(187)	(416)
Total gains / (losses) on disposal of assets	**(187)**	**(416)**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Total other gains / (losses)	**(187)**	**(416)**

Note 14 Discontinued operations

The Trust had no discontinued operations in 2019/20.

Note 15.1 Intangible assets - 2019/20

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	**3,083**	**43**	**3,126**
Valuation / gross cost at 31 March 2020	**3,083**	**43**	**3,126**
Amortisation at 1 April 2019 - brought forward	**2,945**	**-**	**2,945**
Provided during the year	36	-	**36**
Amortisation at 31 March 2020	**2,981**	**-**	**2,981**
Net book value at 31 March 2020	**102**	**43**	**145**
Net book value at 1 April 2019	**138**	**43**	**181**

Note 15.2 Intangible assets - 2018/19

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	**2,967**	**43**	**3,010**
Additions	116	-	**116**
Valuation / gross cost at 31 March 2019	**3,083**	**43**	**3,126**
Amortisation at 1 April 2018 - as previously stated	**2,904**	**-**	**2,904**
Provided during the year	41	-	**41**
Amortisation at 31 March 2019	**2,945**	**-**	**2,945**
Net book value at 31 March 2019	**138**	**43**	**181**
Net book value at 1 April 2018	**63**	**43**	**106**

Note 16.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**16,935**	**151,416**	**260,561**	**112,906**	**3,599**	**47,333**	**2,088**	**594,838**
Additions	-	11,068	54,106	7,289	-	10,411	182	**83,056**
Impairments	-	(21,998)	(265)	-	-	-	-	**(22,263)**
Reversals of impairments	476	6,350	-	-	-	-	-	**6,826**
Revaluations	1,447	-	-	-	-	-	-	**1,447**
Reclassifications	-	2,627	(12,320)	-	-	9,693	-	**-**
Valuation/gross cost at 31 March 2020	**18,858**	**149,463**	**302,082**	**120,195**	**3,599**	**67,437**	**2,270**	**663,904**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**-**	**121**	**92,577**	**3,498**	**33,836**	**1,779**	**131,811**
Provided during the year	-	7,154	-	4,488	60	5,461	77	**17,240**
Impairments	-	22,107	265	-	-	-	-	**22,372**
Reversals of impairments	(1,353)	(12,324)	-	-	-	-	-	**(13,677)**
Revaluations	1,353	(16,937)	(265)	-	-	-	-	**(15,849)**
Reclassifications	-	-	(121)	-	-	121	-	**-**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**97,065**	**3,558**	**39,418**	**1,856**	**141,897**
Net book value at 31 March 2020	**18,858**	**149,463**	**302,082**	**23,130**	**41**	**28,019**	**414**	**522,007**
Net book value at 1 April 2019	**16,935**	**151,416**	**260,440**	**20,329**	**101**	**13,497**	**309**	**463,027**

Note 16.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**16,475**	**159,406**	**16,384**	**106,894**	**3,587**	**46,338**	**2,088**	**351,172**
Additions	-	5,230	240,812	6,294	12	4,360	-	**256,708**
Impairments	-	(710)	-	-	-	-	-	**(710)**
Reversals of impairments	80	61	-	-	-	-	-	**141**
Revaluations	380	(12,571)	-	-	-	-	-	**(12,191)**
Reclassifications	-	-	3,365	-	-	(3,365)	-	**-**
Disposals / derecognition	-	-	-	(282)	-	-	-	**(282)**
Valuation/gross cost at 31 March 2019	**16,935**	**151,416**	**260,561**	**112,906**	**3,599**	**47,333**	**2,088**	**594,838**
Accumulated depreciation at 1 April 2018 - as previously stated	**-**	**-**	**-**	**88,900**	**3,382**	**29,714**	**1,701**	**123,697**
Provided during the year	-	3,815	-	3,959	116	4,243	78	**12,211**
Impairments	-	8,756	-	-	-	-	-	**8,756**
Reversals of impairments	(360)	-	-	-	-	-	-	**(360)**
Revaluations	360	(12,571)	-	-	-	-	-	**(12,211)**
Reclassifications	-	-	121	-	-	(121)	-	**-**
Disposals / derecognition	-	-	-	(282)	-	-	-	**(282)**
Accumulated depreciation at 31 March 2019	**-**	**-**	**121**	**92,577**	**3,498**	**33,836**	**1,779**	**131,811**
Net book value at 31 March 2019	**16,935**	**151,416**	**260,440**	**20,329**	**101**	**13,497**	**309**	**463,027**
Net book value at 1 April 2018	**16,475**	**159,406**	**16,384**	**17,994**	**205**	**16,624**	**387**	**227,475**

Midland Metropolitan University Hospital

Following the insolvency of Carillion, the Trust considered a number of options to proceed with the construction and ongoing operation of the Midland Metropolitan University Hospital (MMUH). Subsequently, agreement was reached with DH to support a public funded build, for which a Full Business Case process was followed to evidence the financial arrangements covering VFM and accounting treatment. An agreement was reached with DH regarding the measurement of the carrying value of the MMH asset, legal title of which transferred to the Trust on 23rd July 2018.

Midland Metropolitan Hospital continued..

In the Trust prepared Outline Business Case, Section 8.6.3 identified that at the time of Carillion's insolvency, the approved value of MMH construction amounted to £211.6m (Excl VAT), independently assessed by a Quantity Surveyor. This was therefore deemed to be a reliable independent assessment of valuation that the Trust used to accurately determine the values required for Asset recognition.

The Trust had considered IAS16 Property, Plant and Equipment (PPE) and the DH GAM , and determined in that instance that the £62.9m contribution to Carillion was recognised as the Trust's Capital cost of construction and recognised as a Non Current Asset, in addition the remaining valued costs of £148.7m were recognised as a Donated Non-Current Asset, both classified as an 'Asset under construction', in the SOFP at this value.

The Department of Health Group Accounting Manual (section 1.16) states that "Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as [...] purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets"

The Trust and DH considers that the balance of the valuation was recognised in Non-current Assets as a Donated asset and was included within 2018/19 Additions line within Assets Under Construction above.

Note 16.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	18,858	121,476	153,315	17,190	41	27,916	413	**339,209**
On-SoFP PFI contracts and other service concession arrangements	-	26,843	-	5,375	-	103	1	**32,322**
Owned - government granted	-	813	-	-	-	-	-	**813**
Owned - donated	-	331	148,767	565	-	-	-	**149,663**
NBV total at 31 March 2020	**18,858**	**149,463**	**302,082**	**23,130**	**41**	**28,019**	**414**	**522,007**

Note 16.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	16,935	130,212	111,673	12,763	101	13,353	308	**285,345**
On-SoFP PFI contracts and other service concession arrangements	-	19,931	-	6,929	-	137	1	**26,998**
Owned - government granted	-	928	-	-	-	-	-	**928**
Owned - donated	-	345	148,767	637	-	7	-	**149,756**
NBV total at 31 March 2019	**16,935**	**151,416**	**260,440**	**20,329**	**101**	**13,497**	**309**	**463,027**

Note 17 Donations of property, plant and equipment

During 2019-20 the Trust received Donated assets as detailed below, for each item - there were no specific restrictions imposed by the donors

	Cost
	£000
Eyesi Surgical Cataract System & Simulator	76
Patient Equipment Transfer Trolley for Sandwell Critical Care	5
	81

In 2018-19 £148,835k was received by way of donated assets, the vast majority of which £148,767k, related to Midland Metropolitan University Hospital. This asset was transferred to the Trust following the collapse of Carillion and reflected the remaining valued costs as at the time of the transfer, recognised as a donated non-current asset

Note 18 Revaluations of property, plant and equipment

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020 by Cushman and Wakefield, surveyors that are Chartered members of RICS (MRICS). 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. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. 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 Trust owns Non Operational Land assets of £871,750 which are currently held as surplus assets and are included within the Land Valuation in Note 16.1. These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

Note 19.1 Investment Property

The Trust does not have any Investment Property at 31st March 2020

Note 20 Investments in associates and joint ventures

The Trust does not have any investment in associates and joint ventures

Note 21 Other investments / financial assets (non-current)

The Trust does not have any non current other investments

Note 21.1 Other investments / financial assets (current)

The Trust does not have any current other investments

Note 22 Disclosure of interests in other entities

The Trust has no interests in other entities at 31st March 2020

Note 23 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	1,935	1,266
Consumables	2,973	3,221
Energy	221	221
Total inventories	**5,129**	**4,708**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £35,206k (2018/19: £30,314k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 24.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	42,525	43,360
Capital receivables	-	188
Allowance for impaired contract receivables / assets	(6,723)	(9,028)
Prepayments (non-PFI)	845	1,167
PFI lifecycle prepayments	5,284	8,209
PDC dividend receivable	2,025	1,380
VAT receivable	1,541	2,191
Other receivables	-	-
Total current receivables	**45,497**	**47,467**
Non-current		
Contract assets	105	251
Allowance for other impaired receivables	(24)	(58)
Total non-current receivables	**181**	**193**
Of which receivable from NHS and DHSC group bodies:		
Current	31,381	28,693
Non-current	100	-

Note 24.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April - brought forward	**9,086**	**-**	**-**	**5,059**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			5,059	(5,059)
New allowances arising	3,177	-	4,039	-
Utilisation of allowances (write offs)	(5,516)	-	(12)	-
Allowances as at 31 Mar 2020	**6,747**	**-**	**9,086**	**-**

* Increases in the allowances for credit losses is predominantly represented by a proportionate increase in the Trust's indebtedness with Overseas Patients, for which the Trust provides in full. Write offs in 2019/20 represent the impact of the Trust writing off debts due from prior years and not solely debts that relate to 2019/20 - see Note 39 of these Accounts

During 2019/20 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is ledger only as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery is now reported to the Chief Executive and during 2020-2021 enhanced scrutiny of performance will be used to seek to improve debt recovery performance

Note 24.3 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. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the Trade receivables and other receivables note

Note 25 Other assets

The Trust had no other assets at 31st March 2020

Note 26.1 Non-current assets held for sale and assets in disposal groups

The Trust had no assets held for sale at 31st March 2020

Note 26.2 Liabilities in disposal groups

The Trust had no liabilities in disposal groups at 31st March 2020

Note 27.1 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	**27,970**	**9,691**
Net change in year	(4,589)	18,279
At 31 March	**23,381**	**27,970**
Broken down into:		
Cash at commercial banks and in hand	33	34
Cash with the Government Banking Service	23,348	27,936
Total cash and cash equivalents as in SoFP	**23,381**	**27,970**

Note 27.2 Third party assets held by the trust

Sandwell And West Birmingham Hospitals NHS 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
Bank balances	8	4
Total third party assets	**8**	**4**

Note 28.1 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
Current		
Trade payables	24,659	25,666
Capital payables	14,802	10,696
Accruals	26,473	21,627
Receipts in advance and payments on account	5,962	6,692
Social security costs	3,487	3,207
Other taxes payable	3,049	2,813
Total current trade and other payables	**78,432**	**70,701**
Of which payables from NHS and DHSC group bodies:		
Current	10,053	13,042

Note 28.2 Early retirements in NHS payables above

There are no early retirements required to be included in the payables note above

Note 29 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	5,475	3,737
Total other current liabilities	**5,475**	**3,737**

Note 30.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Obligations under PFI, LIFT or other service concession contracts	1,876	2,353
Total current borrowings	**1,876**	**2,353**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	27,527	29,440
Total non-current borrowings	**27,527**	**29,440**

Note 30.2 Reconciliation of liabilities arising from financing activities - 2019/20

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2019	**31,793**	**31,793**
Cash movements:		
Financing cash flows - payments and receipts of principal	(2,390)	**(2,390)**
Financing cash flows - payments of interest	(1,163)	**(1,163)**
Non-cash movements:		
Application of effective interest rate	1,163	**1,163**
Carrying value at 31 March 2020	**29,403**	**29,403**

Note 30.3 Reconciliation of liabilities arising from financing activities - 2018/19

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	**33,942**	**33,942**
Prior period adjustment	**-**	**-**
Carrying value at 1 April 2018 - restated	**33,942**	**33,942**
Cash movements:		
Financing cash flows - payments and receipts of principal	(2,149)	**(2,149)**
Financing cash flows - payments of interest	(1,215)	**(1,215)**
Non-cash movements:		
Application of effective interest rate	1,215	**1,215**
Carrying value at 31 March 2019	**31,793**	**31,793**

Note 31 Finance leases

Note 31.1 Sandwell And West Birmingham Hospitals NHS Trust as a lessor

The Trust has no finance leases as a lessor or as a lessee other than those detailed in Note 36

Note 32.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	**902**	**2,661**	**376**	**7**	**216**	**433**	**4,595**
Change in the discount rate	**37**	**248**	**-**	**-**	**-**	**-**	**285**
Arising during the year	**56**	**103**	**143**	**-**	**-**	**100**	**402**
Utilised during the year	(93)	(150)	(238)	-	(162)	(292)	**(935)**
Reclassified to liabilities held in disposal groups	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reversed unused	**(20)**	**-**	**(8)**	**-**	**-**	**(4)**	**(32)**
Unwinding of discount	**1**	**3**	**-**	**-**	**-**	**-**	**4**
At 31 March 2020	**883**	**2,865**	**273**	**7**	**54**	**237**	**4,319**
Expected timing of cash flows:							
- not later than one year;	93	151	273	7	54	137	**715**
- later than one year and not later than five years;	371	604	-	-	-	-	**975**
- later than five years.	419	2,110	-	-	-	100	**2,629**
Total	**883**	**2,865**	**273**	**7**	**54**	**237**	**4,319**

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex-employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Clinician Pension Tax Provision £100,000, National Poisons potential expenditure of £74,563 and Carbon Reduction Provision of £63,138

Pensions: Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme

The timing and amount of the cash flows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

Note 32.2 Clinical negligence liabilities

At 31 March 2020, £199,246k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2019: £209,084k).

Note 33 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(137)	(159)
Other	(184)	(12,681)
Gross value of contingent liabilities	**(321)**	**(12,840)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(321)**	**(12,840)**
Net value of contingent assets	**-**	**-**

Both the legal claims and Pension and Injury Liabilities were informed by NHS Resolution. The movement in Other Contingent Liability from 2018/19 represents the outcome of a VAT review with HMRC that concluded with no liability due from the Trust.

