

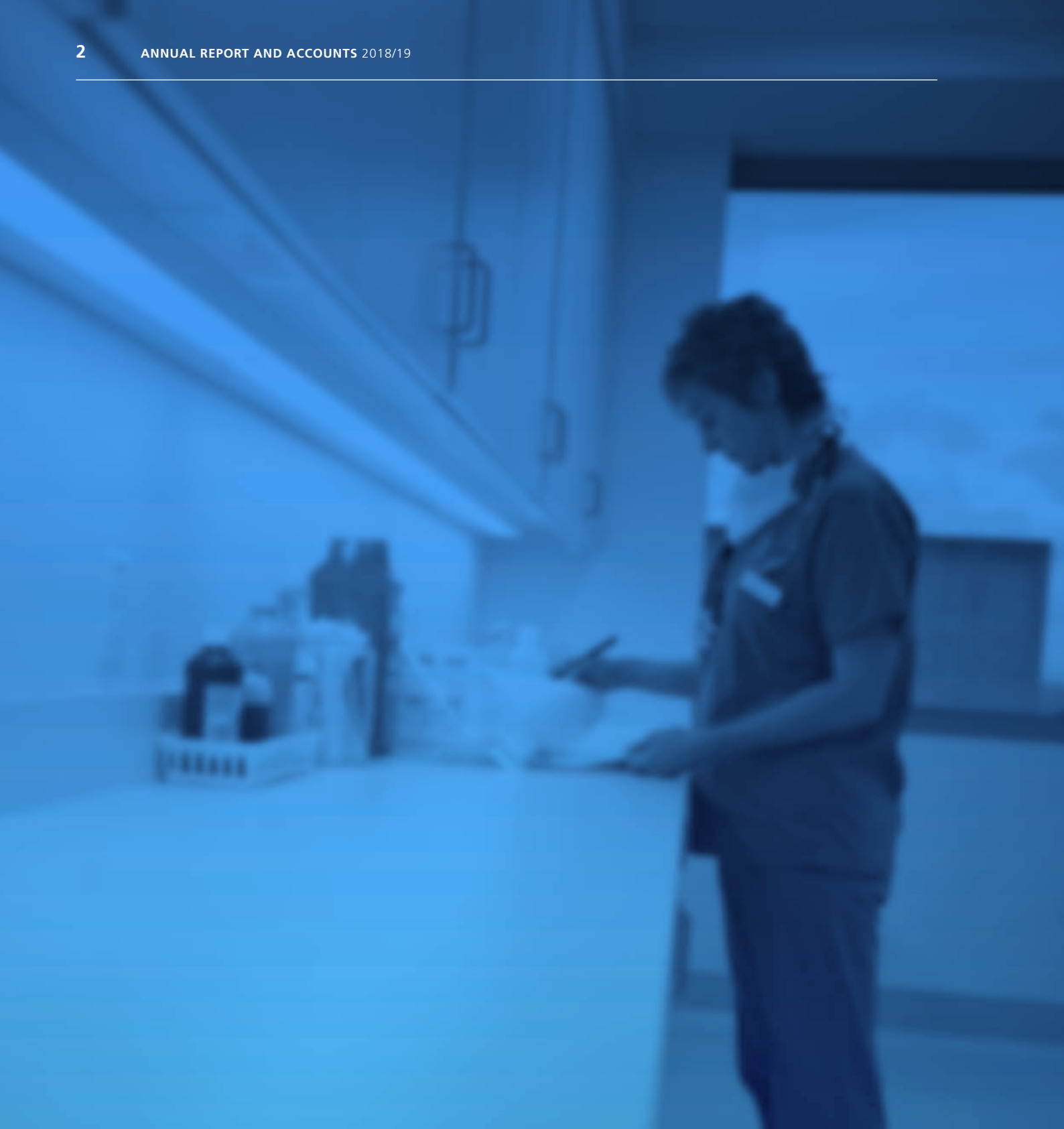


ANNUAL REPORT

AND ACCOUNTS 2018/19

INCORPORATING THE QUALITY ACCOUNT
LEARNING THROUGH BEING OPEN





Front Cover captions

Toddler, George Whitehead enjoying the Physical Friday group aimed at young children with physical disabilities hosted at Coneygre Centre, Tipton by our organisation.

Councillor Jackie Taylor at our Black History Month launch where we also unveiled the Here to Stay exhibition.

Staff nurse Mary Cox delivering the NHS70 birthday card to patient Sahir Khan.

Contents

1. Foreword	4
<hr/>	
2. Our Story	6
Learning from excellence	6
Learning from our patients	16
Learning from when things go wrong	24
<hr/>	
3. Performance Report	28
About the Trust	
<hr/>	
4. Quality Account	34
<hr/>	
5. Accountability Report	72
Corporate Governance Report	
i. Directors Report	
ii. Statement of Accountable Officer's responsibilities	
iii Annual Governance Statement	
Remuneration and Staff Report	87
Sustainability Report	96
<hr/>	
6. Financial Statements	100
<hr/>	
7. Independent Auditor's Report	162
<hr/>	
8. Further information about the Trust	166
Our year in pictures	168

Foreword

Welcome to our 2018/19 annual report and our quality and financial accounts.

Most patients we support receive great care. We want to learn from that excellence. Sometimes in healthcare things go wrong. Over the last two years in particular we have worked hard to make sure that we build systematic ways to prevent error. The evidence is that our changes sometimes work, but not always. During 2019/20 we will take a series of big steps to improvement. Our new electronic patient record will include clinical decision support to prompt best practice options. Our new policy dissemination system will help us to make sure new and existing employees are personally aware of guidance and policies that apply to their role. Finally, and most importantly, our Board sponsored **wel**earn programme will look to spread good practice across our organisation, and indeed our wider system including GP partners. The 2018/19 Annual Report gives some examples of things that we have changed and ways that we have learnt. We will build on that in the year ahead.

We have much to be proud of this year and can demonstrate real progress against many of our priorities and performance standards. Our safety plan commitments have been delivered across our wards. These are guarantees of what we do in the first few hours after admission, seven days a week. In 2019/20 we will implement our quality plan, but over the past twelve months we have made big strides in tackling sepsis, which remains, in our Trust, and NHS-wide, one of the largest areas of potential avoidable harm. Nobody working within our Trust is unaware of our No one quality priority – tackling sepsis. It is very clear that awareness has been raised to new heights. The Care Quality Commission visited parts of our Trust in September 2018. No further inadequate ratings remain for safety after that inspection. Our community services, both for adults and children, are rated as good. Hospital care is still requires improvement and our focus is on paediatrics, adult medicine, and emergency care. Tackling the issues raised will necessitate changes in how services are organised between Sandwell and City, in advance of Midland Met opening in 2022. We are determined to achieve acute care seven day standards. Meeting our financial duties yet again has allowed us to invest heavily. We have prioritised our IT investments, but also

continued to support key projects like our alcohol team and our work on domestic violence. We have invested in a larger critical care function, as well as supporting changes in our community teams.

We remain committed to our overall vision of being renowned as the best integrated care organisation in the NHS. We have worked with partners to develop place-based priorities and care alliances for Sandwell and Ladywood & Perry Barr under the governance of our Healthy Lives Partnership Board which has an independent chair. Early in 2019/20 the Trust expanded to include three GP surgeries, and we are clear that we are working with GP colleagues to create a workforce locally without boundaries. We were delighted to win back the longterm contract for school nursing in Sandwell that allows us to provide care for patients throughout the whole age profile, from birth onwards. Our commitment is that psychological wellbeing will form a large part of that service offer. During the next year we will build a new GP practice on our Sandwell site. Collaboration with the primary care networks continues to grow and we are excited about the place-based opportunities ahead. On a wider footprint, we have continued to collaborate with the Black Country integrated care system playing leading roles in many of the workstreams including the local maternity system where we have engaged with mothers about their experiences. We remain committed to shifting the dial on perinatal mortality in line with our quality plan priorities.

A highlight of the year has been to see work restarted on the Midland Metropolitan Hospital development as Balfour Beatty took on the interim early works contract and funding was secured from Government. We expect to open the new hospital in 2022 following appointment of a final contractor in summer 2019. Our remaining estate has continued to be developed and invested in with new outpatient departments and our clinical research facility at Sandwell Hospital. We will make changes in

2019/20 to expand our neonatal capacity at City Hospital and co-locate our children's assessment unit with the emergency department at City as well. In order to ensure greater resilience of our acute medical provision across two sites we will look to consolidate respiratory medicine onto

a single site as preparation for the move of all acute care to Midland Met. Our digital priority has been to invest in and stabilise our infrastructure to ensure reliable access to systems for all colleagues. We have made progress in this area and there are robust plans that will further improve the foundations of our IT infrastructure. During 2019/20 we will bring in our new electronic patient record, Unity, realising several benefits including more time to care for clinicians, better safety with electronic prescribing and mandatory alerts, access to Trust patient records by their GPs and in 2020 a patient portal so that patients can have ready access to their own information.

We have ensured that our Trust has remained at the forefront of wider health and wellbeing schemes, delivering on our own public health plan objectives. In 2019 we will become smokefree across all our sites and through that smoking ban anticipate that many lives will be saved through the incentive to quit and provision of alternatives. As in previous years, our Trust training budget, in excess of £1m, has continued to be protected allowing colleagues to develop new skills and knowledge. Our nurse skills escalator now provides a clear route with dedicated support and training to progress through bands 2-6 enabling us to keep our talented clinicians within the Trust. The Trust invested in the CESR programme for emergency care medics and this year we will see the first cohort of doctors progress into consultant posts.

The focus on learning which is the thread within this report will need to be matched by a determination to be an inclusive and participatory organisation, in which everyone matters. In July 2018 we agreed to create an ambitious programme of staff and colleagues engagement, which we labelled weconnect. This work tries to tackle barriers to involvement and advocacy, and build resilience in the workplace. As measured by anonymised survey data we are, after nine months, around half way towards our goal. That goal would put the Trust among the top two dozen in the NHS for employee engagement. That achievement, once made and sustained, will be an important basis for retaining our financial discipline and improving our quality of care. We know that engaged and involved teams, working together over time, will

offer the best outcomes for local people. We have moved forward to that aim in progressing our 2020 vision. There is more to do, and we value your support and advice as we work towards that.



A handwritten signature in black ink that reads "Richard Samuda". The signature is fluid and cursive.

Richard Samuda, Chairman



A handwritten signature in black ink that reads "Toby Lewis". The signature is stylized and cursive.

Toby Lewis, Chief Executive

Our story

Learning from excellence

We want to learn in our organisation. Specifically we want to learn about how to learn. The knowledge we want to spread is about what works well and where we make mistakes. Our view is that if we are excellent at those goals, then we will be a safer place to work, to study and to receive care. Now this is, obviously, not a simple task. We provide care in 150 locations. We employ over 7000 people. Many of those people are members of many teams. Our emergency care, theatre and outpatient systems all comprise part-time team members whose working week interweaves each discipline. And in purely professional learning terms the body of knowledge required of a clinician has grown exponentially over the last thirty or forty years. Unavoidably choice-fulness in what to learn about is necessary.