Note 34 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment*	340,273	17,699
Intangible assets	-	-
Total	**340,273**	**17,699**

* The increase in Capital Commitments reflects the contracted amount that the Trust has entered into to for the completion of the Midland Metropolitan University Hospital.

Note 35 Other financial commitments

The Trust has no other financial commitments which are not leases, PFI contracts or other service concession arrangements.

Note 36 On-SoFP PFI, LIFT or other service concession arrangements

Birmingham Treatment Centre (BTC)

Length of Contract is 30 Years

The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005.The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust.

Managed Equipment Scheme (MES)

Length of Contract is 10 Years

The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2026 at which point the Trust has the right to exercise an option to take ownership of the equipment.

Note 36.1 On-SoFP PFI, LIFT or other service concession arrangement 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 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**40,066**	**43,576**
Of which liabilities are due		
- not later than one year;	2,974	3,510
- later than one year and not later than five years;	12,024	11,560
- later than five years.	25,068	28,506
Finance charges allocated to future periods	(10,663)	(11,783)
Net PFI, LIFT or other service concession arrangement obligation	**29,403**	**31,793**
- not later than one year;	1,876	2,353
- later than one year and not later than five years;	7,980	7,386
- later than five years.	19,547	22,054

Note 36.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**112,521**	**120,563**
Of which payments are due:		
- not later than one year;	8,242	8,041
- later than one year and not later than five years;	35,080	34,225
- later than five years.	69,199	78,297

Note 36.3 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 £000	2018/19 £000
Unitary payment payable to service concession operator	**8,291**	**7,848**
Consisting of:		
- Interest charge	1,163	1,215
- Repayment of balance sheet obligation	2,390	2,171
- Service element and other charges to operating expenditure	2,802	2,417
- Capital lifecycle maintenance	784	981
- Contingent rent	1,152	1,064
Total amount paid to service concession operator	**8,291**	**7,848**

Note 37 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust had no Off-SoFP PFI, LIFT and other service concession arrangements.

Note 38 Financial instruments

Note 38.1 Financial risk management

Financial reporting standard 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 NHS Trust has with CCGs and the way those CCGs are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

Note 38.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	35,883	-	-	**35,883**
Cash and cash equivalents	23,381	-	-	**23,381**
Total at 31 March 2020	**59,264**	**-**	**-**	**59,264**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	34,188	-	-	**34,188**
Cash and cash equivalents	27,970	-	-	**27,970**
Total at 31 March 2019	**62,158**	**-**	**-**	**62,158**

Note 38.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under PFI, LIFT and other service concession contracts	29,403	-	**29,403**
Trade and other payables excluding non financial liabilities	65,934	-	**65,934**
Total at 31 March 2020	**95,337**	**-**	**95,337**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under PFI, LIFT and other service concession contracts	31,793	-	**31,793**
Trade and other payables excluding non financial liabilities	57,989	-	**57,989**
Total at 31 March 2019	**89,782**	**-**	**89,782**

Note 38.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	67,791	60,342
In more than one year but not more than two years	1,579	3,455
In more than two years but not more than five years	6,402	3,931
In more than five years	19,565	22,054
Total	**95,337**	**89,782**

Note 38.5 Fair values of financial assets and liabilities

The Trust considers that book value (Carrying value) is a reasonable approximation of fair

Note 39 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	727	5,400	9	19
Stores losses and damage to property	5	57	11	66
Total losses	**732**	**5,457**	**20**	**85**
Special payments				
Ex-gratia payments	66	173	47	157
Total special payments	**66**	**173**	**47**	**157**
Total losses and special payments	**798**	**5,630**	**67**	**242**
Compensation payments received		-		-

During 2019/20 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is ledger only as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery is now reported to the Chief Executive and during 2020-2021 enhanced scrutiny of performance will be used to seek to improve debt recovery performance

In 2019/20 The Trust had one individual Loss in excess of £300,000 which related to invoices previously raised to Birmingham City Council for the Delayed Treatment of Care (DTOC) - a charge the Trust levied against the Council in respect of its additional costs incurred whilst patients were awaiting discharge to a Social Care placement provided by Local Government. This is included within the Bad Debts and Losses category in the table above.

Note 40 Gifts

There are no cases of the Trust making gifts.

Note 41 Related parties

During the year none of the Department of Health Ministers, trust board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health is regarded as a related party. During the year 2019/20 Sandwell and West Birmingham Hospitals NHS 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 are listed below:-

NHS Sandwell & West Birmingham CCG
NHS Birmingham and Solihull CCG
Health Education England
NHS Walsall CCG
NHS Resolution
University Hospitals Birmingham NHS Foundation Trust
The Royal Wolverhampton NHS Trust
The Dudley Group NHS Foundation Trust
Walsall Healthcare NHS Trust

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 Department for Education and Skills in respect of University Hospitals Birmingham NHS Foundation Trust, Sandwell MBC and Birmingham City Council.

The Trust has also received capital payments from the Sandwell & West Birmingham Hospitals NHS Trust Charity, certain of the trustees for which are also members of the Trust board, the transactions in 2019-20 were not material to either party.

Note 42 Events after the reporting date

There were no events after the reporting date

Note 44 Better Payment Practice code

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	96,800	237,087	94,552	160,282
Total non-NHS trade invoices paid within target	30,965	102,014	27,902	57,920
Percentage of non-NHS trade invoices paid within target	32.0%	43.0%	29.5%	36.1%
NHS Payables				
Total NHS trade invoices paid in the year	3,022	37,043	3,785	38,720
Total NHS trade invoices paid within target	841	19,246	1,121	23,614
Percentage of NHS trade invoices paid within target	27.8%	52.0%	29.6%	61.0%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 45 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	54,585	398
External financing requirement	**54,585**	**398**
External financing limit (EFL)	54,585	16,635
Under / (over) spend against EFL	**-**	**16,237**

Note 46 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	83,056	256,824
Less: Donated and granted capital additions	(81)	(148,835)
Charge against Capital Resource Limit	**82,975**	**107,989**
Capital Resource Limit	98,916	108,126
Under / (over) spend against CRL	**15,941**	**137**

Note 47 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance surplus / (deficit) (control total basis)	46
Add back income for impact of 2018/19 post-accounts PSF reallocation	530
Breakeven duty financial performance surplus / (deficit)	**576**

Note 48 Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000
Breakeven duty in-year financial performance		7,260	2,193	1,863	6,523	6,751
Breakeven duty cumulative position	4,669	11,929	14,122	15,985	22,508	29,259
Operating income		384,774	387,870	424,144	433,007	439,022
Cumulative breakeven position as a percentage of operating income		3.1%	3.6%	3.8%	5.2%	6.7%

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Breakeven duty in-year financial performance	4,653	3,857	(11,933)	24,165	17,835	576
Breakeven duty cumulative position	33,912	37,769	25,836	50,001	67,836	68,412
Operating income	446,590	443,698	460,197	494,158	655,374	544,033
Cumulative breakeven position as a percentage of operating income	7.6%	8.5%	5.6%	10.1%	10.4%	12.6%

Independent auditor's report to the Directors of Sandwell and West Birmingham Hospitals NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Sandwell and West Birmingham Hospitals NHS Trust (the 'Trust') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and 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.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Directors and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

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

- the Directors' use of the going concern basis of accounting in the 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 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.

In our evaluation of the Directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Emphasis of Matter – effects of Covid-19 on the valuation of land and buildings

We draw attention to Note 1.27 of the financial statements, which describes the effects of the Covid-19 pandemic on the valuation of land and buildings as at 31 March 2020. As, disclosed in Note 1.27 to the financial statements, 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. Our opinion is not modified in respect of this matter.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, 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 the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2015 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider 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 this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020 and the requirements of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report and Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

The Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine 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 Directors are responsible for assessing the 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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit and Risk Management Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

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 Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

The Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of Sandwell and West Birmingham Hospitals NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors 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 Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

M C Stocks

Mark Stocks, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

29 June 2020

Our year in pictures

APRIL 19

The year started with success as Sandwell and West Birmingham NHS Trust won the Anaesthesia and Perioperative Medicine Team of the Year at the BMJ Awards for their excellent work in consultant-led perioperative trauma care.

MAY 19

At Sandwell Hospital the newly outfitted Clinical Research Facility (CRF), a £1 million research hub welcomed its first visitors.

JUNE 19

Chief Executive Toby Lewis tours Summerfield Primary Care Centre to meet with staff of the renamed Heath Street Health Centre as it becomes the third GP surgery to come under the Trust's umbrella.

JULY 19

Our Trust set a benchmark for healthcare across the country - and started an international debate - by rolling out our Smokefree policy, which also followed Public Health England's advice by backing vaping as a healthier option to smoking.

AUGUST 19

Priory 5 ward at Sandwell Hospital opened the Trust's first ever Paracentesis Suite marking a new era in care for liver disease patients. Paracentesis is the development of fluid in the abdominal cavity which is one of the main problems of advanced liver disease and often requires removal by insertion of a drain.

SEPTEMBER 19

After much logistical planning and preparation - as well as some very fetching green t-shirts - the Trust rolled out its new electronic patient record system, UNITY.

OCTOBER 19

The Trust returned to Villa Park for a Greatest Showman-themed annual Star Awards. Specialist Trainer Richard Burnell was crowned Employee of the Year.

NOVEMBER 19

"The voices of the victims are being heard." Female genital mutilation (FGM) Specialist Midwife Alison Byrne launched a new one-stop clinic for survivors.

DECEMBER 19

Following a six-month improvement journey, eight teams gathered together in December to celebrate their successful completion of the weConnect Pioneers Programme. The programme aims to partner teams with a specially trained connector, support from their HR business partner as well as an executive director sponsor, all with the shared aim of improving engagement within teams.

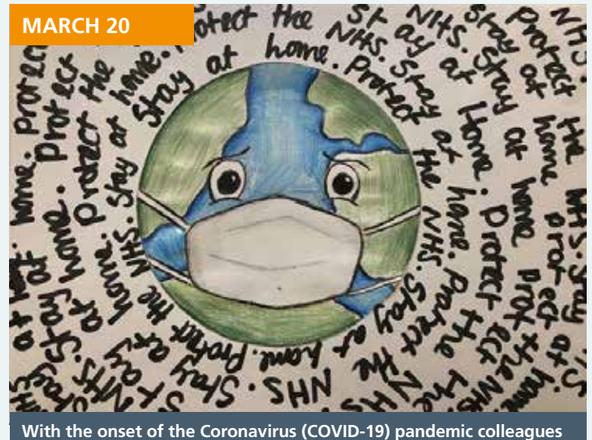
JANUARY 20

We launched our celebration of the International Year of the Nurse and Midwife by shining a spotlight on Rose Butler, who has devoted over 50 years to nursing.

FEBRUARY 20

Under a sea of orange, the Trust revealed the final piece in the Midland Met puzzle with new partnerships and a new name: the Midland Metropolitan University Hospital.

MARCH 20



With the onset of the Coronavirus (COVID-19) pandemic colleagues were faced with a true test. The support from the community for keyworkers across the region helping us all keep going.

Further information

For more information, please visit the Trust's website at www.swbh.nhs.uk If you are unable to find the information you need on the website, then please contact the Communications Team by telephone on 0121 507 5303, by email at swbh.comms@nhs.net, or by post at:

Communications Department, Trinity House, Sandwell General Hospital, Lyndon, West Bromwich, West Midlands, B74 4HJ.

The Freedom of Information Act (2000) entitles you to request information on a variety of subjects, including our services, infection rates, performance, and staffing. For more details on how to make a Freedom of Information request you can visit our website – and click onto 'Our Trust', then on the left hand side panel, select 'Statutory Information'. Within this section you will find the Freedom of Information section.

How to find us

For more details on how to get to our hospital sites, you can go on our website and select the 'Contact Us' tab (https://www.swbh.nhs.uk/contact-locations/find-us/). To contact us by telephone, please call 0121 554 3801 additional contact numbers can also be found on our 'Frequently Asked Questions (FAQ)' page (https://www.swbh.nhs.uk/contact-locations/faq/).

Car parking

Car parks are situated near the main entrances of each hospital site. Vehicles are parked and left at the owner's risk. Spaces for disabled badge holders can be found at various points all around our site. The car parks operate a pay by foot facility, except for two pay and display car parks at City Hospital. One is directly in front of the main entrance (for blue badge holders only), and the other is located by Hearing Services.

Reduced car parking charges

If a patient is seen more than one hour late in clinic, then they do not have to pay extra for their parking. Ask for a form at the reception desk, then please take the completed form to either the BTC Reception (at City), or to the General Enquires desk (found in the main reception at Sandwell). Please note there will still be a minimum charge of £2.80. You will then be given a ticket that allows you to exit the car park without further charge.

Parking rates

Standard Tariff (except Rowley Regis)

- Up to 15 minutes – FREE
- Up to 1 hour – £2.80
- Up to 2 hours – £3.80
- Up to 3 hours – £4.30
- Up to 5 hours – £4.80
- Up to 24 hours – £5.30

Rowley Regis Hospital

- Up to 15 minutes – FREE
- Up to 6 hours – £2.80
- Up to 24 hours – £5.30

Concessions

- One Shot Tickets – 4 for £10

Season tickets

- 3 days – £9 (+ £5 refundable deposit)
- 7 days – £18 (+ £5 refundable deposit)
- 3 months – £42 (+ £5 refundable deposit)

Discounted parking charge options

For regular visitors and patients there are the following discounted parking charge options, as well as additional options, the details of which can be found on our website.

Blue Badge holders

The tariff applies to Blue Badge Scheme users. Parking for blue badge holders is located as close to main hospital buildings as possible.

Patients on benefits

Anyone on a low income who is entitled benefits or receives income support can claim for reimbursement of bus fare and receive a token to allow free exit from hospital car parks. Bring proof of your benefits to one of the following places:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- City Hospital Cash Office (ground floor, main corridor, near the Medical Assessment Unit)
- Sandwell General Hospital main reception
- Rowley Regis Hospital main reception

Appointment delays

If your appointment is delayed, through no fault of your own, you can receive a discount in parking charges. You can request a form from the outpatients department, which should be filled in by yourself and handed into the main reception. You will be charged for one hours' worth of parking.

Parking Charge Notices

Parking Charge Notices (PCNs) may be issued if a vehicle causes an obstruction or if a permit or pay and display ticket isn't displayed. Please note:

- Only vehicles displaying a valid blue disabled badge can be parked in a disabled bay.
- Vehicles must be parked in designated parking bays. Vehicles must not be parked on double red/double yellow lines or yellow hatched areas.
- Vehicles must not cause an obstruction, e.g. blocking building entrances, fire access/exit routes, cycle-ways, car park entrances, coned off areas and pavements/footpaths

If a vehicle breaches the Trust parking regulations a notice may be placed on it advising that an additional parking charge will be payable. The date, time, location, violation, vehicle make, model and registration will be recorded, and a photograph will be taken showing the position of the vehicle. The PCN will be attached to the windscreen. Payment of PCNs should be made to a third party contractor by telephone or online. The appeals process and method of payment is detailed on the reverse of the PCN. If you are not satisfied with the outcome, you can make a further appeal to the Independent Appeals Service (ISA). The Independent Appeals Service provides an Alternative Dispute Resolution (ADR) scheme for disputes. Open Parking may engage with the IAS ADR service at their discretion should further dispute arise over this charge in the future. The PCN is set at £50. If payment is received within 14 days from the date of issue, this will be reduced to £25. After 14 days, the full £50 charge is payable unless an appeal has been lodged within the 14-day period.

Security

Security officers are on duty at City and Sandwell Hospitals 24 hours per day, 365 days per year. Intercoms are linked directly to Security from entry/exit barriers and the pay on foot machines. All car parks at City and Sandwell Hospitals are illuminated at night, monitored by CCTV and patrolled regularly by security officers.

Local Resolution (formerly known as PALS)

By contacting Local Resolution you can talk to someone who is not involved in your care. You can ask questions, get advice or give your opinions.

- Providing on-the-spot help and support with the power to negotiate solutions or speedy resolutions of problems, Local Resolution can also act as a gateway to independent advice and aims to;
- Be identifiable and accessible;
- Provide help and support with the power to negotiate solutions to problems;
- Act as a gateway to independent advice;
- Provide accurate information to patients, carer(s) and families;
- Provide advice and support to you, your family and carer(s).
- Listen to and act on your concerns, suggestions or comments.
- Help to resolve your concerns by liaising with the ward or department involved on your behalf.
- Pass on positive feedback to the relevant members of staff working in that area.

We have introduced Purple Points across our sites as a new way to ensure inpatients and their loved ones can speak to someone who can help them resolve a concern whilst they are still in our care. Patients and/or their relatives can use phones at our Purple Points, located outside inpatient wards, to call our advisors between 9am and 9pm every day. They will contact staff on the ward in question, who will aim to resolve the concern so that we can make a difference at the time, rather than when they have gone home. The patient and/or relative will be kept up-to-date, ensuring they are happy with the outcome. Alternatively, they can call the team to compliment individual staff, teams or services. The phone line is also available in foreign languages. Patients or their loved ones can also call 0121 507 4999 direct from their own phone.

To make an official complaint, you can send it in writing to:

The Complaints Department, Sandwell and West Birmingham NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH.

You can also email swbh.complaints@nhs.net, or contact us by phone on 0121 507 5836 (10am-4pm, Monday-Friday). Please leave a message if the line is engaged or if you are calling outside office hours.

Sandwell and West Birmingham NHS Trust

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ
Tel: 0121 553 1831

Birmingham City Hospital
Dudley Road
Birmingham
West Midlands
B18 7QH
Tel: 0121 554 3801

Birmingham Treatment Centre
Dudley Road
Birmingham
West Midlands
B18 7QH
Tel: 0121 507 6180

Leasowes Intermediate Care Centre
Oldbury Rd
Smethwick
B66 1JE
Tel: 0121 612 3444

Rowley Regis Hospital
Moor Lane
Rowley Regis
West Midlands
B65 8DA
Tel: 0121 507 6300

www.swbh.nhs.uk

NHS
Sandwell and West Birmingham
NHS Trust

QUALITY ACCOUNT 2019/20

Annex to Integrated Annual Report and Accounts 2019/20

NHS
Sandwell and West Birmingham
NHS Trust

Foreword

Welcome to our Quality Account for 2019/20. This report is published as an Annex to our Annual Report and Accounts and reflects our performance in relation to quality, safety and patient care as well as looking to the future with our quality priorities for the year ahead.

We have continued this year to drive forwards the ambitions set out in our quality plan beginning with addressing mortality through improvement sepsis management, which was our number one quality priority for the year. Throughout the year we have seen improvement in the proportion of patients who were screened for sepsis, reaching 95%. Our inpatient wards continue to monitor and improve their sepsis screening rates and ensure that antibiotics are administered within one hour when indicated.

The introduction of our new electronic patient record, Unity, in September 2019, has improved the safety and quality of patient care, reducing paper notes and duplication. Electronic prescribing now provides improved medicines management and a reduction in medication administration errors. Safety plan compliance is being monitored daily so that any missed checks can be completed within 48 hours of a patient being admitted to hospital. Our community services have developed the safety plan to meet the needs of patients who are seen at home rather than in a health care facility.

We have made changes during the year to improve the quality of patient care and to prepare for services moving onto a single site when the new acute hospital, the Midland Metropolitan University Hospital, opens in Smethwick in 2022. We created a respiratory hub at City Hospital that opened in November 2019. This provides a specialist centre for respiratory care on a seven day a week basis. We have also improved the neonatal unit, extending and enlarging the facility, to provide more space between our neonatal cots and reduce infection risk. Our paediatric assessment unit at City Hospital has changed and the new unit, co-located with our emergency department is due to open in May 2020.

The Care Quality Commission has not inspected our Trust services in 2019/20. Since the last published report we have progressed our improvement plan and continue to work towards consistent standards of care across our acute adult services and in our emergency departments. We are also committed to ensuring that we retain good or outstanding ratings for the 70% of services who have been awarded this quality standard.

We have continued to invest in quality improvement, providing all Trust teams with protected time each month to share learning and improve patient care. Teams are now progressing through our quality improvement half day (QIHD) accreditation programme. Our welearn poster competition has once again demonstrated the broad range of "excellence" projects across the Trust and the welearn programme this year will ensure that learning is shared within and across directorates and teams.

Much of the last month of the year focused on our response to the COVID-19 pandemic and, as we delivery our restoration and recovery plans, we will ensure that we retain our commitment to quality improvement, delivering better outcomes for all our patients.

Toby Lewis, Chief Executive

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2012 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011). In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls overt the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable and conforms to specified data quality standards and prescribed definitions, and is subject to scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Trust's directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Richard Samuda, Chairman

Toby Lewis, Chief Executive

(L-r) Reif Henry, charge nurse, Renee Clarke, staff nurse, Rachel Currie, junior sister.

Priorities for Improvement in 2020/21

Priority 1

Safely managing patient's Covid-19 care and ensuring that national best practice is the minimum standard deployed at the Trust.

Rapid change in our clinical service was necessary in mid-March to cope with COVID-19 patients. Transformation of intensive care and medical services was built on trajectories for number of cases and national guidance. The need to redeploy staff required rapid introduction of training packages for staff both in relation to COVID-19 disease but also in systems they would need to use in their new environment. Best practice guidance produced by NHSE/I has been reviewed by relevant teams and actions for SWB services identified. Pathways for management of COVID-19 patients have been developed at SWB and brought together for optimisation of patient care.

Learning from the care we provide is important and our developing medical examiner system is reviewing the care provide to all COVID-19 patients who have died identifying areas of good practice and where care could be improved. Since March we have reviewed all deaths with COVID-19 within the Trust and this data is creating a body of evidence with which to make informed judgments about quality of care. Our evaluation approach has been positively reviewed by NHS Midlands and we have also presented information to the Birmingham Health and Wellbeing Board relating to the issues faced by BAME residents given disproportionate incidence and mortality ostensibly being visible in some national and local data.

We remain focused on our governance with our Trust board meetings and sub-committee meetings taking place virtually and our integrated quality performance reporting continues to provide an overview of performance. Optimisation data continues to be collated to allow us to reinitiate strong use of Unity, our electronic patient record system, in later months of 2020. This continuity of data is important when we consider the governance of recovery. The outcome analysis we have undertaken since the start of March will be used to consider

a) How our care pathways have compared to best practice and what next?

b) How our outcomes compare to neighbouring providers and why?

c) How well all populations served by the Trust have been treated with COVID-19 to date, and anything we need to change in June and July?

Our findings will formulate improvement plans for quality of care. In addition to the above three points we will be launching an innovative follow up project to track patients who decline to be conveyed to hospital after ambulance service attendance to try and improve uptake of care. To support our recovery plans we will be introducing a local 'Place-led' implementation of a tracing and support strategy for the most vulnerable local residents.

We will continue to monitor and respond to changing circumstances to maintain best care for COVID-19 patients presenting to SWB and ensure staff safety with identification of personal risk factors and provision of correct PPE for specific working environments.

Progress on all work here will be reported and monitored through the Quality and Safety Committee. We will also continue to monitor mortality data through the Learning from Deaths Committee.

Priority 2

Restoring local services from primary care to tertiary specialties, with public confidence in the safety and quality of what we do.

Significant changes in our services occurred in primary and secondary care to manage COVID-19 patients. The recovery of normal services will be a gradual process as we rebuild clinical teams and restore patient confidence in the safety of services and our infection control processes. There are components of service changes that will be an advantage to keep and develop due to benefits in patient care. This is particularly around remote consultation by phone or video. Some aspects of how teams work together, particularly in the emergency department, will also be developed and maintained. Our communication and co-working with primary care partners to save unnecessary patient referral will also be an area we will focus on.

Use of aspects of the estate that can be utilised as non COVID-19 areas with strict infection control procedures will help restore patient confidence and restart some services such as imaging and routine short stay surgery. The Birmingham Treatment Centre (BTC) will be the focus for this and now has a separate 'blue' non-COVID-19 entrance. The BTC will work differently in the future as we work to make it what it was always supposed to be: An elective centre able to work with optimal efficiency.

The return of our cancer service from private providers will follow including tertiary gynae-oncology surgery. Any new models of care will fit with our vision for services at the Midland Metropolitan University Hospital but also be responsive should there be a secondary surge in COVID-19 cases.

Progress on our restorative work will be reported and monitored through the Quality and Safety Committee and Clinical Leadership Executive Committee.

Priority 3

Implementing our 2020 Quality Plan, with a first focus on tackling unplanned re-admissions to hospital and ensuring choice for patients at the end of their life.

The Quality Plan will have a renewed focus this year having established plans to reduce amenable mortality with sepsis and pneumonia as a priority. We have commenced in-depth work on the other aspects of the Quality Plan with input from all clinical and operational teams.

Review of the current service position for each of the quality plans has allowed targets to be set for improvement and action plans put in place. Most improvement plans require work across several clinical groups and within primary as well as secondary care.

Community services are an important part of these proposals, particularly with our initial focus on end of life care allowing more patients to die in a place of their choice, and reducing readmissions where community support and follow up of discharged patients will be pivotal to achieving improvements. We have already invested in increasing our senior palliative care team to support their Quality Plan proposal.

Progress on our 2020 Quality Plan will be reported and monitored through the Quality and Safety Committee and discussion with the Clinical Leadership Executive Committee.

(L-r) Amy Crumpton, occupational therapist, Siobhan Whitehouse, staff nurse, and Lee-ann Currie, student nurse, on one of the interactive stations at the patient enablement event which showed how we are addressing patient falls and frailty.

Progress on 2019/20 quality priorities

Priority 1 - Improving quality of care for patients by tackling sepsis more effectively and reducing amenable mortality in line with our long term Quality Plan.

We have been able to reduce our mortality indices over the last 12 months with a combined focus on improving care particularly that associated with sepsis and pneumonia but also by focusing on documentation and coding of patients admissions.

We have achieved 95% for undertaking sepsis screening for those patients who require it based on their physiological measurements. Monitoring and recording activity through Unity, our electronic patient record system, has aided this process. Antibiotic provision as part of the sepsis six, and a drive to always have antibiotics administered within one hour is an important ongoing area of work. The sepsis focus will move to local ward based quality improvement work where they will be able to monitor progress through data provided on a performance dashboard.

Our pneumonia task force constructed of an interdisciplinary team has reviewed patient case records and from that there has been learning. This has led to a change in guidance particularly around antibiotic provision for patients presenting with community as opposed to hospital acquired pneumonia.

Our Learning from Death process has matured over the last 12 months and an increase in review of our mortality cases by medical examiners has allowed identification of cases where more in-depth review is needed, thus identifying not only good practice but also areas where care can be improved. These cases are discussed through the Learning from Deaths Committee and with specialty mortality leads.

Priority 2 - Ensuring safe and resilient systems of care through deploying better IT infrastructure, embedding Unity, and maintaining Safety Plan compliance.

Unity, our electronic patient record system, was introduced at the end of September 2019. This was implemented over a two week period and now all patient records are reviewed and recorded electronically. The effectiveness and use of the system is monitored via cutover and optimisation reports. These allow identification of areas where service improvement or training needs are required.

Results endorsement is one such area with targets for endorsing all inpatient tests within three days and outpatient tests within three weeks so that any important results are not missed and acted on with appropriate communication to patient and GP's. Reports from Unity provide performance information at department and individual level, highlighting areas of good performance and areas where change is required. Currently 75% of reports are endorsed. We have identified some process issues where orders are not being placed through Unity, meaning these results are available in Unity but do not require endorsements. This is a current focus of the safety work we are doing.