Some of our current strengths should help us. We are among the highest reporters of incidents in our sector - these are near misses or concerns. Our system for reviewing learning from unexpected in-hospital deaths is borrowed widely in the region - 80 per cent of these deaths are peer reviewed. Our Table Top Review (TTR) model for incidents is widely used to scrutinise a variety

of practice deviations or issues of concern. And we work hard to embed an audit and clinical effectiveness culture.

Some of us learn because we know we have to. Some are persuaded by data. But most people demand empathy with what they are examining in order to truly take in what they hear. So a near-miss is a tricky story to tell. Typically, harm was slight. Often there are specific circumstances that make it casually easy for the listener to separate their work experience from what has happened elsewhere in our organisation. That separation is the heart of our learning issue. To take the experience of elsewhere into my workplace and my team means I need to apply learning. Not just receive knowledge. And our traditional models of learning give us knowledge or instruction (we tend to call them policies). We use different media to help us to learn in different ways. We have quite a trend for videos. Part of the key is learning together in teams. Because shared knowledge and shared understandings are what drive behaviours. But also create peer expectations. There is a common language. Those bonds arguably make it easier to then challenge deviation or mistakes.



Front Row – The corporate nursing team introduced the Safety Plan, which was shortlisted for a HSJ award. (Left to right, front row) Debbie Talbot, Shila Patel and Angie Smith. (Left to right, back row) Martin Chadderton and Paul Hooton.



welearn future programme

We have launched the **welearn** programme to create structured dissemination of learning and ensuring we become an organisation that learns from the excellent work we do as well as our errors.

Our quality improvement half day (QIHD) in November 2018 saw the launch of our first **welearn** poster competition to create an awareness of this theme. The competition aimed to engage and empower colleagues to share their good practice, quality initiatives, innovation, research and partnership work that has resulted in an improvement for patients, relatives and colleagues. It tapped into the energy and excitement about improvement work taking place across the Trust, and showed what we could do to share that output.

The following month's QIHD explored the learning from the 65 posters that were entered for the competition. The aim was to identify glimpses of brilliance and other insights into what worked well for the purpose of identifying learning which could be more widely shared and adopted in our workplace.

All 65 posters are now on tour across our sites and are available to view on Connect (our intranet). The 13 shortlisted entries are being featured in Heartbeat (our internal magazine). The teams that are part of the shortlisted entries have also been given an opportunity to share their learning in the Learning from Excellence slot at TeamTalk (our monthly staff briefings sessions).

Our approach to learning must push and pull knowledge to our colleagues, and has to reflect learning preferences and styles of our staff. We aim to meet the needs of enthusiasts and make learning easy for all.



The winners and runners up for the **welearn** Poster Competition.

Showcasing the best of the best

A simple sip saves lives

Can a picture of a glass of water make a difference to patients' lives? Well the answer is yes. And it's all thanks to a simple, yet effective practice adopted by our anaesthesia and critical care team – which was publicised through our **welearn** poster competition, designed to share good practice, quality initiatives, innovation, research and partnership work.

When City Hospital's anaesthesia team entered the competition to demonstrate change they had successfully implemented, their entry 'Think Drink' – a campaign to nudge patients away from fasting before operations – came out the winner.

There were a total of 65 entries which highlighted how the schemes had resulted in an improvement for patients, relatives and colleagues. The winning team, led by Consultant in Anaesthesia and Critical Care, Dr Santhana Kannan, said the team's initiative has led to better patient experience and satisfaction. The poster shows a glass of water with the headline 'Think Drink' and the message 'Patients allowed sips of water until surgery'.

Dr Kannan explained that the guideline stipulating pre-operative fasting safety limits (six hours for solids and two hours for fluids) has been in place for more than three decades. However, repeated audits have shown that patients were fasting for much longer unnecessarily (up to seven hours on average for fluids in our organisation). This was due to a combination of perceived risks and also practical constraints in terms of monitoring patient fluid intake.

Recent research has shown that allowing patients to drink water before surgery is safe. It reduces the risk of dehydration, reduces post-operative vomiting and improves clinical stability during the procedure. There is enough evidence from inside and outside the UK to show this works.

Dr Kannan – alongside fellow doctors Christopher Horner and Ahmed Gilani – modified the pre-operative fasting policy that allowed patients to have unlimited sips of water in the run-up to their surgery, using a '0-2-6' approach – '0' for the sips of water until being called into theatre, '2' for fizzy drinks, milk, tea or coffee up to two hours before and '6' meaning solids up to six hours before.



Dr Santhana Kannan with the winning entry entitled Think Drink.

Dr Kannan said: "Following the implementation of the 'Think Drink Project', we re-audited and the average fasting time for fluids had come down to two hours. There was a huge improvement. Ward colleagues reported that patients came back with fewer headaches – most likely due to better hydration.

"This is a step change in practice. We now need to try and ensure that all patients are aware of this option and we extend this to emergency surgery as well." The team aims to do this by modifying their letters to patients to make them aware of the revised guideline well in advance.

Improving perioperative outcomes for patients undergoing elective lower gastrointestinal surgery

This poster looks to share the experience of the current 'novel' model of dedicated perioperative anaesthetics and new perioperative care bundles which have demonstrated considerable improvements in care and outcomes in patients undergoing elective lower gastrointestinal surgery.

Improving Urgent Online Referrals

This project focused on the process involved in getting input from neurosurgical specialists based at another Trust when a patient presented at the emergency department

with a head injury.

Rota changes in Acute and General Internal Medicine

This project looked at reviewing and developing a new rota in acute and general medicine which accommodated the combination of two medical teams and realigned to the service to offer more efficient care for patients whilst also improving doctors' morale and work-life balance.

Pets are Woof-ing in Stroke

Animal Assisted Therapy (AAT) supports Stroke patients in recovery and rehabilitation and has now been extended into our paediatrics department. AAT has been shown to reduce blood pressure in health and hypertensive patients as well as reducing anxiety in hospitalised patients, providing motivation to move more, stretch farther and exercise longer.

Rate my day

Rate my day aims to increase the amount of 'good' days for staff working in the department of foot health by better understanding the barriers and obstacles they face in the daily working lives with colleagues rating each day as red, amber or green.



Stroke patient Carol Pearson enjoys a pet therapy session with Precious, who belongs to Pets As Therapy volunteer Yvonne Hughes.

Quality Improvement Half Days (QIHD)

We hold 10 Quality Improvement Half Days across the year. The QIHDs are designed to provide protected space to enable teams to come together collectively in protected time to review the quality of our services and agree how we can improve the services we provide to patients, their families and our colleagues.

All services hold quality improvement half days and only essential clinical activity is undertaken on these days. The sessions are multidisciplinary and everyone is encouraged to attend.

There is a process for services to accredit their QIHDs.

We have an Entry, Bronze, Silver and Gold levels of accreditation. We have revisited the standards and process for accreditation and made the administration burden lighter; this was in response to feedback we received from teams about the accreditation process. To achieve entry level we ask for the last three QIHD agendas, outcome reports and registers.

This year we have been focusing on encouraging teams to apply for entry level. Our priorities for 2019/20 will be to encourage teams to review what is required to achieve bronze or higher level accreditation and put themselves forward for these accreditations.

Awards recognition

We have received national recognition for our many initiatives and learning programmes which have led to improving the patient experience and care. Awards for our schemes range from unique ways in treating diabetes to introducing a new befriending service for our patients. The DiCE (diabetes in community extension) project is just one shining example of learning from excellence.

Our organisation received a top accolade at the Royal College of Physicians' Excellence in Patient Care Awards. Judges praised the team for their innovative approach in delivering the initiative, which sees the team working closely with GP practices to provide patient care closer to their home, as well as supporting the doctors to enhance their knowledge and skills. This model involves GPs identifying challenging cases where support from the diabetes specialists is needed. The diabetes team will then provide advice and management plans to patients at the surgery.

There are more than 5,000 patients who have benefited from this model and 90 per cent of type 2 diabetes patients now receive care within the community. Before the DiCE model was launched, more than 50 per cent of complex

type 2 diabetes patients were referred to hospital and seen by consultants every three to six months. Meanwhile our outstanding work in ensuring that patients receive excellent care whilst staying in our hospitals has also been recognised.

As one of the finalists in the Patient Safety Awards in the changing culture category, again our unique approach encourages colleagues to adopt new ways of working when caring for patients, ensuring all aspects of care meet the safety requirements.

We have been working very hard to make sure that all of our clinical teams are aware of the new tools and methods included in our safety plan, such as the 10 safety checks that ensure patients are thoroughly assessed within the first 24 hours of their admission to the hospital. Figures have shown that falls at our organisation have reduced by 30 per cent since the launch of safety plan. Our records also show that 99 per cent of patients are receiving all 10 checks within 24 hours following admission. A system is in place to ensure that any of those missed are then completed within 48 hours.

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 two years ago

with average of 30 Shout Outs being received a month.

- Compassion in Care Awards – is a monthly award programme which sees colleagues nominating each other for going beyond the call of duty to provide excellent compassionate care. Each month, a worthy winner is chosen who upholds our nine care promises. We receive an average of three nominations a month. Winners are presented with a certificate, rewarded with £50 of high street vouchers and are featured in Heartbeat (our internal magazine). Winners were also put forward as nominees for the annual Star Awards.
- Star Awards - 2018 was an even bigger year for the annual awards ceremony which saw nearly 350 colleagues attend the event. There were 19 award categories and for the first time we recognised the work carried out by colleagues who tirelessly raise funds to enhance our services via Your Trust Charity by introducing a Fundraiser of the Year category. We had the highest number of nominations in the history of the awards with 545 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 £60,000 to help us stage a motivational event that praised and recognised the hard work and dedication of all our teams.



Debi Fretwell receives her Employee of the Year Award from Toby Lewis, Chief Executive.

Encouraging advocacy

Every three months a quarter of the organisation are asked to feedback on our services via the NHS staff friends and family test. In the 2018 national staff survey nearly 60 per cent of colleagues who were polled said they would recommend our organisation as a place to work – an increase from nearly 50 per cent on the previous year. Nearly 60 per cent said they would be happy with the standard of care if a friend or relative were to receive treatment within our organisation – an increase from just over 58 per cent in 2017.

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 nearly 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.



Jenny Porter, Research Nurse



Respiratory Consultant Dr Ziaudeen Ansari

Recognising outstanding quality in Shouting Out!

We recently introduced 'Shout Outs' - a way for fellow colleagues and patients to share feedback through internal channels at our organisation and learning from our experiences. The initiative acknowledges the way fellow members of the workforce have gone above and beyond in their duty. Over the past year, we have shared feedback about Vicky Sewell, who works in our national Behcet's team. Colleague Deva Situnayake wrote: "She's a vital component of the team and makes everything work like clockwork. She helps to organise clinics, meticulously collects data and chases things up such as arranging for scans and communications from other centres to be

transferred. She is always cheerful. Our patients and the team are all really grateful for her continued exceptional work".

Another example is Par Lidder, nutrition nurse. Luke Banfield wrote: "An extraordinary Nutrition Nurse and our very own Superwoman. Par has recently been covering all three hospital sites, along with additional community visits; all to support both her colleagues, and maintain the high standards of care that our - often vulnerable and complex - patients require."



Vicky Sewell, Behcet's Centre administrator, was commended for her care in a 'Shout Out' which recognises our colleagues.