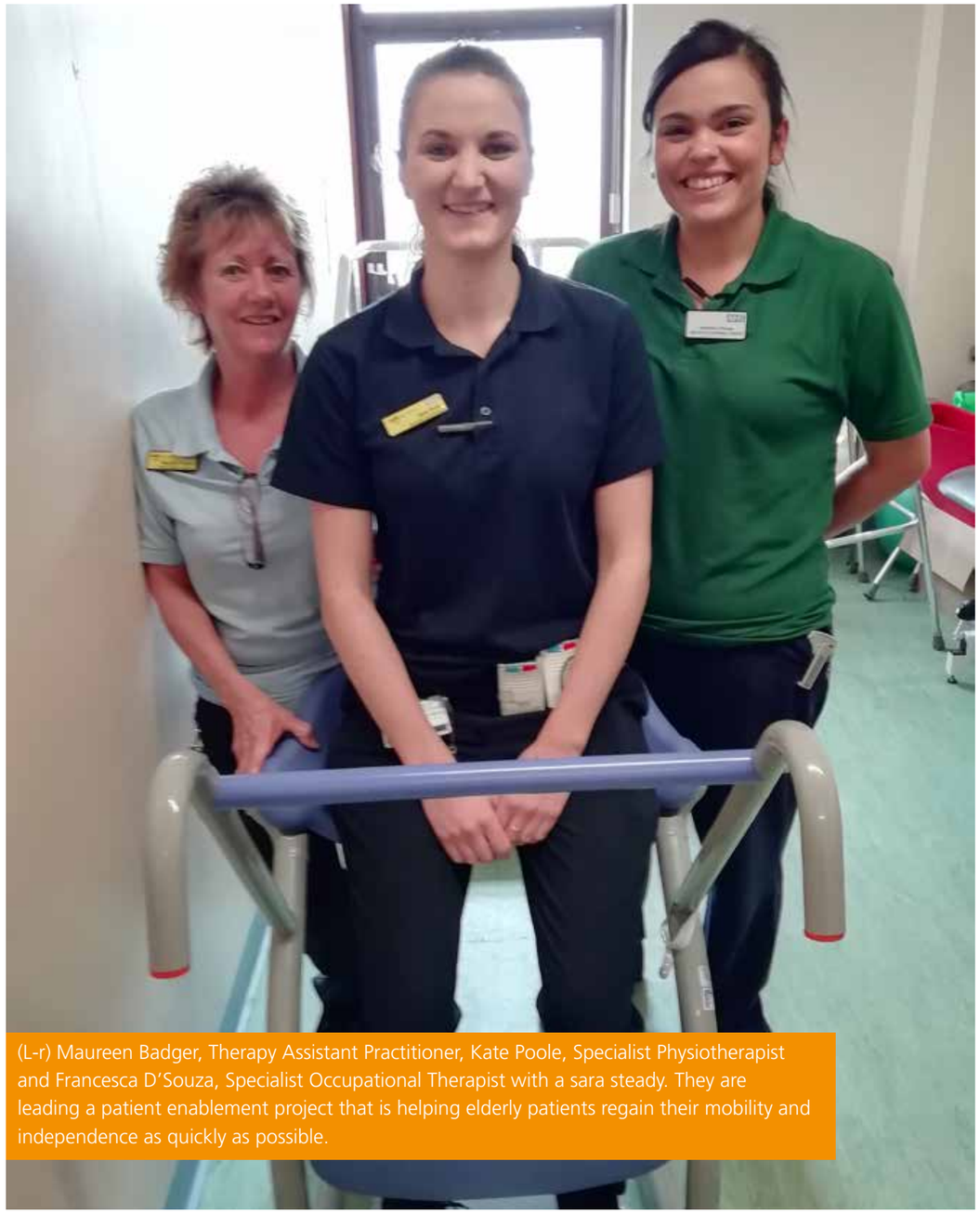
Compliance with the assessment of risk for venous thromboembolism (VTE) has been consistently above 95% with Unity allowing the assessment and prescription of blood thinning medicine to now be completed at the point of admission. This has reduced potential harm from missed prescription of appropriate medication. The regular review of patients presenting or acquiring thromboembolic problems while in hospital has allowed us to feed back to clinical teams where an individual risk assessment was not undertaken or where there are other issues with provision of treatment for thrombo-prophylaxis.

Priority 3 - Supporting improved acute care by implementing strong people management improvements, addressing configuration issues in advance of Midland Met, and ensuring seven day service compliance from 2020.

Work is progressing with our plans to complete Midland Metropolitan University Hospital (MMUH) by Spring 2022. Any changes in clinical services across our current estate must reflect future service models appropriate for MMUH.

As part of our improvement work to help acute admissions we have relocated respiratory services at City site allowing a focus of respiratory expertise for patient care as well as providing support for acute admissions. Elderly care service will develop more on Sandwell site, providing greater support to acute admissions this way.

Our paediatric services at City have been improved by co-locating the acute assessment unit with the admission unit which should improve the experience of patients presenting to City emergency department. Those requiring longer admission will be transferred through to Sandwell. Both of these models are in line with our working model for MMUH.



(L-r) Maureen Badger, Therapy Assistant Practitioner, Kate Poole, Specialist Physiotherapist and Francesca D'Souza, Specialist Occupational Therapist with a sara steady. They are leading a patient enablement project that is helping elderly patients regain their mobility and independence as quickly as possible.

Moving to a seven day consultant ward cover and service provision will be important for how we provide care in the future. Some of the rapid changes that have been needed for the recent COVID-19 pandemic do reflect seven day senior cover and seven day service accessibility, some of which will be maintained in the interim period to the opening of MMUH improving patient experience over the next two years.

Safety Plan update

In the last year we have welcomed the arrival of Unity, our electronic patient record system. Since the installation of Unity reported compliance with safety plan checks has reduced. Real time data is used for elements of the safety plan and we will be focusing on ensuring correct documentation in Unity, using agreed workflows, to ensure that safety plan data is captured and therefore reported correctly. With regards to measuring time the 'clock' now starts ticking in the emergency department at the 'decision to admit' time.

To maintain safety and optimise the use of our electronic system senior nurses and managers have undertaken additional training and visiting ward areas to ensure a pro-active safety culture. Reporting methods have been redesigned with live real time data reports now being used as a tool to support ward safety checks, handover and team huddles. Day to day activity is also supported by standard operating procedures and quick reference guides.

A 24/48 hour retrospective report illustrating any missed checks provides the opportunity to review patterns and trends to facilitate training needs and improvement activities. Over the coming year we will continue the work we have started with a focus on ensuring the safety plan elements are consistently recorded in Unity to provide reliable reporting and use our retrospective reporting to drive forward with patient safety improvements.

Quality Plan update

The ambitious Quality Plan developed in January 2017 aims to reduce amenable mortality with a focus on sepsis, other infective causes of death and cardiac and cerebral vascular events. It also aimed to undertake nine other projects to improve care provided to our patients.

The 10 components of the plan have undergone rigorous review and we have revised plans in place to progress over the next 12 to 24 months with outcome targets defined. Within the plan there are projects that are already embedded within our Trust's working practices and others that require further development work.

Initial focus will be on improving end of life care and reducing hospital readmissions. Separate project groups will also ensure that progression in other areas of the plan continue such as improving neonatal outcomes, reducing lost days at school through hospital attendance, reducing loss of vision and improved cancer outcome. We will also continue with our work on patient related outcome measures, increasing screening rates and improving care of patients with mental health problems presenting or being admitted within the organisation.

The critical care team are full of pride at being rated outstanding by CQC.

Care Quality Commission

The overall rating for the Trust remains the same at 'requires improvement' following their inspection of some of the Trust's services during the period 4 September to 11 October 2018. The Trust is committed to continuing to make improvements and has completed the changes identified to ensure that patients receive high quality care across all parts of the Trust. As well as making recommendations, the CQC report notes a number of outstanding practices with the overall 'outstanding' rating for being caring.

In urgent and emergency care across both City and Sandwell hospitals, the services were rated as 'requires improvement' with an 'outstanding' rating for the critical care service.

Since the CQC inspectors visited the Trust last year we have made a number of improvements and we will continue to work with the Care Quality Commission, and with our partners within the STP, to adopt best practice across our Trust.

Sandwell and West Birmingham NHS Trust is registered with the Care Quality Commission and has no conditions attached to that registration. The Care Quality Commission has not taken enforcement action against Sandwell & West Birmingham NHS Trust during 2019/20 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Sandwell and West Birmingham Hospitals NHS Trust Overall rating grid

Overall rating	Inadequate	**Requires improvement**	Good	Outstanding
Are services **Safe?**		**Requires improvement**		
Are services **Effective?**		**Requires improvement**		
Are services **Caring?**				**Outstanding** ☆
Are services **Responsive?**		**Requires improvement**		
Are services **Well led?**		**Requires improvement**		
Use of resources		**Requires improvement**		
Combined rating for quality and use of resources	Inadequate	**Requires improvement**	Good	Outstanding

A number of GP practices joined our Trust in early 2019/20. The CQC have undertaken a remote review of these practices in March 2020 and due to the significant change in leadership the practices will be re-inspected when CQC inspections resume. The most recent CQC information for the practices is show below.

Malling Health @ Great Bridge now known as Great Bridge Health Centre

Overall rating	Inadequate	Requires improvement	Good	Outstanding
			✓	

Are services	
Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

Summerfield GP and Urgent Care Centre now known as Heath Street Health Centre (Note only the GP element has joint SWB Trust.)

Overall rating	Inadequate	Requires improvement	Good	Outstanding
			✓	

Are services	
Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

Malling Health @ Parsonage Street now known as Lyndon Health Centre (Note only the GP element has joint SWB Trust.)

Overall rating	Inadequate	Requires improvement	Good	Outstanding
			✓	

Are services	
Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

Sandra Cole Medical Records Clerk, helping out as part of our cleaning brigade.

How we measure data quality

We review our performance against external frameworks (primarily the NHS TDA Accountability framework 2014/15, CQC and Monitor's published Quality Governance Framework) as well as internal targets on a broad range of indicators published in our Integrated Quality & Performance Report (IQPR). The IQPR is published monthly to a number of senior committees (including the Quality and Safety Committee) as well as the Trust Board. Performance is managed through our group performance review programme.

We also audit the quality of clinical care we provide against a number of national standards that are published by external organisations for example National Institute for Clinical Excellence (NICE), National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) and specialty specific bodies for example National Bowel Cancer Audit Programme (NBOCAP) and National Hip Fracture Database (NHFD).

Data quality improvement approach

The Trust has taken the following actions to improve data quality. We have implemented a performance indicator assessment process, the data quality kitemark, which provides assurance on underlying data quality published in the Integrated Quality Performance Report (IQPR).

Each indicator is assessed against seven data quality domains to provide an overall data quality assurance rating, which is included in the IQPR. We have an annual audit data quality improvement plan in place to ensure that the quality of our performance information continues to improve. Our audit plan is a rolling programme covering all performance and quality indicators. We have established a Data Quality Committee whose scope is to identify and implement data quality improvements and address data quality issues as they are found and monitor their improvement to a compliance standard. Each group is represented by a data quality lead.

The Trust's SUS (Secondary Users System) data quality is benchmarked monthly against others via the HSCIC SUS Data Quality Dashboards which are used to monitor compliance with mandatory fields and commissioning sets.

Hospital Episode statistics

The Trust submitted records during April 2019 – January 2020 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data;

- which included the patient's valid NHS number was 97.11 per cent for admitted patient care; 99.60 per cent for out-patient care; and 91.74 per cent for accident and emergency care.
- which included the patient's valid General Medical Practice Code was 99.9 per cent for admitted patientcare; 99.7 per cent for outpatient care; and 98.5 per cent for accident and emergency care.

Services provided/subcontracted

During 2019/20 we provided and/or subcontracted 43 NHS services. We have reviewed all the data available on the quality of the care in these services. Where we have subcontracted any activity, it would only be to a provider who, like us, was registered with the Care Quality Commission (CQC) but has no conditions attached to that registration. Contracts between the Trust and the subcontracted providers require that the same high standards of care are given when giving care on our behalf. The health benefit and activity data undergo the same level of scrutiny as that delivered in the Trust. The Income generated by the NHS services reviewed in 2019/20 represents 100 per cent of the total income generated from the provision of NHS services by the Trust.

Commissioning for Quality and Innovation (CQUINs)
A proportion of SWBH income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between SWB and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at www.swbh.nhs.uk/our-performance/

Seven day hospital services

The seven day hospital services programme was developed to support acute providers to deliver high quality care and improve patient outcomes on a seven day basis for patients admitted to hospital as an emergency admission.

There are 10 standards. Four of these standards (shown below) are priority standards to ensure patients have access to consultant directed care, diagnostics and clinical interventions seven days a week:

	Definition	SWB Performance
Clinical Standard 2	All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	**Weekday = 87%** **Weekend = 80%**
Clinical Standard 5	The availability of six consultant-directed diagnostic tests for patients to clinically appropriate timescales, which is within one hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients.	**100%**
Clinical Standard 6	Timely 24-hour access seven days a week to nine consultant-directed interventions.	**100%**
Clinical Standard 8	Ongoing consultant-directed reviews received by patients admitted in an emergency once they have had their initial consultant assessment. The standard aims to ensure that all patient cohorts receive an appropriate number and level of reviews from consultants depending on the severity of their condition.	**Weekday = 79%** **Weekend = 90%**

We are not yet meeting the compliance target of 90% for standard 2 and standard 8. There has been a significant amount of development work which will positively impact on 7 day service standard compliance going forward which includes:

- Introducing acute medical staff at weekends (historically GIM consultants only covered the acute medical assessment unit).
- Surgical ambulatory care unit avoiding admissions.
- Introduction (in progress) of MRI 7 day services for inpatients.
- Progression on an ambitious radiology request to result project which will deliver a maximum 24 hour turn around by end Q2, exceeding the national standards.
- Implementation of our 48 hour post discharge follow up for all patients at risk of readmission by community services has been implemented seven days a week to support patients adapting and resolve any discharge issues at the outset.
- Reconfiguration projects are underway for paediatrics and respiratory services. They have been consolidated to a single site which will strengthen clinical pathways and initial asessment compliance.
- Our electronic patient record went live in September 2019, which will improve documentation clarity and reporting.
- Development of a draft seven day dashboard to inform further improvement opportunity.

Speaking Up

We have a strong track record in encouraging people to Speak Up. There are a range of ways that colleagues can do this including talking to their manager, contacting a trade union representative, raising an incident, writing to our Heartbeat letters page, ringing Safecall which is our external confidential whistleblowing reporting line, or getting help from one of our Freedom to Speak Up Guardians (FTSU).

We held two Speak Up days in 2019/20 to remind everyone about the many different ways to raise concerns, to meet our Freedom to Speak Up Guardians and other leaders and discuss what was on their mind. At our April Speak Up day, we launched a short survey to gather feedback on creating a speak up culture, whilst in September the theme was the newly launched 'Managers Code of Conduct'.