NHS Heroes shine in Sandwell Chronicle

There are incalculable heroes in the NHS, who are truly making a difference to the way we care for patients and our organisation has a great many of them as colleagues. We celebrate what these individuals do on a weekly basis for their hard work and dedication, and their stories are published in the Sandwell Chronicle and online for all to see.

Such colleagues include Consultant surgeon Kathryn Gill, Deputy Director for Research and Development (R&D) and a leading medic in the treatment for faecal incontinence, a condition that affects one in 10 people across the country. Describing her decade of service for our organisation, she said: "When I first came to the Trust, I was asked to set up the FINCH team (Faecal Incontinence and Constipation Healthcare) and now, it is one of the largest pelvic floor services in the country.

"I'm very proud of the team. We are a group of doctors and nurses who work together to provide specialist care to patients. The team has received a number of awards for its innovative approach in managing the condition safely. We work in a fast-paced environment where we make sure we give patients the best care possible."



NHS Hero Kath Gill Acting Director of Research and Development.

City Hospital's Joy Walker is another colleague working to ensure patients receive the best care possible. As senior ward sister on the award winning D26 ward she was praised this year herself by our organisation for her excellent work in implementing consistency of care and our Safety Plan. This ensures all patients receive the correct checks within a certain time when they are admitted to the ward. She also wants to ensure the best standard of care is given across the Trust.

Joy said: "The Safety Plan is a very important project and the results have been great. I'm so proud to see that my team has achieved 100 per cent performance, which means patients can be reassured that their safety is being checked at all times."



NHS Hero Joy Walker, ward manager for D26 at City Hospital.

Learning from our patients

Purple Point

Purple Point telephones were installed across our inpatient sites in February 2018 (excluding Leasowes, which is planned to be installed during Spring 2019) as a way for inpatient concerns to be raised as early as possible and whilst the patient is still in hospital, so we can improve any experience they may be having, or put something right on the spot for them. Concerns are resolved immediately by those colleagues working closest to the patient, and by those who can make an immediate difference to their stay.

The calls are taken from 9am – 9pm, Monday – Sunday. We also link to a translation service for the five most used languages (other than English) in our local area. The team work closely with the most appropriate frontline colleagues to obtain resolution swiftly for any concerns that are raised. We have recorded 68 compliments submitted via this route and the team also escalate any concerns that require a more thorough investigation, such as through the formal complaint process.

During 2018/2019 we have seen a total of 366 contacts through this route. Of those contacts, only 17 concerns (4.6 per cent) raised have gone on to be logged as a formal complaint. 21 per cent of all calls received were taken over weekends, 4 per cent of which were taken after 5pm. 16 per cent of calls received on weekdays are after 5pm. Themes and trends arising from Purple Point calls are used to identify any learning that can be implemented to improve patients experience on wards and highlight issues that require resolution.

Local resolution/Informal complaints (formally known as PALS)

Local resolution cases, also known as informal complaints, are raised through a number of different routes including face-to-face, in writing and via telephone. Colleagues relate concerns to the appropriate ward, clinic or corporate service with the aim of obtaining a response to satisfy the callers query or concern as speedily as possible. We have seen 2033 concerns raised through this route during the year which equates to one local resolution case per 710

patient attendances. These concerns remain a vital, informal route for resolving issues, and local learning arises from this feedback which is most frequently resolved without the need for lengthy investigation. Signposting to other services, such as advocacy is provided as and when required, as well as clarification or additional information about our services to put a patient's or relative's mind at rest.

During the period we have been unable to resolve 176 informal complaints. These have then gone on to be logged as formal complaint. 122 compliments have also been recorded through this informal route in addition to those recorded through Purple Point.

We have seen a reduction in informal complaints when compared to 2236 received during 2017/2018. To ensure all our local communities are aware of the routes that exist to obtain assistance, clarification or to raise a concern; an outreach programme commenced during March 2019 to raise awareness of the approach and methods the Trust utilises to assist patients and families with any type of concern or feedback.

Local Resolutions/Informal complaints	Received
Corporate Nursing Services	8
Corporate Operations	137
Estates & New Hospital Project	11
Imaging	119
Medical Director Office	8
Medicine & Emergency Care	550
Organisation Development	5
Pathology	23
Primary Care & Community Therapies	176
Strategy & Governance	80
Surgery	643
Women & Child Health	168
Withdrawn cases	105
Total	2033

Complaints

We are committed to providing a timely and proportionate response to formal complaints about the services we provide. Complaints are seen as unsolicited feedback about patients and families' experiences under our care, giving us an opportunity to learn from and improve the services for others.

The current system for complaint management has been in place since 2013. The model is largely devolved, with Complaint Co-ordinators assisting frontline colleagues within clinical services to address the complaints themselves and make any amendments to services directly as a result.

Against a target of 30 working days, we have achieved 77 per cent during 2018/2019, demonstrating only partial achievement of the 97 per cent target during the last 12 months. There is significant work underway to ensure we meet the 30 day target consistently going forward into 2019/20.

We have received 860 new formal complaints during the year, which equates to one complaint per 1678 patient attendances. In addition to the new complaints we have also reopened 102 complaints, giving an overall total of 962. This is a reduction in formal complaints from 1037 during 2017/2018 of 7.7 per cent.

Formal complaints - Groups	Received
Corporate Nursing Services	2
Corporate Operations	49
Estates & New Hospital Project	3
Finance	0
Imaging	30
Medical Director Office	3
Medicine & Emergency Care	389
Organisation Development	1
Pathology	9
Primary Care & Community Thera	74
Strategy & Governance	18
Surgery	267
Women & Child Health	117
Total	962

Following a review of processes and procedures during late 2018/19, new approaches for responding to complaints in a faster and it is hoped, a more helpful way is being introduced as of April 2019. It is hoped that these measures will create an open and transparent process that is more responsive to complainants needs.

What have we learnt? During January 2019 we implemented a new reporting method to the clinical groups for actions and learning that have arisen as a direct result of complaints. These are reported on a monthly basis and groups report back with assurance that the learning has been embedded within the service area. On a quarterly basis, the learning and any changes to processes as a result of complaints will be audited by the complaints team, working closely with colleagues in services.



Caroline Burgin Head of Complaints celebrating the first birthday of our Purple Point service.

Patient surveys

Within our organisation we are keen to ensure that we make the most of the valuable insight and opinions of our patients to ensure that we are able to meet their needs and deliver safe and effective care.

Each year surveys are carried out to capture the views of our patients, and act upon what they have said. This was evident in the 2018 maternity survey. Following feedback gained from it, we put in place processes for women who are undergoing induction of labour to have a birth partner accompany them. We had concerns about how other women in a shared room may feel about this so, with their involvement, we produced some guidance whereby if the birth partner is female they may accompany them, unless the woman is in a single bedroom. This year we will implement our continuity of carer work which will see women cared for by the same midwife for the majority of her antenatal and postnatal care, as well as being cared for in labour by a midwife who is known to her.

Improvements are also being made around the care our patients with cancer receive. This is as a direct result

of feedback received via the National Cancer Patient Experience Survey which is designed to monitor progress on cancer care. In the most recent report published in November 2018 our organisation recorded a 56 per cent response rate from 798 surveyed patients. This year responses were reported for breast, haematology, prostate, gynae and colorectal services. Our patients continue to recognise the high levels of patient centred care giving an overall care rating of 8.7 (against a national average of 8.8). This compares favourably with our neighbours.

Action plans as a result of the survey include sharing the results of the feedback with stakeholders and also undertaking further analysis work to support multi-disciplinary teams when they plan for improvement.

We also act upon feedback given via the national inpatient survey, which was published in June 2018. Since obtaining the results, we have undertaken a large degree of improvement work over the past year which has led to positive results from the Safety Plan, our consistency of care programme and also clinical documentation improvements.



Donna Ebanks and baby Ava, with Frances Zain from Sandwell and West Birmingham CCG, at the Maternity Voices Partnership event at Sandwell Hospital, which was held to gain feedback about care.

Patient stories to the board

On a monthly basis our Trust Board is presented with feedback from our patients about their experiences at our organisation. This is so we can improve the patient journey and continue to build on excellent practice that is already in place.

One example of this, is the story of Paul Harris who was paralysed following a terrible road traffic accident 34 years ago. His injuries required major treatment at a special centre for spinal injuries in Oswestry and he remains under their care. He has since been involved in another car accident that has again required specialist treatment. Paul has been treated at Sandwell Hospital in the past and is due to return.

Paul attended one of our Trust Board meetings at Rowley Regis Hospital, to tell Board members about his experiences and his trepidation at returning for a planned admission. Paul said: "When I had my first accident there was a real focus on rehabilitation and it was drummed into me that I had to learn to do things for myself. I am the person that best knows about how my disability affects my activities of daily living.

"I always worry when I get admitted to a general hospital. I try to talk to the staff about my needs but sometimes I don't feel that they really listen to me and understand me. I have to look after my skin, my bowels and my bladder function. When I am well I can manage this, but if I don't take care, it can cause serious problems."

Paul stressed the importance of a holistic approach to patients with disabilities and urged the Board to support staff in looking at the whole patient, not just the condition for which they are being treated.

He added: "I get frustrated when I have raised an issue and it gets forgotten. When I am well I can advocate for myself but if I get ill I could become confused so I worry about what happens then. I had a bad experience

when I needed to visit the toilet on a previous attendance and the ward toilet wasn't accessible. I had to use a public toilet that wasn't clean. The wound I had wasn't dressed and I worried about infections. I don't want to complain or be negative but I do think we can all learn and improve the experience of others."

Paula Gardner, Chief Nurse, spoke to Paul before he met the Board about his experiences and was confident we could improve. She said: "As Paul described so eloquently to the Board members, we need to make sure we care for the whole patient, not just looking at a single condition. We need to really listen to people who are experts in their own healthcare and take on board their individual needs."



Chief Nurse Paula Gardner with patient Paul Harris at the Trust Board meeting.

Friends & Family Test

The Friends and Family Test (FFT) was first introduced in 2012. Its objective is to gain patient feedback in order to use the information to deliver clinical and non-clinical service improvements.

Along with our national patient surveys this activity provides one of the most effective ways to capture genuine and meaningful information. It provides powerful feedback that can influence the way we provide services, interact with individuals and create environments where people feel valued, respected and at ease.

We seek feedback from our patients about their experiences of care by using various methods which include postcard based surveys, telephone feedback, (IVM, interactive voice message), text messaging, kiosks and colleagues directly talking and listening to patients and carers informally.

Since September 2018, the team has implemented SMS and IVM in inpatients and daycases, and there has been significant improvements in responses rates. In February 2019, Inpatients response rate was at 32 per cent in comparison to April 2018 which stood at 14 per cent. Plans are in place to implement SMS and IVM in Outpatients and Maternity in the near future.

Inpatients and daycases 'likely to recommend' is currently at 91 per cent, and we are currently looking at putting improvements in place to increase this steadily.

Key themes from patient feedback from (September 18 – March 2019)

- Staff Attitude – staff are outstanding, hardworking, efficient and friendly.
- Implementation of care – good all round care.
- Environment – clean, warm and comfortable wards.
- Patient mood/feeling – everyone was extremely helpful, explained everything in full.
- Treatment - questions were answered clearly, procedure fully explained and leaflets provided.
- Communication – staff listened and explained the process well in an understandable way.
- Waiting Time – appointment on time, quick and efficient service.

Areas of Improvement:

- Improve waiting times across some departments.
- Better communication with doctors, i.e. simple language.
- Increase staffing on wards.

Next Steps for 2019/20

- Explore electronic communication tools for ease of feedback.
- Utilise the use of volunteers around patient experience.
- Review patient experience strategy – join up data with other teams receiving intelligence.



We introduced Theatre and Critical Care Liaison Volunteers who will bridge the gap between clinicians and the relatives of inpatients. (Left to right) Volunteers Olivia Lisscott, Nazia Aktar, with Patricia Hunt, Volunteer Service Manager, Sonia Cole, Senior Sister for Critical Care Services, and Abigail MacDonald, Volunteer.

NHS service reviews (formerly NHS Choices)

The NHS Website gives patients and visitors to our organisation an opportunity to review their care be, that positive or negative. It informs others about how we are doing and helps them to better decide about their care. Hospitals are given an overall rating, as well as for cleanliness, staff co-operation, dignity and respect, involvement in decisions and same-sex accommodation. Reviews and ratings can also be left about individual services too.

We monitor the feedback given on a daily basis and where there has been an issue with treatment, we follow this up so that we are able to improve the standard of patient care and ensure that we learn from any mistakes that may have been made. This will include offering the reviewer direct contact details to the service manager so that they can provide more details on where we fell short on care. By doing this we are able to conduct a thorough investigation and put improvements in place directly as a result of this feedback.

Examples of feedback include issues with phones being answered by colleagues working within both the casualty

and administrative departments for Birmingham and Midland Eye Centre (BMEC). As a direct result of this feedback, senior managers have now implemented a new policy whereby a clinical colleague will man the casualty telephone line between 9am to 5pm to answer all enquiries. A new automated system is also being put into place. In addition to this, we are also revising the way patients contact the ophthalmology secretaries so that this will support shorter waiting times.

Another example in learning from our patients, includes feedback around the waiting areas within our emergency department at City Hospital. An issue was raised around how adults and children share the same waiting room. We plan to improve this when we open the Midland Metropolitan Hospital, where children's A&E will be separated from the adult's service.

For positive comments received, we ensure that the service is informed so that the feedback can be shared amongst the team. This motivates them and gives them great job satisfaction.

Healthwatch

Healthwatch Sandwell and Healthwatch Birmingham are organisations which are an independent voice for people using health and social care services in the area. They work to support individuals, groups and local organisations with help, or signposting to GP and hospital services, adult social care, dentists as well as providing opportunities for patients and visitors to share their experiences. Working in partnership with these organisations, we are able to work on improving services and act upon feedback given via these channels.

Examples of this collaboration, include Healthwatch Sandwell regularly visiting our sites resulting in a number of recommendations which we have acted upon. During a visit to Heart of Sandwell Day Hospice, based at Rowley Regis Hospital, we were alerted to the fact that additional transport was needed for palliative patients visiting the facility. We were grateful for the feedback and as a result we introduced another minibus which takes the count up to two, meaning those patients visiting the day hospice are given a direct route to the venue.

Local Interest Groups

They are a little known group who work hard to support the implementation of our public sector equality duty. Our Local Interest Group (LIG) monitors and influences inclusion within our workplace for all protected characteristic groups including age, sex, race, religion, disability, sexual orientation, gender reassignment, marriage, civil partnership, pregnancy and maternity.

Established in 2015, the LIG is made up of senior colleagues from our organisation including the leads from each of our staff networks and chaplaincy service. The group works with the organisation to ensure a co-ordinated approach to service improvement to meet the needs of the protected characteristics and disadvantaged groups. The Head of Diversity and Inclusion, Stuart Young explained more: "The public members of the LIG provide a critical role to the organisation, making sure we're being inclusive of all and promoting the ethos of diversity of thought.

"They do an amazing job that is purely voluntary and they're a fantastic sounding board for my team and the Trust. As an organisation we have also benefitted from their help and support in developing our patient pledges. The pledges are about the quality of care we provide for example, improving the experience of older people when they are in hospital."

Raffaella Goodby, Director of People and Organisation Development, added: "The LIG provide valuable insight into the world of the patient and their representatives. The Trust Board are grateful that the members give up

their valuable time to give us feedback on how accessible, inclusive and relevant our services are.

"We're expanding the group to be more inclusive, and we would welcome suggestions of patient volunteers from black and minority ethnic, lesbian, gay, bisexual and transgender or Eastern European communities to attend the LIG with our valuable existing members.

"I would like to say well done and thank you to all of our LIG members, in particular John Cash, who has chaired the group for recent years – it's a pleasure working with you all on this important agenda."

Trust Chairman, Richard Samuda agreed with Raffaella. He said: "If we're going to deliver the best services for our patients and communities, it only makes business sense to reflect the whole range of skills, culture and abilities from all parts of our teams."

There are currently eight community members of the LIG, and we are always looking for additional members to widen the breadth and experience of this key committee.

Any member of the public who accesses our services or lives within the working area of our organisation is able to nominate themselves to be a part of the group. If you would like to nominate someone please contact the equality and diversity team at swb-tr.SWBH-GM-EqualityDiversity@nhs.net

Patient Engagement

We regularly engage with our patients on issues that will affect their experience when visiting our organisation. This is undertaken by using online surveys which are promoted on social media, via our website, and also through face-to-face contact with patients whilst they are visiting our sites. This ensures that we are reaching as many people as possible who are using our services.

Smokefree

On 5 July 2019 our sites will go smokefree. This is to promote the health and wellbeing of our patients, visitors and colleagues. As a result we have engaged with these groups so that we can ensure that they are aware of the new policy and are offered any support they may need if they are planning to give up.

The engagement was carried out via an online survey, as well as talking to people face-to-face whilst they were visiting our organisation.

Questions asked included the following:

- Are you aware the Trust is going smokefree across all sites from 5 July, 2019?
- Smokers – do you know how to access help to quit?
- Are you concerned about the effects of second hand smoke on your health?
- Smokers – would you be interested in help to quit?

Positive feedback included the following:

- It will definitely help me to cut down.
- It will encourage me to stop.
- Smoking shouldn't be allowed at all across the site. Smoking shelters should be abolished.

However, there were also those who were unhappy with the ban. One patient said: "I'm not convinced about making the whole site smokefree. Despite all the help and assistance being offered to quit, it has to be an individual's choice. When staff, patients and visitors want to smoke they will probably continue to do so on site and it will be very difficult to police. I don't think staff would want to be expected to confront people smoking on site."

As a result of the feedback received there is a plan in place that will mean we tackle the issues raised. There will be increased incentives to help smokers quit and we will continue to offer Stop Smoking support. We will also introduce 'smoking wardens', who will patrol the sites and issue warnings and fines to those who choose to ignore the new policy.

Haematology

During 2018, our haemato-oncology chemotherapy services were moved to a single site, at Sandwell Hospital, to continue providing treatment for patients. Consultation took place with patients who this would directly affect, namely a small number (17 per cent) who received treatment at City Hospital.

Through face-to-face consultation we were able to gauge the opinion and views of these patients who were very much unaffected by the change. This was because they were able to access Sandwell Hospital with ease. Some raised concerns over whether they would be treated by other nurses. However we were able to alleviate any fears by reassuring them that the same haematologists and clinical nurse leaders/specialists would continue to treat them.



Caroline Kenny, Stop Smoking Service adviser, is offering advice to staff ahead of the Trust-wide smoking ban on July 5.

Learning from when things go wrong

Most care provided by the Trust is good or outstanding. But in healthcare, both in the NHS and across the world, things do go wrong and mistakes happen. Research evidence suggests that error is more common than any of us might wish to believe. So it is important that we learn from mistakes and we construct systems designed to lessen the likelihood of mistakes. As a Trust we are:

- Focusing hard on the habits of safe care through our Safety Plan
- Working to implement improvements in outcomes with our Quality Plan
- Acting to develop a culture of openness and learning, especially from Near Misses

From the many thousands of incidents reported as a potential concern each year, a small percentage (<1%) are considered to be Serious Incidents (SIs), based on the harm or potential for harm arising from them. As a Trust we treat each SI as a major opportunity to learn and do better, as well as a chance to investigate our systems and any conduct issues arising. We use recognised incident investigation and decision making tools to aid our specialist investigators who lead this work.

Once a report has been produced, the arising actions and solutions become the responsibility of one of our five Group Directors. Our Group Directors are the most senior operational clinicians working in our teams. They lead the services that our patients receive. The monthly Executive Quality Committee is responsible for testing the quality of, and overseeing the impact from, the SI action plans that we implement.

Not less than twice a year, the full Board reviews the detail of our Serious Incidents and seeks assurance that we have both properly investigated causation, and taken action to mitigate the risk of recurrence.

Looking back on 2017/18 and 2018/19 here are six examples of what this work has discovered and what we have done as a result:

Example 1

What happened?

A patient on warfarin, due to artificial heart valves, was discharged from the emergency department with a seven day course of the antibiotic, clarithromycin. No additional follow up by the Trust or GP was organised. Our patient was readmitted two weeks later with a bleed and sadly died.

What have we learnt?

Some staff were not aware of the interaction between warfarin and clarithromycin.

What will solve the problem?

Electronic prescribing will identify drug interactions and prompt staff about any additional follow up required for the patient. This will be implemented with the Unity product in summer 2019.

Example 2

What happened?

A patient had a CT head scan carried out on 23/08/2017. The scan was reported on 03/09/17 with results showing a new brain met in the patient which is of clinical significance. The results also suggest an MRI brain. A medical report had been looked at by an internal SWBH radiologist who had found at least one likely cerebral metastasis identified and an MRI was suggested to further review the stage of the intracranial disease. On the 22/09/2017 the report was flagged and the referring consultant was notified via email that there was a significant finding on this scan. It was therefore four weeks and two days after the patient had received the scan that the Consultant was made aware of the results, and will now need to rapidly get an MRI and potentially arrange stereotactic radiosurgery, which give the additional ability to treat tumours with relative sparing of normal brain tissue. The patient's management was unaffected in this case, the delay, however risked the patient's condition deteriorating to an extent that ideal treatment was unsuitable, and thereby having a worse prognosis.

What have we learnt?

Even though we meet national standards for diagnostic waiting times, these standards are inadequate in tracking the referral-to-report timetable, and do not track referring clinician acknowledgement.

What will solve the problem?

The Board have invested over £1m in 2019/20 in additional radiology reporting capacity in order to guarantee turnaround times for both urgent and less urgent cases. The new Unity product will provide daily data on Results Acknowledgement by referring clinicians. In 2018/19 the Medical Director led work to establish clear professional standards in this field and since April 2019 week on week tracking of individual clinician and team performance has been instituted. The issue of acknowledgement remains on the risk register and rated red until that work has delivered consistent success.

Example 3

What happened?

A patient attended our emergency department complaining of constipation and pins and needles in their legs with a history of lung cancer with known bone secondaries. Patient was seen by an Acute Oncology Nurse who had a suspicion that the patient had Metastatic spinal cord compression (MSCC). The patient had a back X-ray then they were discharged for follow up by their GP. The following day the patient was admitted to another hospital and diagnosed with Spinal Cord Compression.

What have we learnt?

The MSCC pathway within our Trust was not consistently applied, and individuals did not feel able to escalate concerns where clinical disagreement arose. Over a two year period we reported more than three MSCC potential errors.