In encouraging colleagues to raise their issues be it through our Speak Up events, posters, the CEO's Friday Message

or the FTSU guardians, everyone is made aware that they will be praised for doing so and not disadvantaged. Feedback is provided to colleagues who speak up and we started to strengthen our processes during 2019/20 to check that this happens consistently and well.

The ways to speak up already mentioned also apply if colleagues have concerns relating to patient safety or feel they are being bullied or harassed. Approaching their line manager or a senior manager is encouraged so that they can investigate the concerns and ensure the required action is taken. At any point someone who has such concerns can, if they wish, directly approach the chief executive or our designated non-executive director for such matters. Contact in this way is welcomed by them.

Rota gaps

In order to monitor our rota gaps we maintain a monthly record of current vacancies for both training and non-training grades. This is reviewed monthly and active measures are taken to try to recruit to all trainee vacancies. Junior Specialist Doctor (JSD) posts have been established since August 2017, and are used to replace gaps in our rotas and also create new posts where additional service needs have been identified. We currently have 79 of these posts.

In additional to conventional routes, we have used alternative methods for recruitment including using external companies where needs were high and undertaking skype interviews. We have been successful in recruiting new doctors to the UK and trainees wishing to do interim years eg 'Foundation Year 3'. We have also increased the numbers of certificates of sponsorship through the Home Office.

Educational development in addition to NHS exposure has been valued by our doctors over the last 18 months with some continuing in post and others moving on to training positions within the NHS. Work is in place to make Sandwell and West Birmingham NHS Trust a popular place to work and therefore aid recruitment with all posts being reviewed to see if other activities can be introduced in to their job specification eg teaching, again to make each post more attractive.

NHS Staff Surveys - Encouraging advocacy

The NHS Staff Survey provides an opportunity for organisations to survey their staff in a consistent and systematic way. This makes it possible to build up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving real service improvements in the NHS.

The results are primarily intended for use by organisations to help them review and improve their staff experience so that their staff can provide better patient care. The Care Quality Commission use the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey will also support accountability of the Secretary of State for Health to Parliament for delivery of the NHS Constitution.

Every three months a quarter of the organisation are asked to feedback on our services via the NHS staff friends and family test and our 2019 results are shown below.

NHS Staff Surveys	2018	2019 Survey Results	
	SWB 2018	SWB 2019	National Average (Median score)
Staff who would recommend the Trust as a provider of care to their family and friends - Performance is based on staff who agreed or strongly agreed as part of the NHS Staff Survey	60.2%	61.9%	71.0%
Staff who would recommend our organisation as a place to work	55.7%	57.0%	64.0%

Data Source: National NHS Staff Survey Co-ordination Centre.
The Trust considers that this data is as described for the following reasons: It is the latest available on the NHS Digital website.

Kerry Painter, Sonographer and Sophia Binns, Imaging Support Worker with Chief Finance Officer Dinah McLannahan on Speak Up Day.

This feedback is encouraging as we continue to implement our engagement strategy to ensure colleagues have an opportunity to feedback and raise concerns. Mechanisms such as organisation-wide Speak Up days allow colleagues to meet our Freedom to Speak Up Guardians and learn of ways they can raise a concern.

We have introduced a new quarterly weconnect survey which enables us to have a more in depth look at engagement within the organisation. The first survey was launched in November 2018 to a quarter of the organisation and saw response rates of over 30 per cent (higher than any other survey in recent years). Teams within the samples have now developed action plans from the findings.

As part of the weconnect engagement programme, 15 teams have been selected to be part of our pioneer engagement teams. This new programme is about supporting teams so that they can go from being good to being a great team. Teams will embark on a six month journey which will include dedicated support from specially trained colleagues to ensure they achieve their engagement goals. We also continue to raise awareness of our employee well-being and staff benefits offer.

It is hoped that these initiatives will have a continued positive impact on future NHS staff friends and family tests.

Data security and protection toolkit (DSPT) attainment levels

The Data Security and Protection Toolkit includes 10 mandatory standards which comprise 179 evidence items (116 mandatory and 63 non mandatory) an overall increase of 30 evidence items on the 2018/19 Data Security and Protection Toolkit. Due to the COVID-19 pandemic, NHSX has moved the final submission date for the Data Security and Protection Toolkit to September 2020.

As at 31 March 2020 we are compliant across 88% of the mandatory standards and 17% of the non mandatory standards for the 2019/20 toolkit and are well on the way to achieving the remaining mandatory standards by September 2020.

General Data Protection Regulation

Work continues to ensure that data protection obligations are implemented and monitored for all processing activities across the Trust. Particular focus continues to be on ensuring that all proposed new, or changes to existing processing activities are fully reviewed for compliance prior to implementation, and appropriate action is taken to ensure that standards continue to be met.

Incident reporting

A positive safety culture remains essential for the delivery of high quality care. The Trust continues to submit its incident data to the National Reporting and Learning System (NRLS) which is publically available and provides comparative data with like-sized trusts. This data shows that since the same period the year before, we have had an increase in incidents report per 1000 bed days.

Date		Average rate of reporting per 1000 bed days	Best reporter/ 1000 bed days	Worst reporter/ 1000 bed days	Number of incidents resulting in severe harm	Per centage of incidents resulting in severe harm	Number of incidents resulting in death	Per centage of incidents resulting in death
2017/18	**Apr 17 to Sept 17**	47.98	111. 69	23.47	2	0.0	1	0.0
	Oct 17 to Mar 18	34.61	124	24.19	3	0.07	1	0.02
2018/19	**Apr 18 to Sept 18**	34.3	107.4	13.1	7	0.2	1	0.0
	Oct 18 to Mar 19	53.8	95.9	16.9	13	0.22	3	0.05
2019/20	**Apr 17 to Sep 19**	51.2	103.8	26.3	8	0.1	0	-

The Trust considers that this data is as described for the following reasons: It is consistent with incident data submitted to the National Reporting and Learning System (NRLS).

Incidents are generally categorised into clinical (patient safety) and non-clinical and then further categorised dependent upon their causative factor. Serious incidents continue to be reported to the CCG.

The Trust intends to take the following actions to improve the quality of its services by ensuring that all incidents are reported on and managed in a timely way which should see an improved position over the next two NRLS reporting periods. Patient safety incidents resulting in moderate harm or above that do not meet external reporting criteria are investigated at clinical group or corporate directorate level.

The number of serious incidents reported in 2019/20 is shown in the following table. This does not include pressure ulcers, fractures from falls, ward closures, some infection control issues, personal data, IT or health and safety incidents.

2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of SIs (by date reported as SI)	0	3	3	4	0	2	4	3	3	2	2	0

Falls Champion and senior sister Dorothea Sekhonyana, with falls prevention specialist nurse Mary Parker and senior ward sister Lady Ann Ordona, who have worked hard in preventing falls on McCarthy ward at Rowley Regis Hospital.

Never events

During 2019/20 three never events were reported. A never event is a serious untoward incident that has either caused or has the potential to cause serious harm that should never happen if robust controls are in place to prevent them from happening.

Never events reported in 2019/20

Speciality	Type of Never Event	Root Cause	Changes Made
General Surgery	Wrong site Surgery	Failure to document the exact location of the sinus to be operated on: Consent form, ORMIS (operation management system) or pre-operative checks with patient.	The Safety Policy for invasive procedures and interventions is being reviewed and will now include sequential steps for procedural verification and site marking prior surgery.
Ophthalmology	Retained Foreign Object	Failure to perform an accurate swab and sharps count at the end of the procedure, because of inadvertent loss of situational awareness by the surgeon and scrub team. This led to the mistaken belief that all instruments have been taken out of the eye and the final closing count was correct.	To reinforce the importance of accurate counting an audit of adherence to surgical instrument counting and checks to be undertaken across all 4 theatres at BMEC and carrying out audits on the quality of the various components of the WHO check within theatres. The trust swab policy is also being reviewed and updated.
Women and Child Health	Retained Foreign Object	Failure to maintain swab counts correctly.	Ensure presence of training systems to monitor and support staff training, and follow the swab counting process and policy in a robust manner. A new trainer is now in place to provide support across three sites and this will be monitored on a monthly basis through audits. In addition we recommend that all gynaecology operations conclude with a visual inspection of the vagina, by the surgeon in charge and again this will be audited.

Responsiveness to personal needs of patients

This indicator measures hospitals' responsiveness to inpatients' personal needs based on a selection of five questions from the National Inpatient Survey. Each question describes a different element of the overarching theme, "responsiveness to patients' personal needs". The survey is completed by a random sample of patients aged 16 years and over who have been discharged from an acute or specialist trust, with at least one overnight stay.

An average weighted score (by age and sex) is calculated for each of the questions and trust scores are calculated from a simple average of the question scores.

Responsiveness to inpatients personal needs	2017/18	2018/19			
	SWB 2017/18	SWB 2018/19	National Average	Highest Trust	Lowest Trust
The trust's responsiveness to the personal needs of its patients during the reporting period.	61.6	60.9	67.2	85.0	58.9

The Trust considers that this data is as described for the following reasons: It is the latest available on the NHS Digital website.

To support the continuous improvement of our patients experience we have explored how to support our inpatients getting a good night's sleep. This has involved looking at the levels of noise on the wards and reducing the level with techniques such as reducing the volume of ward telephones and door entry systems, introduction of quiet closing bins throughout the trust, proactive maintenance of door hinges and handles to prevent 'squeaks' and reduction of patient movement after 22:00 hours unless it is essential to patient flow.

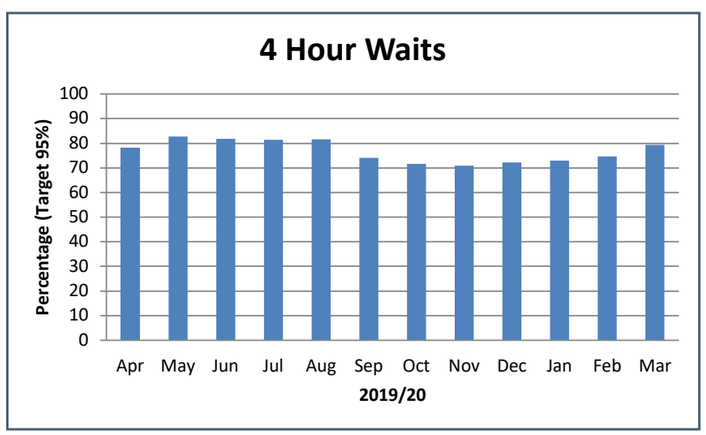
In addition to noise reductions we have also looked at other techniques and tools to aid getting a good night's sleep including reduction in brightness of lights both inside and outside our buildings. A curtain replacement programme has also been delivered to support this programme.

Emergency four hour waits

In line with the national standard we aim to ensure that 95% of patients will wait for no more than 4 hours within our Emergency Departments (ED). In 2019/20 on average we achieved 76.8%

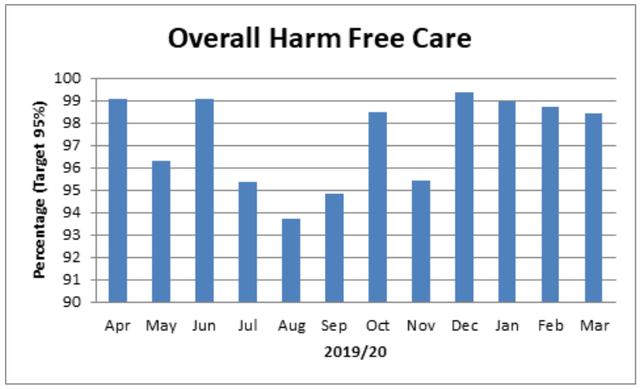
You can see that following the implementation of Unity, our electronic patient record system there was a drop in performance towards the end of September and into October. We saw this slowly improve as understanding and learning on the new system took effect. We have gradually seen the performance improve as new recruits embedded and we delivered against our emergency department improvement plan. As these plans fully embed and as the real time data, that is being developed currently, becomes visible to all staff we aim to improve our performance in 1920/21 by over 10%.

Patients waiting 4 hours or less in Emergency Departments
(Higher is better – target 95%)



Harm Free Care

We continue to undertake monthly prevalence audits looking at four harms – pressure ulcers, falls; catheter related UTIs and DVT- We review harms via the incident reporting framework with lessons learned shared locally and across the organisation.



Patient Reported Outcome Measures (PROMs

PROMs assess the quality of care delivered to NHS patients from the patient perspective. Currently these cover two clinical procedures, knee and hip replacement surgery, where the health gains following surgical treatment is measured using pre and post-operative surveys. The Health and Social Care Information Centre publish PROMs national-level headline data every month with additional organisation level data made available each quarter. Data is provisional until a final annual publication is released each year.

The tables below shows the percentage of patients reporting an improvement in their health status following the procedure and the average adjusted health gain achieved compared against the average for England.

Patient Reported Outcome Measures (PROMs)								
	Health Status Questionnaire Per centage improving							
	Finalised data for April 17– March 18 (Published February 2019)				Finalised data for April 18 -March 19 (Published February 2020)			
	National	SWB			National	SWB		
Hip replacement	90.0%	91.0%			90.1%	89.4%		
Knee replacement	82.6%	81.9%			82.6%	80.9%		
	Health Status Questionnaire Average adjusted health gain							
	Finalised data for April 17– March 18 (Published February 2019)				Finalised data for April 18– March 19 (Published February 2020)			
	National	SWB	Highest National	Lowest National	National	SWB	Highest National	Lowest National
Hip replacement	0.458	0.416	0.549	0.357	0.457	0.459	0.546	0.348
Knee replacement	0.337	0.323	0.405	0.253	0.337	0.325	0.406	0.262
SWB below England average		SWB above England average						

The Trust considers that this data is as described for the following reasons: It is the latest available on the NHS Digital website and SWBH data is consistent with trust reported data.

The finalised data for 2018/19 shows that the reported outcome for the average adjusted health gain for hip replacements is marginally above the nationally average for England which is an improvement on the previous year, however knee replacements are marginally below when compared to the national average. There are areas for improvement however the trust is not an outlier against national data in any of the measures.

This information was presented to the Trust board in November 2019 as part of the quality plan and the Trust intends to take the following actions to improve.