What will solve the problem?

The Clinical Leadership Executive has focused on this pathway. A revised clinical guideline has been developed, endorsed

by all clinical leaders, and it has been 'deployed' through a variety of routes including simulation. Routine six month look back audits have been and will be undertaken to establish compliance with the new pathway until the Executive Quality Committee is satisfied with its consistent application.

Example 4

What happened?

A Community Nurse carrying out a bank shift in September 2017 used a key safe to gain access to a patient's home. She was aware that the intended patient was male, but proceeded to administer a dose of long acting insulin to the patient's wife, who was in a clinical bed in the living room because of her own serious health issues. When the husband entered the room from the bathroom, the nurse realised the error that she had made in administered insulin to the incorrect person. She then gave the intended patient his dose of insulin and alerted the senior nurse on duty regarding the incident that had taken place.

The out-of-hours GP was contacted and a plan for home visits four times daily to monitor blood glucose was agreed. Subsequently the patient's wife was taken to Russells Hall hospital by paramedics where she spent four nights as an inpatient.

What have we learnt?

The response to error from the nurse concerned was outstanding and correct. The error arose from a lack of positive identification – a core failing in many never events.

What will solve the problem?

Even with pressure of work we need to ensure that PPI (positive patient identification) always takes place. This applies to all our patients. Wherever possible we will use both barcode ID and verbal confirmatory checks in undertaking PPI. During 2019/20 we will continue to promote PPI through all of our learning channels and to randomly sample check practice across our organisation.

Example 5**What happened?**

A patient attended our Trust from a nursing home with a swollen red and hot elbow, possibly septic arthritis. The home had advised on the medications the patient was taking and the past medical history of atrial fibrillation and advanced dementia (among others). The patient was admitted for elevation of the arm and antibiotics with a view to possible surgery. Warfarin therapy was reversed meaning a medicine was given (Vitamin K) to stop the anticoagulant effects in case the patient needed operative treatment. A day prior to discharge warfarin was recommenced, although not always signed as given. Reversal of warfarin by use of Vitamin K can result in difficulty re-establishing warfarin therapy as the effects of the Vitamin K can prevent warfarin working for several days after it is given. The anticoagulation team were not informed the patient had been discharged on 13 April. If they had, they would have organised an earlier appointment.

What have we learnt?

The patient had a Mitral Valve which required warfarin therapy in addition to atrial fibrillation. This is documented in her records from previous attendances to the hospital but these were not reviewed during this admission, meaning important medical information was not known on this admission.

What will solve the problem?

Putting in place our new Unity EPR will provide a chronological, and visually accessible, record of a patient's history, including their out of hospital care. This will be an essential tool, alongside Electronic Prescribing, in tackling medication error. In addition, we need to ensure that follow on care is timely and admitted patient discharge is visible to ongoing MDTs.

Example 6**What happened?**

The patient was admitted to the Critical Care Unit and required urgent central venous access for which a WHO checklist sign in was completed for a central line. The doctor then inserted a Vas-cath into the same vein. A new WHO checklist was not completed for this procedure. The nursing staff asked if the guide-wire was removed and were informed it had been. A routine chest X-ray was then performed to check the placement of the line and it was at this point the retained guide-wire was seen. This was then declared a Never Event.

What have we learnt?

A WHO checklist should be undertaken for every procedure and in all such circumstances we need a team dynamic that permits speaking up in areas of fast-paced pressure work, between teams not all of whom know one another. Human factors training should be considered.

What will solve the problem?

We continue to review in 2019/20 the quality of WHO checklist work, and have altered and communicated our revised guidance on when such a checklist should apply outside the 'theatre' environment. A weekly audit is in place now in Critical Care, which is a service rated as Outstanding by the CQC.



Resus Nurse, Lizzie Bennett and training coordinator Sandra Griffiths delivering the new red resus trolleys, which were introduced in response to a Care Quality Commission recommendation.

Performance Report

About the Trust

Our Vision is to become renowned as the best integrated care organisation in the NHS. That is a big ambition and we already have a strong track record and reputation for placing integrated care at the heart of what we do. We are not starting from scratch. Whether it is in our work to help patients and staff make healthy lifestyle choices, or offering more locally accessible outpatient clinics in community centres and GP practices. The focus is now on this becoming the way we do things across every part of the Trust not just in some specialist areas.

We know that in Sandwell and West Birmingham, patients experience integrated care on a daily basis. Our single measure of success is the opinion of those we care for - our patients. We are dedicated to improving the lives of local people, to maintaining an outstanding reputation for teaching and education, and to embedding innovation and research.

We employ over 7000 people and spend around £430m of public money, largely drawn from our local Clinical Commissioning Group. That Group and this organisation is responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell.

Our organisation includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as the Pan-Birmingham Gynae-Cancer Centre, our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City.

Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell. We have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology.

Our community teams deliver care across Sandwell providing integrated services in GP practices and at home, and offering both general and specialist home care for adults, in nursing homes and hospice locations.

We are a key partner in efforts to change the shape of care in our area. Our new hospital – the Midland Metropolitan – is currently under construction and is located on Grove Lane, on the Smethwick border with west Birmingham.

Our intention is to provide substantially more care at home and rely less on acute hospitals. Whilst most of the programme involves investment in GP surgeries and health centres, we will relocate our acute care to the Midland Met Hospital. The new hospital will act as a major employment opportunity for local people and is part of a wider scheme to develop the area adjacent to the site.

Our training and education team, The Learning Works, are outward facing in sourcing the workforce we need for the long term. We have a very active programme of apprentices and school experience joint working. We are partners in the Sandwell University Technical College. More widely we work closely with Birmingham City University, Wolverhampton University, Birmingham and Aston Universities.

The Trust Board is committed to developing ever more consistent links into our local communities, working with 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 next decade we will make major investments in three areas: In the skills and training of our workforce; in the technology we use to both care for and communicate with patients and partners; and in our estate – in part through our plan to build the Midland Metropolitan Hospital to rationalise acute care.

Performance overview

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.

Developing our workforce

Over 6000 colleagues are working together to provide round the clock care to a population of over half a million people within Sandwell and the western part of Birmingham. We remain ever committed to their development as future roles change in line with the changing needs of our population. This year we have invested in recruitment to vacancies and in schemes to retain staff, offering a wide range of training opportunities. Over 100 nurse vacancies have been successfully filled. Our protected training budget has seen more employees than ever enter into apprentice programmes receiving on the job training and a wage. As an employer who has committed to the living wage foundation's salary standards, we offer a good basis for entry level roles. Our nurse career escalator programme took off during the year providing routes from band 2 to 6 nursing progression. Investment in the CESR programme has enabled us to retain and support valued medical colleagues in reaching consultant level. We continued with our accredited manager training programme for over 700 line managers. Mandatory training compliance has reached 95 per cent with 100 per cent of colleagues having a personal development review (PDR).

Engaging with colleagues

We launched a new programme of engagement this year – weconnect – that is adopted from best practice in other parts of the NHS. The programme has a different surveying approach that provides us with more detailed information on the enablers of engagement and the behaviours and feelings that come about as a result. Our engagement score has improved from 3.73 to 3.86 with a goal by the end of 2019/20 of 4.0 with a response of over 35 per cent. Our latest quarterly survey response rate was 36 per cent. The engagement programme continues with a focus on 10 pioneer teams who will lead a 26-week intensive engagement programme to drive up their colleague engagement scores.

We committed to ensuring every colleague had the opportunity for a face-to-face meeting with their line manager or team at least once a month and, whereas many teams already have this in place, others have put more structure and rigour into these arrangements with others planning to improve this over the next 12 months.

Two Speak Up days were held allowing colleagues the opportunity to select key priorities that they wanted our organisation to focus on. In February we launched our flexible working pledge allowing all staff the opportunity to consider part-time roles, reasonable adjustments and alternatives ways of working such as home working and flexible hours. Colleagues also wanted to see improvements in IT stability and local communication systems. Our latest Speak Up day saw hundreds of colleagues speak to senior leaders about their experiences with positive suggestions about how we could better encourage all our staff to speak up if they see an issue of concern.

Meeting our financial commitments

We have successfully met our financial commitments this year, exceeding our control total. This allows us to invest in improvements in patient care and our environment. This year we are investing even more in clinicians so that we can do more procedures within our organisation for local patients rather than them have to travel outside the Sandwell and west Birmingham area. We continue our investment in training and wellbeing for staff, as well as in the environment where care is delivered.

Health and wellbeing

Our joint public health plan with Sandwell Metropolitan Borough Council, sets out our priorities to influence the wider determinants of health and ensure we are offering every patient and resident the opportunities to be as healthy as possible. This has seen a new service to support patients and their families with alcohol addiction, saving days in hospital environments as well as changing lives. We continue to campaign for a minimum unit price for alcohol. On 5th July 2018 the Trust Board committed to our sites being smoke free from 5th July 2019. During the year we have prepared for the ban by encouraging patients, visitors and staff to seek help and use alternatives as a means to quit.

Integrated care

As a large provider of community services, we remain well-placed to deliver integrated care with patients and their carers at the centre. Our award-winning end of life service has joined up care for thousands of patients through the innovative collaboration with third sector and statutory partners. Collaborations with primary care have led to the Trust taking on three GP practice contracts in conjunction with local GP partnerships. Later in 2019 we will build a GP practice on the Sandwell Hospital site. Our integrated care focus has also been at a strategic level as we worked with our commissioners, Sandwell & West Birmingham Clinical Commissioning Group, on a partnership model to have two place-based care alliances – Sandwell and Ladywood & Perry Barr. Our work continues with the Black Country integrated care system so that we join up services where it makes sense to do so, and work together where collaboration leads to better outcomes. The new Black Country Pathology Service launched during the year with a single service for the four acute Trusts.

Digital developments

The year has been dominated by necessary improvements to the reliability of our IT infrastructure and steady progress has been made. There remains more to do before we can have complete confidence in our resilience and that we have the required foundations to introduce new digitally-enabled schemes. Our preparation for a new electronic patient record, Unity, progressed well during the year with thousands of colleagues trained in the system as preparation for implementation. This system replaces many of our current systems and will reduce the need for duplicate entries. A major benefit is the electronic prescribing programme, reducing the risk of medication error dramatically.

Our places

We continued to invest in our buildings across the Trust sites and have opened new outpatient areas at Sandwell Hospital. The Clinical Research Facility has been a new feature at Sandwell Hospital, bringing together our research teams in a fit for purpose environment. We welcomed the cross-party support for the Midland Metropolitan Hospital and are pleased that building work has restarted on the site. We expect to announce our final contractor in the summer of 2019.

Improving quality

The quality focus for the year has been on reducing avoidable mortality and we have had a major drive within the Trust to appropriately screen patients for sepsis, applying the right care and monitoring for those with a positive sepsis screen. Our screening levels have improved dramatically ensuring that patients with sepsis are identified quickly and their treatment commenced in a timely fashion.

During the year we celebrated excellence with our poster competition with over 60 entries demonstrating leading service provision. This competition forms part of our **welearn** programme over the coming year.

Being assured of our safety checks

Although our overall rating remained as “requires improvement” we are pleased that the Care Quality Commission inspection report following their visit in September 2018 demonstrated improvement in a number of areas. In particular, there are now no “inadequate” ratings in the safety domain. Outstanding practice was also called out in their report including for the critical care service and the overall caring domain. The safety plan, whereby all patients have a series of checks within the first 24 hours of admission, has continued to be sustained within our ward areas. On the rare occasion that a check is missed, the senior nurse will then follow up and ensure completion within the next 24 hours.

What matters to patients

We continue to introduce improvements to patient care that makes a difference to their experience. Kissing it Better have continued to develop their provision to patients, in conjunction with Sandwell College and local schools, offering patients arts activities, beauty therapy and the time to sit and talk. We were successful in being granted funding from Helpforce, a national NHS volunteering organisation, to continue our mobility project with volunteers, encouraging patients on assessment units to remain mobile where their condition allows, reducing muscle wastage and promoting independence. We will expand these schemes to our medically fit wards over the next year. We have introduced Paro seals to our wards. These interactive, robotic seals have been evidenced to calm distressed patients and provide much needed therapy for people who would benefit from this activity. During the year ahead we will embed our “Quiet Protocol” to

ensure that our patients who stay in hospital have the best chance of a good night's sleep. We removed our exemption to mixed sex accommodation in our assessment units and are now reporting all breaches. Changes to the facility will enable us to minimise avoidable breaches.

Community engagement

We have had great support from our local community and appreciate the many people who interact with our patients and services on a daily basis. The Sapphire project supports patients preparing for, and on discharge from hospital, who are at risk of social isolation. Pets have been a regular feature of our hospital life, cheering up the days of patients and their families, thanks to Pets as Therapy. Our volunteers from the local community provide much needed support for patients, both in the community and in hospital, giving their time freely with signposting, running activities, counselling, beauty treatments and much more. Our chaplaincy and volunteer chaplains from the local community engage daily with patients and families, providing spiritual advice, ministry, comfort and a listening ear.

Urgent care waiting times

Despite significant challenges during the year, as experienced by many other NHS Trusts, it is pleasing to see that the Trust's performance in terms of the waiting times in our emergency departments has improved during the last six months of the year. This is due to continued diligence of our clinical and management teams and a number of new schemes that have helped to ensure that the right patients are seen at the right time in the right environment. We look to continue improving our performance during 2019/20.

Strategic priorities

Our detailed plans are evolving as time moves on but the direction of travel is clear and consistent, in line with our 2020 vision. We want to take a lead role in disease prevention. We aim to provide care for long term conditions in different ways and in partnership with GPs. Acute hospital care will be specialised and centralised for excellence and long term rehabilitation and social care will be part of what we do, working alongside others to meet the changing needs of our population. Our plans can be read on our website www.swbh.nhs.uk, but are summarised below:

Research and Development (R&D)

Research is integral to our ambition to continually improve the safety and quality of the care we provide to our patients. A strong culture of research at our Trust matters to us because it matters to our patients. Patients believe it is important for the NHS to carry out clinical research with the vast majority wanting to be treated in a hospital where research takes place. It allows us to develop and deliver more effective ways of looking after our patients. Our vision is that we are recognised as a centre of national and international research excellence, delivering high-quality research across all service lines, affording staff and patients ready access to research opportunities. The R&D strategy is closely aligned with the Trust 2020 vision, focusing on embedding innovation and research for improved safety and quality of care. This reinforces research as core Trust business and will raise awareness of the value of research that underpins practice.

Safety plan

Keeping our patients safe is one of our top priorities. Our safety plan sets out 10 clear promises for patients. These are our always events. We are committed to carrying out these checks within the first 24 hours of admission and correcting them immediately when a check has been missed. We report our safety check compliant on a shift -by-shift basis.

We will keep our promise to provide safe and compassionate care:

1. Because we complete our Ten out of Ten safety checklist for every patient within 24 hours, all patients will receive expert care.
2. Because we assess and monitor every patient, and learn from every incident, we will protect patients from harm so that they do not experience pressure ulcers or falls that could be avoided.
3. Because we have outstanding infection control practices, we will prevent avoidable infections in our care.
4. Because we always monitor patients' vital signs at the right time we can and will quickly take action if their condition worsens.
5. Because we involve patients in their care plans, and sign personalised plans, our patients and their carers will be best placed to understand their condition and have an agreed care plan.

6. Because we are committed to providing dementia care in the best possible manner, we will work with carers to always meet the commitments in our focused care plan and John's Campaign.
7. Because we review all patients with antibiotics every 72 hours, patients will only be given antibiotics when they are needed.
8. Because we always give patients their medication at the right time, no patient will miss out on a dose of medication.
9. Because we give patients clear information about any invasive procedures, patients are able to give informed consent that we will always record.
10. Because we involve patients in their discharge planning, we will usually meet the expected date of discharge and will always follow up home care packages to make sure they are in place.

Quality plan

Our Quality Plan sets out our expectation to continually improve the health outcomes for patients. We are committed to being among the best in the region, and for some measure the best in the NHS.

Our 10 goals follow:

1. We will reduce deaths in hospital that could be avoided so that we are among the top 20 per cent of comparable NHS Trusts in the UK. We will take action to cut avoidable deaths from sepsis, hospital acquired venous thromboembolism, stroke, acute myocardial infarction (heart attack), fractured neck of femur and high risk abdominal surgery.
2. Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20 per cent of comparable NHS Trusts.
3. We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.
4. We will deliver outstanding quality of outcomes in our work to save people's eyesight, with results among the top 20 per cent of comparable NHS Trusts in the UK.
5. More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.

6. We will reduce the number of stillbirths and deaths in the first week of life so that we are providing a better service than others in the West Midlands.
7. Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.
8. Children we care for will have convenient appointment times and those who need to stay in hospital will be treated quickly so that they are not missing out on valuable time at school.
9. Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20 per cent of NHS Trusts for patient-reported outcomes.
10. We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.

Public Health plan

The Joint Public Health Plan between our Trust and Sandwell Council reflects our shared goal to help both our employees and communities to live well – adding life to years. The document forms a cornerstone of the Cooperative Working Agreement that exists between Council and Trust. As a health care organisation we are committed to helping people with all their health needs, not just the condition for which they are being treated. We see every contact with a health care professional as an opportunity for people to live healthier lives.

Our priorities for the year are published in full on our website. To read more please go to our website at www.swbh.nhs.uk

Priorities for 2019/20

In line with our strategic plans, we have set our priorities for the 2019/20 year.

- Ensure we meet our financial control total and deliver on the activities required within the production plan, in line with our investments, and our cost improvement programme.
- Ensuring safe and resilient systems of care through the deployment of better IT infrastructure, embedding Unity – our new electronic patient record - and maintaining safety plan compliance.

- Improving the quality of care for patients by tackling sepsis more effectively and reducing amenable mortality in line with our long term quality plan.
- Mobilising the opportunities of our new digital infrastructure to both tackle medication errors in our care system and to ensure that Making Every Contact Count is a mainstream part of every care experience.
- 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.
- Deliver our waiting time standards for unplanned and planned attendances including for diagnostics, referral to treatment (RTT) at Trust and specialty level, all cancer standards and 52 week waits.
- Deliver smokefree sites thereby encouraging staff, patients and visitors to use alternatives as a route to quit.
- Meet a sickness rate of 3 per cent. and a planned vacancy threshold of 2 per cent.
- Work with partners to tackle childhood obesity, in part through our school nursing provision during the year.
- Deliver one new scheme to cut single-use plastics within our Trust every month.
- Appoint our final contractor to complete the Midland Metropolitan Hospital and reach financial close.
- Improve car parking arrangements at Sandwell and City Hospital, beginning the build of two new multi-storey car parks
- Further build up the care alliances for Sandwell and Ladywood & Perry Barr to deliver better integration and improved outcomes for patients.
- Achieve a colleague engagement score of 4.0 with a response rate of 35 per cent. in our quarterly staff surveys.
- Launch our **we**learn programme to embed a learning culture across our organisation.
- Deliver the actions within our Care Quality Commission (CQC) improvement plan.

The NHS Constitution outlines clear aspirations for human rights, which include a 'comprehensive service for all' and 'equal access, dignity and respect for patients and staff'. We support the human rights principles of fairness, respect, equality, dignity and autonomy for all. Similarly we are committed to applying the highest standards of ethical conduct and behaviour which includes having robust controls in place to prevent fraud, bribery and corruption, and we adopt a zero tolerance approach to all forms.



During Fizz Free February we encouraged our patients, staff, visitors and members of the community to ditch sugar-filled fizzy drinks and worked alongside Sandwell Council.

Quality and Performance Analysis

Our Quality Account 2018/19

Welcome to our quality account for 2018/19. As with previous years, this account is published as part of the Trust's 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.

In 2018/19 we embedded our safety plan within our patient services. The safety plan sets out core checks that are carried out with every patient within 24 hours of them receiving our care. Every morning our senior team check that these measures have been carried out and if not, have a system in place to ensure that all checks are completed within 48 hours of admission. These checks aim to give patients confidence in the care that we provide as well as improving the safety of our patients and provision of harm free care.

Our quality plan has had renewed emphasis this year under the leadership of the Trust's Medical Director, Dr David Carruthers. During the year we have focused on our quality plan's top priority – to reduce avoidable mortality – through our focus on sepsis screening with an increase in patients who are screened for sepsis and thereby followed through with appropriate sepsis care to save lives.

Quality performance has scrutiny through our executive-led Performance Management Committee, Executive Quality Committee, and the Board's Quality and Safety Committee, chaired by a non-executive director. This committee reports to the Trust Board on a monthly basis. Our integrated quality and performance report contains all of our key performance indicators and is reviewed by our Clinical Leadership Executive and executive committees as well as within the public Trust Board meetings.

The Care Quality Commission visited some of our services on September 2018 and, whilst the overall rating remains "requires improvement", distinct improvement was noted in some key areas including our critical care services and community inpatient facilities. We are committed to continuing to address the need for consistent standards across our adult acute services and emergency departments

and during the year we will make some changes to paediatric and neonatal care, providing more capacity for neonates and co-locating our paediatric assessment unit with the emergency department at City Hospital.

Ahead of our delayed move to the Midland Metropolitan Hospital we will also look to consolidate respiratory medicine onto a single site that will, in turn, provide greater medical input to our acute assessment units. Preparation for Midland Met will ensure we can provide seven day service compliance from 2020.

The year ahead will continue our focus on amenable mortality and sepsis management with quality improvement work within areas where there are higher than expected mortality rates. This will particularly focus on infection related deaths. The introduction of our new electronic patient record, Unity, will enable us to further improve quality and safety with routine acknowledgement of investigation reports and alerts for quality plan priority areas such as VTE assessments.



A stylized, handwritten signature in black ink, consisting of a large, looped 'T' followed by a horizontal line extending to the right.

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 over 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.