- Preoperative THR / TKR PROMs questionnaires to be posted to patients at home with their admission letter for completion and return on day of surgery. An information leaflet accompanying explains the importance of completing the preoperative PROMs booklet is also posted to the patient. If the patient does not bring the completed booklet on the day of admission to the ward, they are asked to complete another one.
- To measure improvements in THR / TKR preoperative participation rates following introduction of new process of administration. There will be a minimum of 80% completion of preoperative PROMs booklets for patients undergoing THR / TKR surgery. Orthopaedics department has now instituted the booking team to send and sign that the questionnaire has been sent out to the patient. The ward sister will be responsible for ensuring the questionnaire is completed. A monitoring form has been introduced improving the pathway for both procedures on the ward.
- Trauma and Orthopaedics department to follow standard guidelines including PLCV guidance for joint replacement to ensure appropriateness of patients listed for surgery. Adherence to guidance will be audited to ensure appropriate patient selection.
- Ward staff to ensure that all TKR replacement patients are booked for their first physiotherapy appointment prior to discharge from the ward. All patients will receive a minimum of one physiotherapy appointment post TKR and will be offered an optional course of six weeks physiotherapy dependent on patient needs.
- Revision of patient information leaflets to ensure that they are clear and easy to understand so that patients are fully aware of the risks associated with hip and knee replacement surgery. Accompanying videos in fracture clinic out patient department (OPD) will be produced.
- Attendance at hip or knee club is mandatory for all joint replacement patients, but currently the time when patients attend is variable. Attendance will be standardised so that all patients attend the hip and knee club and are pre assessed no sooner than four- six weeks before surgery. This will ensure that there is clarity between journey and timeliness of pathway and patients will be part of the enhanced recovery programme.
- To introduce measures to ensure the early identification of wound infection. On discharge from the ward patients are given information on who to contact and how to arrange an urgent clinic appointment should they have any concerns that there is a potential infection developing.
- Introduction of arthroplasty nurse based on the ward to support enhanced recovery and patient outcomes.
- Electronic board in clinic for patient education on the importance of PROMS.
- Use clerk to contact patients prior to second booklet completion date (six months after surgery).
- Visit high performing peer hospital for improvement ideas.

How we performed in 2019/20 against our Key Performance Indicator (KPI) standards

Access Metrics	Measure	Target	2018/19 positon	2019/20 positon	Comments
Cancer – 2 week GP referral to first out patient	%	=>93	97.0	97.1	Full Year
Cancer – 2 week GP referral to first outpatient (breast symptoms)	%	=>93.0	96.5	97.3	Full Year
Cancer – 31 day diagnosis to treatment all cancers	%	=>96	97.8	96.9	Full Year
Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (Excluding Rare Cancer)	%	=>85	86.5	85.7	Full Year
Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (Including Rare Cancer)	%	=>85	86.5	85.8	Full Year
Cancer – 62 day wait for first treatment from NHS Cancer Screening Service referral	%	=>90	93.9	95.4	Full Year
Emergency Care – 4 hour waits	%	=>95	81.5	76.8	Full Year
Referral to treatment time – incomplete pathway < 18 weeks	%	=>92	93.0	91.4	Full Year
Acute Diagnostic waits < 6 weeks	%	<1.0	2.0	1.8	Full Year
Outcome Metrics					
C Diff	No	<41	15	35	Full Year
MRSA Bacteraemia	No	0	1	2	Full Year
Never Events	No	0	3	3	Full Year
WHO Safer Surgery Checklist 3 sections (% patients where all sections complete. Main theatres only)	%	=>100	99.9	99.8	Full Year
VTE Risk assessments (adult IP)	%	=>95	94.8	95.8	Full Year
Clinical Quality and Outcomes					
Stroke care – patients who spend more than 90% stay on Stroke Unit	%	=>90	93.7	90.8	Up to end Feb 2020
Stroke care – Patients admitted to an Acute Stroke Unit within 4 hours	%	=>80	66.7	59.4	Up to end Feb 2020
Stroke care – patients receiving a CT scan within 1 hour of presentation	%	=>50	71.5	70.7	Up to end Feb 2020
Stroke care – Admission to Thrombolysis Time (% within 60 minutes)	%	=>85	75.9	71.9	Up to end Feb 2020
TIA (High Risk) Treatment within 24 hours of presentation	%	=>70	98.5	82.6	Up to end Feb 2020
TIA (Low Risk) Treatment within 7 days of presentation	%	=>75	98.3	85.1	Up to end Feb 2020
MRSA screening elective	%	=>85	86.2	79.6	Full Year
MRSA screening non elective	%	=>85	85.4	78.2	Full Year
Hip Fractures – operation within 36 hours	%	=>85	81.6	75.7	Full Year
Patient Experience					
Complaints received – formal and link	No	N/A	867	1003	Full Year
Coronary heart disease - primary angioplasty (<150 mins)	%	=>80	95.2	87.8	Full Year
Coronary heart disease – rapid access chest pain (<2weeks)	%	=>98	100.0	100.0	Full Year

Infection prevention and control

The Health and Social Care Act 2008 requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). The Trust's nominated Director of Infection Prevention and Control (DIPC) is currently the Chief Nurse who has Board level responsibility and chairs the Infection Control Committee.

The reduction of healthcare associated infections (HCAIs), including clostridium difficile (C. difficile) and methicillin resistant staphylococcus aureus (MRSA) bacteraemia infections remains a priority and it is essential that we continue to do all we can to reduce the risk to our patients of acquiring a HCAI while they are in our care. Infections increase length of stay for patients and cause symptoms ranging from mild diarrhoea to life threatening complications. Working in partnership with health care professionals across the health economy, the Trust is committed to a zero tolerance ambition to eliminate all avoidable HCAIs.

What we said we would do 2019/20

- Development of an audit program – We have commenced an action audit program that was progressing well, this program of work has been paused due to the current pandemic however we continue to support clinical areas with maintaining infection prevention and control standards. Areas that have undergone an action audit have demonstrated improvements.
- Training – All staff are now required to carry out annual infection prevention and control audits. Compliance is currently at 93%.
- Decontamination assurance framework – There has been extensive work with regards to decontamination. We have been able to demonstrate a high level of compliance in several areas and work is ongoing.
- Review of hand hygiene processes – We are in the process of a pilot study to look at an electronic solution to monitoring hand hygiene compliance. This work will continue when the Trusts returns to business as usual.
- Surveillance programme – We continue to monitor alert organisms in line with national requirements.

How did we perform in 2019/20?

Target for 2019/20	Agreed target/rate [year end]	Trust rate	Compliant	Comments
C.difficile acquisition toxin positive	41	35	Yes	The rate per 100,000 bed days (post 48 hours) of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period is 16.06
MRSA	Zero tolerance	2	No	Unavoidable Rate per 100,000 bed days (post 48 hours) 0.86

The Trust considers that this data is as described for the following reasons: It is the latest available on the NHS Digital website and is consistent with Trust reported data.

What this means for our patients?

We are providing safe and effective care that has a strong focus on preventing healthcare associated infection.

What we will do in 2020/2021

- Continue with the audit program.
- Regroup following the pandemic to ensure that there is learning and improvement.
- Strengthen further our decontamination processes.
- Maintain our surveillance of alert organisms.

Venous thromboembolism (VTE)

A Venous thrombo-embolism (VTE) is a blood clot that forms in a vein. A calf vein is the most common site for this to occur but occasionally pieces of the clot can break away and flow towards the lungs and become a pulmonary embolism (PE). The Department of Health requires all Trusts to assess patients who are admitted for their risk of having a VTE. This is to try and reduce some of preventable deaths that occur following a VTE while in hospital.

We report our achievements for VTE against the national target (95%) and report this as a percentage. The calculation is based on the number of adults admitted to hospital as an inpatient and of that number, how many had a VTE assessment within 24 hours.

Venous thromboembolism (VTE) risk assessment (National Target 95%)	2018/19		2019/20			
	SWB		SWB	National Average	Highest Trust	Lowest Trust
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	94.8%	Q1	95.6%	95.6%	100%	69.8%
		Q2	95.6%	95.5%	100%	71.7%
		Q3	96.1%	95.3%	100%	71.6%
		Q4	TBC	TBC	TBC	TBC

The Trust considers that this data is as described for the following reasons: It is the latest available on the NHS Digital website and SWBH data is consistent with trust reported data.

The Trust intends to take the following actions to improve the quality of its services

- Continuing to monitor compliance of VTE assessments on admission as part of the Trust's Safety Plan compliance.
- Continuing to monitor through our integrated performance report at our Quality and Safety Committee and reported to the Trust board monthly.
- Continuing to monitor centrally through the Medical Director's Office.

Readmission rates

The table below details our readmission rates. The information is collected during a financial year period and we now measure readmission within 30 days (previously 28 days).

The results of an external audit on this measure recommended we change the counting method to fall in line with the Secondary Uses Service (SUS) readmission definitions which excludes some activity. The SUS is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

We applied this recommendation to our reporting from July 2019 and as a result of this the numbers are lower particularly in the age 4-15 age group as the SUS definition excludes aged under four. This group was previously reported as 0-15 years.

Age 4 – 15 years

SWB	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
2019/20 (to end Jan)	6747	342	5.1%
2018/19	15917	968	6.08%
2017/18	16145	934	5.8%
2016/17	16367	998	6.1%

Age 16 and over

SWB	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
2019/20 (to end Jan)	69269	5682	8.2%
2018/19	86051	7113	8.3%
2017/18	95113	8997	9.5%
2016/17	96427	8789	9.1%

All Ages

SWB	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
2019/20 (to end Jan)	76016	6024	7.9%
2018/19	101968	8081	7.9%
2017/18	111258	9931	8.9%
2016/17	112794	9787	8.7%

Readmission reduction remains a priority for the Trust.

Readmission reduction remains a priority for the Trust. It is a core part of our Quality plan with key focus and data being delivered through our 48 hour post discharge pathway. You can see from the data provided that year on year we have reduced re-admission rates in all age groups.

Not only are we focusing on preventing re-admissions, but also on ensuring we risk stratify those at highest risk, then through multi-disciplinary team pathways with primary care we ensure their future health needs are met in a more sustainable way.

Safeguarding Children

Safeguarding is embedded into practice across all disciplines and roles in Sandwell and West Birmingham NHS Trust (SWB) from our Chief Nurse, as the Executive Lead for Safeguarding through to our frontline staff. We have a dedicated team of specialist safeguarding professionals led by our Safeguarding Children Lead Nurse, who support our workforce through a programme of targeted training, advice, support and supervision.

As an organisation we are clear that safeguarding is integral to everything we do. We have a robust assurance and quality framework to ensure we are compliant with statutory requirements to safeguard and promote the well-being of children who may come into contact with the wide range of services we deliver across acute and community provision at all hospital sites. This has been enhanced by providing a daily duty nurse rota for advice and support calls.

We continue to work closely with both Sandwell and Birmingham Children's Trusts and have established positive relationships across all relevant agencies in Sandwell and Birmingham that support vulnerable children and families and continue to be active partners in multi-agency safeguarding arrangements with representation on aligned sub-group meetings across Sandwell and Birmingham.

We have worked closely with Unity (electronic patient record system) developers introduced in September 2019 to ensure that the Child Protection Information Sharing (CP-IS) Project is embedded within the system for our emergency departments (ED) and maternity services. Regular audit has demonstrated compliance with checking the Summary Care Record (SCR) for information to determine whether a child has a child protection plan in place, is a looked after child or a pregnant mother has an unborn child protection plan in place. Further work is needed to ensure Unity is developed to facilitate this information being automatically pulled into the record without practitioners needing to manually check the SCR.

Our ED Domestic Abuse Advocacy Partnership Project with Black Country Women's Aid continues to be a positive venture. In ED we have Independent Domestic Violence Advisors (IDVA) providing increased accessibility for victims to access specialist domestic violence and abuse support. NHS England are due to release a four year plan for domestic abuse which supports the roll out of IDVAs across all NHS services which highlights how innovative SWB were in supporting the introduction of the project in 2015. We continue to receive part funding from Safer Sandwell Partnership with our Chief Executive and Chief Nurse supporting SWB funding for the remaining cost of the project. The longer term plan is to make the IDVA service substantive within SWB during the coming year.

Data during 2019/20 has demonstrated that the service is reaching larger numbers of the pakistani and eastern european communities than community services do. During quarter 4, 48% of victims were unknown to Black Country Women's Aid Service. Evaluation of the project over the year has demonstrated positive outcomes for victims referred to the service with:

- 100% saying they now know where to go for support
- 94.44% felt less scared
- 77.77% felt better about their overall situation

Our domestic abuse nurse team continue to review cases where there has been a domestic abuse incident within Sandwell Multi-Agency Safeguarding Hub (MASH) to ensure both victims and children are safe. The team has worked with a number of key departments (e.g. sexual health, paediatric wards and occupational health) to raise awareness of domestic abuse and to promote the hospital as 'Domestic Abuse Aware'. To celebrate October Domestic Abuse Awareness Month the team arranged a conference to share key findings and learning which was well attended with a positive evaluation.

A significant amount of work has been undertaken during the year by the specialist midwife for mental health and well-being to embed the adding of an indicator to the SCR [H1] when women have had female genital mutilation (FGM) performed. Midwives will routinely ask all women if they have had FGM performed recording this in the record. Following delivery of a female child there is a compulsory question asking whether the indicator has been added to the female child's SCR [H2] to identify the child as being at risk of FGM. Quarterly audit has demonstrated an improving picture in compliance from the beginning of the year to 85% with a plan to increase this over 2020/21.

The IDVA service and Domestic Abuse Team received recognition this year via the SWB Star Awards after being nominated by the ED Matron for 'Clinical Team of the Year (Children) Award'

We have reviewed our safeguarding children training package in light of updated guidance released in 2019 and to improve compliance across the organisation. However, given the unprecedented times we found ourselves in, in March 2020 due to COVID-19 we have moved the training onto a virtual platform which commenced in May 2020.

The safeguarding children team expanded further in January 2020 when the MASH Health Nurse Team transferred to SWB from Sandwell and West Birmingham CCG. This has been a positive move ensuring that we provide a comprehensive safeguarding service in response to our working arrangements across the partnership and in MASH.

Priorities for 2020/21 will continue to focus on child protection information sharing (CP-IS) integration with Unity and FGM-IS compliance. We will work towards making the IDVA service substantive and continue to evaluate safeguarding children training and compliance.