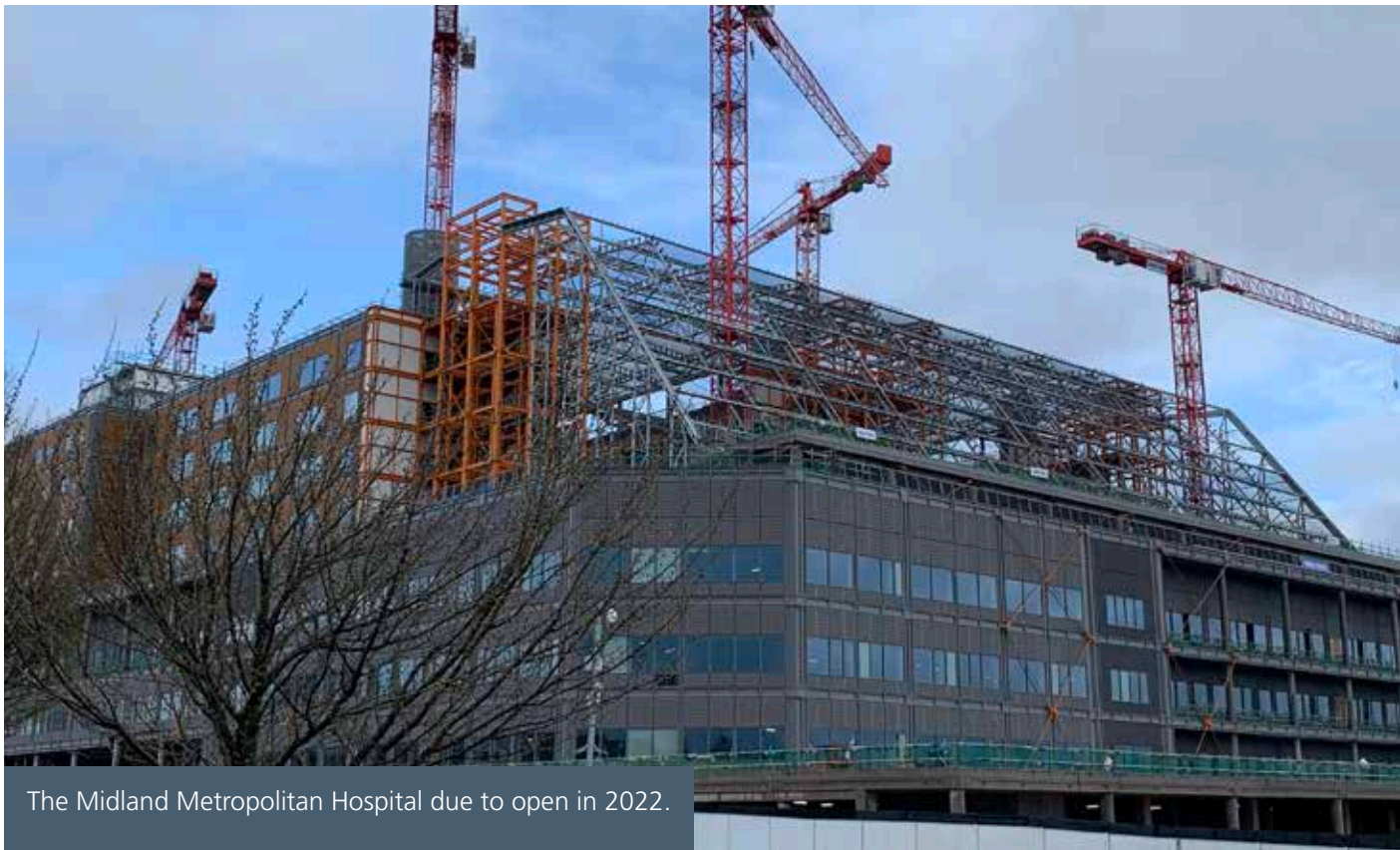
The Trust's directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.



Richard Samuda, Chairman



Toby Lewis, Chief Executive



The Midland Metropolitan Hospital due to open in 2022.

Priorities for Improvement in 2019/20

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.

Sepsis is an important cause of patient morbidity and mortality. We have much improved the recognition of deteriorating patients on our wards, indicated by a National Early Warning Score (NEWS) of greater than five, and we are now looking at the whole pathway of management of these patients. Over the coming year we will be focussing on ensuring that more patients who are identified with sepsis are treated in line with the 'Sepsis 6' bundle guidance where we will make sure they receive appropriate antibiotics and fluids within an hour of the assessment taking place.

Deteriorating patients who have high NEWS which is not due to sepsis also need appropriate management decisions made within an hour based on their underlying clinical diagnosis. Development of ward based programmes to monitor and feedback performance to allow quality improvement work to be identified will happen this year. This may be Trust-wide or ward specific.

In addition, over the last year we have increased our understanding of the effect that clinical coding, palliative care documentation and changes in patient pathways for acute admissions have on our mortality data. We are also aware of those clinical areas that have a higher than expected mortality and have analysed this data as part of the quality plan.

Over the coming year we will introduce changes to improve our clinical recording of data which will be supported by the introduction of our new electronic patient record system (Unity). The quality improvement work identified for those areas with a higher than expected mortality will commence this year with a major focus on infection related deaths. A task force to examine the management of pneumonia has been created to identify components of the patient pathway where improvements can be made.

Progress on this work will be reported and monitored through the Executive Quality Committee and the Quality and Safety Committee. We will also continue to prospectively monitor mortality data which may identify other areas for quality improvement work. This will be done through the Learning from Deaths Committee.

Priority 2

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

Stabilisation of our IT infrastructure is essential for safe deployment of our single electronic patient record system (Unity). Significant work has been undertaken this year to prepare for this and our infrastructure has improved in readiness for this change. A comprehensive training programme is underway with all groups in the Trust now showing over 90 per cent of staff having received training on Unity.

Acknowledgement that results of investigation reports have been seen and acted on is an important part of clinical practice. In Unity there is a facility to ensure this practice is routine for safe and effective care. We are embedding the Unity model in our current working practice in readiness for the move to Unity with a focus on acknowledgement of radiology reports within existing IT systems and will continue with this over the coming months.

Unity will provide improved recording and alerts for routine safety and quality plan elements such as VTE and sepsis assessments, which will link into prompts to aid clinical teams with treatment decisions. Over the coming year we will use intelligent reporting from Unity to review the effectiveness of our care and compliance with our safety plan standards. Any areas of concern highlighted in these reports will be addressed with appropriate quality improvement initiatives.

Progress on this work will be reported and monitored through the Executive Quality Committee and the Quality and Safety Committee.

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.

The delay in completion of our new hospital, Midland Met to 2022 has required consideration of safe and effective service models that will be required in the interim period. These models of care will also need to map on to how clinical services will be delivered in the new hospital. This work will focus on acute care, particularly in adult and paediatric services.

Over the next year we will examine and instigate necessary change to support acute paediatric A&E and acute admission services on our City site. We will also look at how adult acute assessment teams/units can be supported by general medical specialist services. This will require change in how medical teams will work together now but will also reflect how our services will be delivered in Midland Met across a seven day working model.

Investing in addressing the management bandwidth issues faced by our organisation is a priority. Succession plans for key leaders are now in place, and moving forward a strong deputy director and group cadre of leaders will be supported to take on a more visible leadership role within the Trust.

Progress on this work will be reported and monitored through the Executive Quality Committee and the Quality and Safety Committee.



The Paediatric team get to grips with Unity. (Left to right) Jez Jones, Matron, Avnash Nanra, Ward Manager, Paediatrics Assessment Unit Cross-site, Linda Eyre, Operations Manager, Diane Moran, Ward Clerk, and Oneka Berry, Healthcare Assistant.

How we performed in 2018/19

Progress on 2018/19 Priorities

Priority 1 - Improved outcomes for patients presenting with signs and symptoms of sepsis.

Reporting of the number of patients screened for sepsis on our wards has improved significantly over the year and is regularly achieving compliance rates of over 90 per cent. Those patients with a high National Early Warning Score (NEWS) of greater than five need review for assessment for either sepsis management or review of their underlying medical condition that may be leading to the elevated warning score. Quality improvement work is underway to assess the actions that come from the elevated trigger score, with a particular focus on timeliness of giving antibiotics and appropriate application of intravenous fluids as part of the 'Sepsis 6' treatment bundle. Trust mortality data is closely monitored to identify changes in data associated with infection related deaths.

Administration of antibiotics in patients with suspected neutropenic sepsis (infection associated with low white cell count) continues to be monitored closely, identifying reasons for any delay in antibiotic provision. The data for 2018/19 shows that 84 per cent of patients receive antibiotics within one hour of arrival (range 72 per cent to 92 per cent) for an average of 40 patients presenting per month. Data analysis identifies that the delays are often of less than 10 minutes with the main factors being either in delay of prescription or administration of antibiotics.

Individual staff review occurs after all breaches with weekly reports to the relevant departments and involvement of the acute oncology team to identify areas for improvement.

Priority 2 - Achieving a good rating under the framework of the CQC assessment.

The inspection of some of the Trust's services took place during the period 4 September to 11 October last year which reveal the overall rating for the Trust remains the same at 'requires improvement'.

The Trust has committed to continuing to make improvements and has already made changes to ensure that patients receive high quality care across all parts of the organisation. 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.

Good practice that the inspectors singled out for praise included:

- The domestic violence advocacy service in our emergency department.
- An initiative to cut pressure sores that has been successful in winning local awards.
- Dedicated listening time for stroke rehabilitation relatives and patients.
- Conversation cards in the infant feeding team to provide vital information for new mums.

We are pleased that no safety concerns remain in our ratings table. Obviously our work to achieve a Trust-wide Good rating continues, and our community services for both children and adults reach that mark already. We know that for acute services we have more room for improvement.

Most pleasingly, we have maintained our Outstanding rating for Caring. This is a tribute to the hard work and compassion of our teams across the organisation. Since the CQC inspectors visited last year we have made a number of improvements including:

- A focus on recruitment to fill vacancies.
- New resuscitation trolleys that are more secure.
- Supporting all our staff to be compliant with mandatory training requirements.

We continue to make improvements in the services we provide to our patients and we will:

- Ensure that all our staff are fully aware of the requirements under the Mental Capacity Act.
- Continue to encourage an open culture so that all colleagues feel supported in raising any issues of concern through our many speak up routes.
- Focus on clear ways to share learning.
- Make sure that the way we understand and manage risks is well-understood in all services and departments.

Priority 3 - We will improve the consistency of care provided to patients while on our wards.

Having the right documentation completed at the right time and making sure that the correct documentation and risk assessments are completed on all patients at the time they are admitted to our wards is part of providing consistency of care. Actions based on these

assessments are important to maintaining high quality care. We monitor the following information at our weekly consistency of care meetings which are chaired by the Director of Governance and attended by executive and group leaders.

For each ward five patient records per day are reviewed (35 per week) and compliance is recorded for those records reviewed.

Medicine 10 standards (15 wards)	Primary Care, Community and Therapies 12 standards (6 wards)
Patient medications are administered as prescribed	Recognition of patient deterioration
Patient medication omissions or delays are coded appropriately	Complete daily care round
Patient observations have been completed with the frequency clearly identified	Individual nutrition assessment
Patient observations have been escalated appropriately and in line with the Trust early warning triggers	Falls risk assessment and plan
Fluid balance chart is completed correctly, has no abbreviations and has the level of monitoring required clearly identified	PA Risk assessment and plan
Falls risk assessment is completed and care plan in place for those at risk	Considered Deprivation of Liberty
MUST (malnutrition universal screening tool) screening has been completed	Dementia/cognitive assessment
Waterlow risk assessment in place and care plan in place for those at risk	Individualised goal
Care rounding frequency has been completed with the frequency clearly identified on the daily care record and daily goals identified	Discharge plan
SAP1 form completed appropriately	Updated rehab goal
	Expected date of discharge
	Safety Plan submission/rolling compliance

Significant improvements have been seen over the past year in the documentation used to support patient care with most wards achieving 100 per cent compliance for their standards.