Safeguarding Adults

The adult safeguarding team consists of an Adult safeguarding Lead Nurse and an Adult safeguarding Nurse who provide visibility and operational support to frontline colleagues and patients. The Adult Safeguarding Lead nurse is also responsible for the dementia delirium and distress team (DDD). This team now consists of a Mental Health Nurse, a Learning Disability Nurse and a newly appointed Mental Health Nurse and a Therapeutic Intervention Nurse which has allowed for additional training and work alongside relatives and carers to give a more personalised approach to patient care.

There has been input from safeguarding and DDD into several significant work streams including work around acuity and wards, managing the distressed patient work group and the vulnerable adult work group and three members of the team now actively conduct structured judgement reviews. Our tissue viability teams falls prevention nurse also works closely within the DDD Team and our Therapeutic Intervention nurse is currently assisting with falls to allow a broader spectrum of knowledge.

The adult safeguarding team has continued to focus on Deprivation of Liberty Safeguards. Our adult safeguarding nurse qualified as a 'Best Interest Assessor' which has improved our teaching and support to frontline staff in relation to least restrictive care, best interests and mental capacity assessments and holds twice monthly teaching sessions to qualified nurses which will eventually be expanded to HCA's and student nurses.

We continue to work closely with Sandwell and Birmingham multi agency safeguarding board participating in work streams for both prevention and protection of shared strategies. We prioritise full cooperation with any identified cases meeting the criteria for public enquiries and we are committed to learning lessons and improving practices around patient safeguards. PREVENT duties continue to develop with participation at multi agency meetings and participation in PREVENT forums chaired by NHS England. All activities of the safeguarding nurse are recorded on a dashboard to ensure trends and themes can be identified to improve and maintain the safety of our patients.

Learning from deaths

SWB Mortality Review Process

During 2019/20 our mortality review process was strengthened, with the newly revised Learning from Deaths Policy published in March 2020, outlining the complete pathway and processes.

The mortality review pathway is a multi-step process, which has been designed to provide assurance that deaths receive adequate independent review; ensuring investigations take place when issues with care delivery are identified, and appropriate actions taken to ensure we learn from the death.

In order to facilitate the process, the role of the medical examiners has been strengthened, which includes undertaking tier 1 mortality reviews on the Trust's Mortality Review System (MRS) (which is based on PRISM methodology). These reviews

- identify any deficiencies or errors in care or cases of good or excellent practice.
- ensure the accuracy of the death certificate.
- report matters of a clinical governance nature to support local learning and changes to practice and procedures.
- increase transparency for the bereaved and offer an opportunity to raise concerns.

The medical examiners who undertake the tier 1 mortality reviews also identify cases that require further scrutiny as part of this process. These are escalated to a trained reviewer who utilises the Structured Judgement Review (SJR) tool. This is a case review methodology introduced by the Royal College of Physicians (RCP) which supports reproducibility through use of explicit judgements and was implemented by the Trust in July 2019. To date we have successfully trained 54 professionals since June, across multiple professions including; medical, nursing, midwifery, community, safeguarding and physiotherapy, allowing comprehensive reviews of all facets of care. A Medical Examiner Officer has also been appointed to support the medical examiner function.

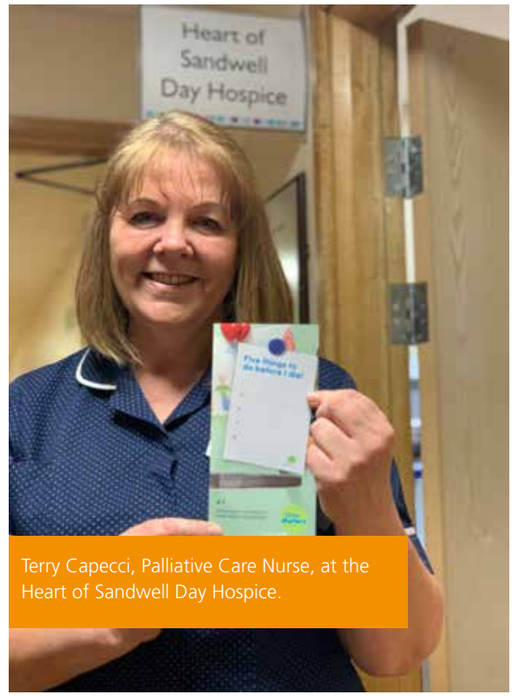
The Clinical and Professional Review of Mortality (CAPROM) panel meeting was introduced in June 2019. Here deaths highlighted as potentially avoidable are discussed by an expert multi-disciplinary, multi-professional panel to conclude if the death was in fact avoidable and to maintain oversight of any quality improvement projects and actions which arise following review.

The Learning from Deaths Committee (LfDC) has seen an increase in engagement from clinicians, with scheduled directorate reports providing assurance to the committee of the continual learning taking place, highlighting issues and challenges in addition to good or excellent practice, quality improvement activity and actions. The committee also presents a valuable opportunity to share practice, promoting cross pollination of learning with clinical colleagues. The LfDC also continues to scrutinise monthly mortality indices and manage emerging trends.

The role of directorate Mortality Leads has been formalised to include management of directorate allocated SJRs requests, chair specialty mortality and morbidity meetings, dissemination of identified learning, monitoring local mortality data and providing reviews where indicated.

A monthly learning document was introduced in December 2019, which aims to highlight learning identified from mortality reviews or themes for dissemination across the Trust providing an engaging means of learning from death. Examples include:

- Drug interactions when treating patients presenting with an overdose of illicit substances.
- Managing anti-coagulation in the elderly population when presenting with a suspected heart attack.
- Compassionate and well planned end of life care.



Terry Capecci, Palliative Care Nurse, at the Heart of Sandwell Day Hospice.

Summary Hospital-level Mortality Indicator (SHMI)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days of discharge. Our SHMI score has continued to improve such that our 12 month cumulative SHMI score is currently 104. The SHMI data is derived from Healthcare Evaluation Data (HED) system monthly.

Mortality comparisons using Trust SHMI against the highest and lowest national results:

November 2018 – October 2019

Indicator	Lowest	Highest	SWB
Score (SHMI)	68	121	104
Observed	2048	1104	2048
Expected	3008.08	914.92	1968.03

The data above compares our mortality figures against all other Trusts nationally. A Trust would only gain a SHMI value of 100 if the number of actual deaths matches the expected number of deaths which is calculated using a risk adjusted model. The Trust also monitors its SHMI value taken from NHS Digital which is updated quarterly and is reported within various mortality and performance monitoring reports.

During 2019/20, 1577 of Sandwell and West Birmingham NHS Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 357 deaths in Q1, 330 deaths in Q2, 401 deaths in Q3 and 489 in Q4.

Of the 1577 deaths reported during 2019/20, 1231 (78%) underwent a tier 1 mortality review by medical examiners. This equated to 295 reviews in Q1, 274 in Q2, 326 in Q3 and 336 in Q4.

Of these, 204 were referred for further review in the form of an SJR or for panel discussion at CAPROM to determine if they were avoidable. This consisted of 10 cases in Q1, 50 cases in Q2, 67 in Q3 and 77 in Q4. In July 2019 the SJR process was introduced which has increased the number of deaths which receive a more detailed review.

Of the cases which received further scrutiny, 5 cases representing 0.32 per cent of all patient deaths during 2019/20 were 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: one patient death representing 0.28 per cent of the patient deaths for Q1, two patient deaths representing 0.61 per cent of the patient deaths for Q2 and two patient deaths representing 0.5 per cent of the patient deaths for Q3. Q4 data is not yet available and will be reported in next year's account.

Quarterly Inpatient Spells v Mortality Rate

	2018/19	2019/20			
	Q4	Q1	Q2	Q3	Q4
Total Inpatient spells	27,939	27,741	27,427	27,474	24,614
Total deaths	400	357	330	401	489
Avoidable deaths	0	1	2	2	TBC

Mortality performance in Q4 2018/19

A total of 400 deaths were reported in Q4 2018/19, of which 330 underwent a tier 1 review by the medical examiners. Of these cases 11 were escalated for panel discussion at CAPROM to determine if the death was avoidable and to identify any lapses in care, in addition to good practice.

0 deaths representing 0 per cent of the patient deaths during this reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

A total of eleven deaths representing 0.77 per cent of the patient deaths during the 2018/19 reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

Pneumonia Task Force

Pneumonia has been highlighted as one of the largest causes of death within the Trust and in response to this the Pneumonia Task Force was set up in April 2019. The aim of the task force is identify the causes and issues contributing to the higher than expected mortality rate for pneumonia and implement quality improvement (QI) strategies to improve care for this cohort of patients.

Key issues identified include:

The diagnosis of hospital acquired pneumonia (HAP) can be especially challenging in the frail and elderly population due to the likelihood of existing changes on chest x-ray and the presentation of clinical symptoms. This can result in a presumptive diagnosis, leading to incorrect antibiotics being prescribed, in some cases community acquired pneumonia (CAP) antibiotics being prescribed for patients with HAP.

The following QI projects have been undertaken reduce the incidence of HAP and improve care management of patients:

- The pneumonia guideline has been updated to improve management of HAP and CAP.
- The Trust has updated the MicroGuide app which is antibiotic decision support software to help ensure the right antibiotic is selected for the right patient.
- The Trust launched an eight week Mouth Care QI Initiative pilot across four wards as supporting patients maintain high standards of oral care has shown to reduce the incidence of HAP, improve nutrition, speech and patient happiness. The primary aim of the pilot is to reduce the incidence of HAP and reduce length of stay by 10%. We are currently awaiting the outcomes of the pilot.
- The Trust participates in the End PJ Paralysis Scheme and secured £75,000 funding through Helpforce to introduce Mobility and Activity Volunteers and purchased 24 new hoists, all to support patient mobility. Immobility in hospitals can lead to muscle deconditioning, loss of functional ability and cognitive impairment, all of which have the potential to increase hospital stays and increase the incidence of HAP.

Neonatal deaths

The neonatal and obstetrics teams have a robust system in place to reviews deaths, and a new process has been established to ensure all potentially avoidable deaths are flagged to the LfDC with assurance that concerns have been addressed, in addition to outcomes from Healthcare Safety Investigation Branch (HSIB) investigations.

The neonatal team have been working hard to implement improvement activity to enhance the quality of care delivered to our patients. This includes:

- Updating and implementation of guideline for thermoregulation and purchase of new cooling mattresses.
- Advanced airway equipment have been made available in all areas with an addition of video laryngoscope for use when required.

Following on from this, an audit conducted in 2019 identified that previously 33% of the babies we initially cooled had to be rewarmed as they did not fulfil the criteria for cooling. That figure has now come down to 7%. Previously, temperature management, once within therapeutic range, was poor as 85% did not stay within range, this is now reduced to 23%. There has also been a reduction in mortality rate in this group of babies from 24% to 17%.

Perinatal deaths

The obstetric team presented the perinatal Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) data to the committee and the following learning points were noted:

- Rates and numbers for stillbirth, neonatal losses and perinatal losses have stabilised in 2019 compared to 2018 which is the best performing year to date.
- The percentage reduction in perinatal mortality of 20% by 2020 was met in 2018 and continues to be met in 2019 (with yearly fluctuations).
- A new training package and quality assurance plan has been introduced for community growth scanning midwives.
- PRactical Obstetric Multi-Professional Training (PROMPT) is now in place.
- Cardiotocography (CGT) training is now part of the mandatory training package.
- Avoiding Term Admissions in to Neonatal units (ATAIN) and Prevention of Cerebral palsy in Pre-Term labour (PRECEPT) QI projects have been adopted by the specialty.

Child deaths

The paediatric department reviews all of their child deaths and report into the LfDC annually.

Key findings from an audit conducted are:

- Improvements noted in documentation and compliance with the Sudden and Unexpected Death in Childhood (SUDIC) pathway.
- Improvement in systems to present locally.
- We now have child death team presence during reviews of child deaths in hospital, who can provide feedback on provisional investigations.
- The team now have a new process in place for bereavement follow-up care, giving families the opportunity to liaise with a consultant.
- In 2019, the new Child Death review system was implemented and the guideline updated.

Palliative care services

Providing patients with compassionate end of life care is of vital importance. The Trust is working to ensure that patients recognised as dying have a Supportive Care Plan (SCP) in place, giving them the opportunity to spend their final days in comfort, taking into account their wishes and providing them with the dignity they deserve. To support the function:

- We have developed an enhanced multidisciplinary Palliative and End of Life Care working group. The group aims to identify barriers and interventions needed to implement the Sandwell and West Birmingham recommendations from the National Audit of End of Life Care outcomes and implement a sustainable quality improvement process with key performance indicators for each area.
- Investment in an additional consultant has been agreed.
- Working is taking place to improve recognition of a patient approaching the last year of life.
- There is a new discharge Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form with treatment escalation plan (TEP) now in place. The TEP is to be automatically populated into the discharge summary, with information following the patient into the community, promoting continuity of care.

Palliative Care Deaths: October 2018 - September 2019

Total Number of deaths	Palliative Care	Percentage (%)
2026	435	21.47

Cardiology

Quarterly mortality data produced by NHS Digital demonstrated an excess of expected deaths due to myocardial infarction. In response, the LfD committee has commissioned a review of all myocardial infarction cases, which is underway and will be reported later this year.

The LfDC also received feedback from Myocardial Ischaemia National Audit Project (MINAP) this year. The data demonstrated that the cardiology team are performing above the national average in several areas including; Angiography within 72 hours of presentation, admittance to cardiac ward under a cardiologist and door to balloon achieved within 90 minutes of presentation.

Stroke

NHS Digital data shows that we consistently observe less stroke deaths than expected in our Trust, demonstrating more favourable outcomes for our patients.

Our Sentinel Stroke National Audit Programme (SSNAP) data from April to June 2019 shows that the number of patients directly admitted to SWB was 174, whilst the number of patients discharged or transferred was 163. The Trust has also showed improvement in access to speech and language therapy during the discharge process.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 2419. Of these, 2327 were recruited into National Institute for Health Research (NIHR) portfolio studies whilst 92 were recruited into non-NIHR portfolio studies. This information includes recruitment figures up to 26 Feb 2019).

Participation in clinical audits

During 2019/20, 60 national clinical audits and four national confidential enquiries covered relevant health services that Sandwell and West Birmingham NHS Trust provide.

During that period Sandwell and West Birmingham NHS Trust participated in 98 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 Sandwell and West Birmingham NHS Trust was eligible to participate in during 2019/20 are as follows (see Column 1 on page 172).

The national clinical audits and national confidential enquiries that we participated in during 2019/20 are as follows (see column 2 on page 172).

The Clinical Research Facility was officially opened in May 2019. It is the heart of where the Trust conducts research and development, looking to improve care and outcomes for all our patients.

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham NHS Trust participated in, and for which data collection was completed during 2019/2020, 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 (see column 3 of the below table).

Title	Are we participating in this?	% of eligible cases submitted
BAUS urology audits - Percutaneous nephrolithotomy (PCNL)	✓	100%
British Thoracic Society (BTS) - Adult community acquired pneumonia	✓	100%
British Thoracic Society (BTS) - National adult non-invasive ventilation	✓	100%
British Thoracic Society (BTS) – Smoking cessation	✓	100%
Elective surgery national PROMS programme (Hip and knee surgery)	✓	99%
Falls and fragility fractures audit programme (FFFAP) Fracture liaison service database	✓	100%
Falls and fragility fractures audit programme (FFFAP) Inpatient falls	✓	100%
Falls and fragility fractures audit programme (FFFAP) National hip fracture database	✓	100%
Inflammatory bowel disease (IBD) audit	✓	552 patients
Intensive Care National Audit and Research Centre (ICNARC) - Case mix programme (CMP)	✓	100%
Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK - National cardiac arrest audit (NCAA)	✓	100%
Major trauma audit (TARN)	✓	17%
Maternal, newborn and infant clinical outcome review programme - Maternal mortality surveillance and mortality confidential enquiries	✓	100%
Maternal, newborn and infant clinical outcome review programme - Maternal morbidity confidential enquiries	✓	100%
Maternal, newborn and infant clinical outcome review programme - Perinatal mortality surveillance	✓	100%
Maternal, newborn and infant clinical outcome review programme - Perinatal morbidity and mortality confidential enquiries	✓	100%
National asthma and COPD audit programme (NACAP) - Paediatric asthma secondary care	✓	100%
National asthma and COPD Audit Programme (NACAP) - Pulmonary rehabilitation	✓	100%
National asthma and COPD audit programme (NACAP) - Adult asthma secondary care	✓	74%
National asthma and COPD audit programme (NACAP) - Chronic obstructive pulmonary disease (COPD) secondary care	✓	75%
National audit of breast cancer in older people (NABCOP)	✓	100%
National audit of cardiac rehabilitation (NACR)	✓	100%
National audit of care at the end of life (NACEL)	✓	100%
National audit of dementia care in general hospitals	✓	100%

Title	Are we participating in this?	% of eligible cases submitted
National audit of seizures and epilepsies in children and young people (Epilepsy12)	✓	82%
National audit of seizure management in hospitals (NASH)	✓	100%
National cardiac audit programme - Cardiac rhythm management (CRM)	✓	100%
National cardiac audit programme - Myocardial ischaemia national audit project (MINAP)	✓	50%
National cardiac audit programme - National audit of percutaneous coronary interventions (PCI)	✓	100%
National cardiac audit programme - National heart failure audit	✓	96%
National early inflammatory arthritis audit (NEIAA)	✓	100%
National diabetes audit (Adults) - Foot care	✓	100%
National diabetes audit (Adults) - National core diabetes audit	✓	Partial submission
National diabetes audit (Adults) - National diabetes inpatient audit (NaDIA) - Reporting on diabetic inpatient harms in England	✓	Did not submit
National diabetes audit (Adults) - National diabetes inpatient audit (NaDIA)	✓	100%
National diabetes audit (Adults) - National pregnancy in diabetes audit	✓	100%
National emergency laparotomy audit (NELA)	✓	100%
National gastro-intestinal cancer programme - National bowel cancer (NBOCA)	✓	100%
National gastro-intestinal cancer programme - National oesophago-gastric cancer (NOGCA)	✓	>90%
National joint registry (NJR)	✓	100%
National lung cancer audit (NLCA)	✓	100%
National maternity and perinatal audit (NMPA)	✓	100%
National neonatal audit programme - Neonatal intensive and special care (NNAP)	✓	100%
National ophthalmology audit	✓	100%
National paediatric diabetes audit (NPDA)	✓	100%
National prostate cancer audit	✓	100%
Perioperative quality improvement programme (PQIP)	✓	100%
Public Health England - Surgical site infection surveillance service	✓	99%
Public Health England - Mandatory surveillance of bloodstream infections and clostridium difficile infection	✓	100%
Royal College of Emergency Medicine - Assessing cognitive impairment in older people (Care in emergency departments)	✓	100%
Royal College of Emergency Medicine - Care of children (Care in emergency departments)	✓	100%
Royal College of Emergency Medicine - Feverish children (Care in emergency departments)	✓	100%
Royal College of Emergency Medicine - Mental health (Care in emergency departments)	✓	100%

Title	Are we participating in this?	% of eligible cases submitted
Royal College of Emergency Medicine - Vital signs in adults (Care in emergency departments)	✓	50%
Royal College of Emergency Medicine - VTE risk in lower limb immobilisation (Care in emergency departments)	✓	100%
	✓	100%
Sentinel stroke national audit programme (SSNAP)	✓	>90%
Serious hazards of transfusion (SHOT): UK National haemovigilance scheme	✓	100%
Society for acute medicine's benchmarking audit (SAMBA) Summer	✓	100%
Society for acute medicine's benchmarking audit (SAMBA) Winter	✓	100%
UK parkinson's audit	✓	100%

The reports of 48 national clinical audits were reviewed by the provider in 2019/20 and Sandwell and West Birmingham NHS Trust intends to take the following actions to improve the quality of healthcare provided:

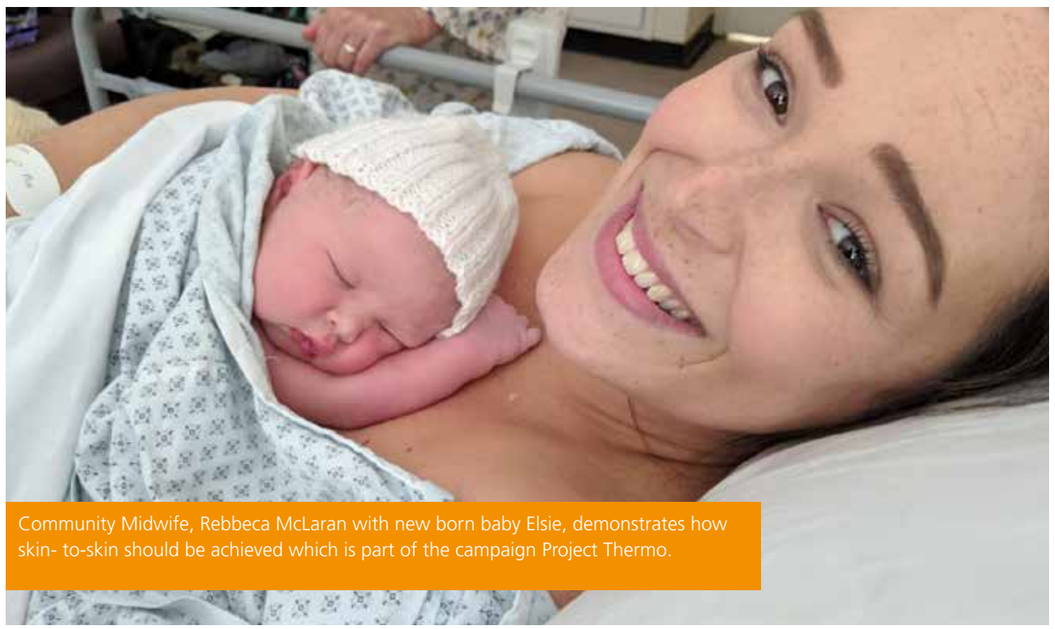
- To develop a pathway for Total Contact Cast (TCC) use by working collaboratively with the orthotics department and MDT as a whole. The Podiatry department to provide the use of soft casting devices for offloading as needed, which is particularly useful for heel wounds and housebound patients that are not able to attend for Total Contact Cast.
- To offer regular classroom and ward based diabetes management education to all nursing staff and junior doctors with an emphasis relating to harms such as correct hypo management. There is ongoing work to identify and give wards a full diabetes accreditation if they meet particular criteria.
- Introduction of routine MDT meetings to discuss all pacemaker generator changes, complex devices and other issues which should also improve data quality.
- Develop a business case for an additional Heart Failure Nurse to see medical outliers that are not transferred to cardiology. Acute heart failure specialty is working with cardiology rehab to look at setting up specialist heart failure classes. This will lead to an improvement in key performance indicators and national targets.
- Discharge drugs are now validated which should see an increased compliance level on prescribing rates of key disease modifying medicines. The discharge dataset on people admitted to hospital due to heart failure is now reviewed prior to input by an audit coordinator to reduce inconsistency and misinterpretation.
- To implement a process to ensure initial assessment for delirium is completed at admission.
- To update the dementia leaftlet and deliver a structured Tier 1 and Tier 2 rolling programme on class room based teaching and ward room based teaching on dementia awareness.
- To recruit to a link nurse to work with families and carers.
- Establish a private space for discussions in the new Midlands Metropolitan University Hospital and to promote John's campaign for out of hours visiting.
- To employ an additional palliative care consultant.
- Develop the ward champion role by offering a high level of end of life care training. Training for all staff in end of life care, with options of training on induction and mandatory training. Train the practice development nurses who are on the medical wards to support with end of life issues.
- Develop a suite of key performance indicators for each clinical area to report back monthly to clinical leads. Develop mechanisms to improve utilisation of existing information leaflets and documentation of conversations. Comfort packs to be developed with a suite of written accessible information on wards for end of life patients and their relatives. Promote early recognition of end of life by use of Supportive & Palliative Care Indicators Tool (SPICT).
- To educate GPs on the referral pathway and what constitutes "suspected Inflammatory arthritis", implement the newly developed triage system, increase capacity in the dedicated early inflammatory arthritis clinics and integrate clinics with rheumatology clinical nurse specialist to help with disease education/rapid drug initiation following a patient's first visit to a rheumatologist.
- Develop a business case to purchase transport incubator for the transportation of babies. Undertake audits to understand current practice on temperatures taken on admission and compliance of consultation with parents within 24 hours of a baby's admission. Matron is to educate all nurses and midwives to encourage parents to attend the ward rounds when babies are on the unit and to be added to effective handover. Implementation of the national PReCePT (prevention of cerebral palsy in preterm babies) programme by giving magnesium sulphate to mums within the 24 hours before delivery as a foetal neuro protective agent. As part of the programme, local monitoring will be undertaken on a monthly basis.
- Create and pilot 100 passports for patients which will include all documentation required for the patient's journey including rehabilitation to ensure that they are brought to all appointments. Implement plastic cards for patients with implants who travel abroad and create a video for hip and knee club which depicts the entire patient journey to give patients an overview of what can be expected.

The reports of 138 local clinical audits were reviewed by the provider in 2019/20 and Sandwell and West Birmingham NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Actions include ensuring radiographer awareness of importance of eye lens exclusion by use of posters in the CT control rooms, supervision of more junior staff by superintendent radiographers and awareness of clinical factors to improve compliance
- Increase the nursing compliment to account for acuity of patients in Acute Medicine by reviewing nursing staff levels on an ongoing basis. Reiterate at ward round, board round and post-take round to specify oxygen prescriptions. The dependency of patients in each bay is fed back to the coordinator leading the unit
- Non-Invasive Ventilation (NIV) guidelines, proformas and paperwork will be reviewed and a re-audit will be performed to monitor the impact of changes on the appropriateness of commenced Non-Invasive Ventilation
- Acquired a relaxation pod for medical staff
- To implement a Trauma and Orthopaedic handover checklist to ensure that there is a structure for handovers and include a section in the induction programme pack on how handovers should be conducted
- Update the safe environment policy to include the latest guidance, to improve patient information and sign posting on 'Safe sleep' by liaising with medical illustrations and implement junior doctor teaching sessions
- Provide patient information leaflets on anti-embolic stockings post-operatively and consider adding anti-embolic stockings to the prescribing window for the VTE assessment tool on Unity for easier prescription of stockings
- Educate both medical and nursing staff about the importance of maintaining < 32 week gestation babies temperatures between 36.5 - 37.5C. To look into obtaining a suitable transport incubator to transport <32 week gestation babies from labour ward to the neonatal unit. Improve documentation of room temperatures and how this can be improved on labour ward, as well as improving the number of rooms which are at target temperature
- Streamline the Child Protection medical examination report. To consider adding a prompt on the Child Protection proforma to give children the opportunity of speaking alone, and deliver training sessions to colleagues on report writing, using the standard proforma and referencing Child Protection Evidence (RCPCH) in complex cases
- To implement a dedicated surgery list to book patients to avoid delays in treatment
- To set up a dedicated weekly theatre list to perform cholecystectomies on appropriately identified patients and evaluate the effectiveness of the service in the future
- To provide contraceptive advice to all high risk obstetric patients pre-discharge and provide Duty of Candour in appropriate cases. To ensure all decisions to transfer, discussions with the intensive care team and reviews of obstetric patients in ITU is documented on BadgerNet. To complete the High Dependency unit proforma for obstetric patients immediately after admission

- To set up clinics to perform oximetry studies at home for City babies. To ensure the discharge planner has details of the MDT so it takes place with the parents pre discharge. To educate nursing staff regarding discontinuation of continuous O2 monitoring once stable with good sleep study, apart from 4 hourly checks twice weekly. File sleep studies with documentation of results and actions for both inpatients and outpatients. Train staff to ensure all babies discharged home in minimum of 0.1 litres / min with low flow meters. To develop a standardised home oxygen weaning policy. To educate Consultants, neonatal discharge planner and community nurses to improve interpretation of sleep studies with knowledge of when and how frequently to perform them for inpatients and outpatients.

Clinicians can now use a relaxation pod based at City Hospital.



Community Midwife, Rebbeca McLaran with new born baby Elsie, demonstrates how skin- to-skin should be achieved which is part of the campaign Project Thermo.

Terry Ma, Emergency Department Charge Nurse, who was featured on BBC national news to celebrate International Nurses Day on 12 May 2020

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