A regular ward-based team, particularly around senior decision makers supports the consistency of care model. This has been achieved with the new initiative of Consultant of the Week where individual consultants focus purely on leading patient management on the ward. This is done on a two-weekly rota basis within each specialty.

In addition to this changes have been made to junior staff working where junior doctors are rotated for a full six weeks to the acute medical unit wards which allows improved training and more consistent presence on the base wards giving improved consistency of care. All these changes provide closer cooperation with nursing and therapy teams to plan care more effectively, improving communication to patients and relatives and planning for timely discharge.

Safety Plan update

The Safety Plan was introduced in 2017 and consists of 10 evidence based clinical standards that have become a standard part of care in our Trust. By improving the safety culture, the care provided to patients is improved and the risk of harm reduced. In February this year we carried out an audit of the Safety Plan as part of the approved internal audit plan for 2018/19 to gain reassurance of the Safety Plan being embedded in clinical practice. Of the 10 standards the audit focussed on venous thromboembolism, Mental Capacity Act/deprivation of liberty safeguards,

estimated discharge date, pressure ulcers/falls, sepsis and do not attempt cardiopulmonary resuscitation.

The internal audit opinion stated: "Taking account of the issues identified, the board can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk".

The table below shows the main issues identified and the actions that will be taken to resolve.

Issue	Action
Inconsistencies in completion of the safety plan across the wards audited.	A standard operating procedure will be developed which provides guidance on the completion of the safety plan. This will include the initial assessment and following transfer to the specialty wards.
Discrepancies between the time patients are recorded on the electronic bed management system and actual transfer of the patient. The risk is that unless the time of transfer is in real time all time related actions will be incorrect.	
On some wards members of staff were unsure of when to complete certain parts of the plan.	New staff commencing in the Trust will be given training and refresher training will be reviewed depending on locality.

Quality Plan update

The Quality Plan, developed in January 2017 with the aim of improving health outcomes for our patients and in line with the 2020 vision, has had a focus this year on improving identification and management of sepsis and VTE and identifying amenable causes of mortality in stroke, myocardial ischaemia and fractured neck of femur.

Pathway review of all these areas has occurred with quality improvement work underway in each to improve not only prevention and identification but also management of the condition. Reporting of sepsis screening has improved to consistently achieving over 90 per cent of patients triggering with a high warning score of greater than five (NEWS) and quality improvement work is underway for management of these deteriorating patients, whether due to sepsis or other medical conditions.

After a dip earlier in the year, assessment of risk for venous thromboembolism (VTE) for admitted patients has improved to greater than 95 per cent with new work underway which is looking at decisions on prophylaxis and review of cases of hospital acquired VTE to identify avoidable causes of harm.

Cardiology and stroke have reviewed mortality data identifying the need for more regular review of mortality cases to try and improve care, with a focus in stroke on the whole care pathway. Orthopaedics have had a recent external review of their pathway and care of patients with fracture neck of femur with no major concerns identified but areas to look at for quality improvement.

The focus for 2019/20 is maintaining the progress in quality improvement in these areas while examining work already undertaken in the other components of the quality plan and building projects around the specific aims in most of these areas.

Care Quality Commission

The inspection of some of the Trust’s services took place during the period 4 September to 11 October 2018 which reveal the overall rating for the Trust remains the same at ‘requires improvement’.

The Trust has committed to continuing to make improvements and has already made changes 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.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔	Requires improvement ↔	Good ↔	Requires improvement ↔	Requires improvement ↔	Requires improvement ↔
Community	Requires improvement ↔	Good ↔	Outstanding ↔	Good ↔	Outstanding ↑	Good ↔
Overall trust	Requires improvement ↔	Requires improvement ↔	Outstanding ↔	Requires improvement ↔	Requires improvement ↓	Requires improvement ↔

Sandwell and West Birmingham Hospitals 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 and West Birmingham Hospitals NHS Trust during 2018/19 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.



Patient John Walker with Sister Komal Bihola.

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 2018 – January 2019 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 97.71 per cent for admitted patient care; 99.66 per cent for out-patient care; and 97.43 per cent for accident and emergency care.
- which included the patient's valid General Medical Practice Code was 100.0 per cent for admitted patient care; 99.9 per cent for outpatient care; and 99.4 per cent for accident and emergency care.

Services provided/subcontracted

During 2018/19 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. Agreements 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 2018/19 represents 100 per cent of the total income generated from the provision of NHS services by Trust.

Commissioning for Quality and Innovation (CQUINs)

A proportion of SWBH income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between SWBH 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 2018/19 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.

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.
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.
Clinical Standard 6	Timely 24-hour access seven days a week to nine consultant-directed interventions.
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.

We are compliant with standards 5, 6 and 8 as assessed in the spring audit in 2018. We are not yet demonstrating compliance on the national survey for standard 2 where our spring 2017 survey results showed weekday compliance at 73 per cent and weekends at 85 per cent compliance. Our consultant rotas are compliant in adult services and need minor adjustment in paediatrics at the weekend. The acute medicine model is part of the quality sustainability work in transition to the new hospital.

The documentation standard of clinical notes does not always provide reliable evidence of who was on a ward round and the precise time of the note entry, which has been a challenge nationally. Local clinical audit has encouraged ownership of this issue and the Medical Director will be providing documentation guidance, which will require a minimum documentation standard to be practiced aligning other improvement projects in sepsis and clinical coding.

Other improvement approaches include pathway management and protocols for weekend review to be consistently established. The discharge project supporting the emergency department improvement through early discharge is enabling beds to be available throughout the day in assessment units and the day time emergency admission to be reviewed by consultants in the day time rather than wait over night for a consultant review. Although relatively early on in the improvement cycle it is anticipated this will make a positive improvement to this standard.

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:

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 2018/19 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. Our theme for the September Speak Up Day was 'Simple things done well'. We had heard through previous Speak Up events and via other channels that there were sometimes issues that got in the way of being able to provide great care, or doing the job well. Colleagues were invited to vote for the top three things that would make a difference to them. The most votes went to more flexible working practices, improved car parking, better communication about change. A commitment to progress all three has been made as a direct result of staff speaking up and improvements are well under way.

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 but our processes are being strengthened next year 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 your 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 49 of these posts.

In addition 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 and will have the annual allocation reviewed in April 2019.

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.

A clinical observership policy which formalises the process for overseas doctors to observe NHS practices within our Trust has recently been developed and it is hoped that this will encourage more overseas doctors to apply for appropriate vacant positions. We are also finalising a policy for associate specialist and Trust appointed doctors to ensure they receive appropriate support and assistance to develop their skills and knowledge and have the opportunity to undertake further professional development activities.

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 2018 results are shown below.

NHS Staff Surveys	2017	2018 Survey Results	
	SWBH 2017	SWBH 2018	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	58.3%	60.2%	69.9%
Staff who would recommend our organisation as a place to work	49.4%	55.7%	61.1%

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.

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

We are compliant across the majority of the Data Security and Protection Toolkit mandatory assertions

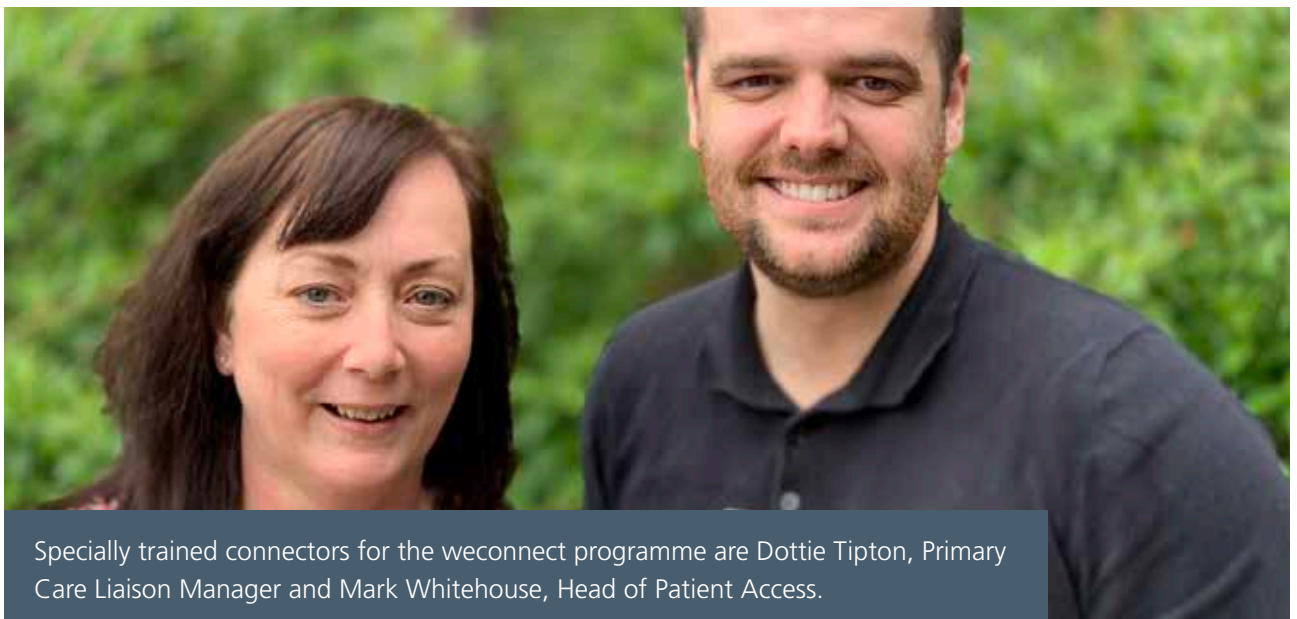
for 2018/19. Due to the addition of new requirements over and above those which were in the previous Information Governance Toolkit, large organisations have been allowed to submit an improvement plan where they have met the majority of assertions.

Scoring on the new Data Security and Protection Toolkit has changed. Scores are now based on whether the Trust has met all mandatory assertions or not. It is anticipated that some assertions which are currently non-mandatory will be upgraded to mandatory for next year's submission. We will continue to build on, and strengthen our IG practices and processes and work towards achieving full compliance against the current mandatory assertions by June 2019.

General Data Protection Regulation

The General Data Protection Regulation (GDPR), together with the Data Protection Act 2018 replaced the Data Protection Act (1998) on 25 May 2018.

Building on the activities previously undertaken to comply with the requirements of the Information Governance (IG) Toolkit, planned work is continuing, to ensure that GDPR and Data Protection Act 2018 obligations are fully understood, implemented and monitored across all personal data processing activities undertaken by the Trust. Particular focus is on ensuring that data protection obligations are fully considered from the start for all new, or changes to existing processing activities, the handling of children's personal data, strengthening the management of supplier compliance and the handling of data subjects' rights.



Specially trained connectors for the weconnect programme are Dottie Tipton, Primary Care Liaison Manager and Mark Whitehouse, Head of Patient Access.

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 a drop in incidents report per 1000 bed days. This may in part be due to a month's less data being sent to NRLS.

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
2016/17	Apr 16 to Sept 16	44.48	73	22	8	0.2	1	0.0
	Oct 16 to Mar 17	47.93	70	23	4	0.1	3	0.1
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

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).

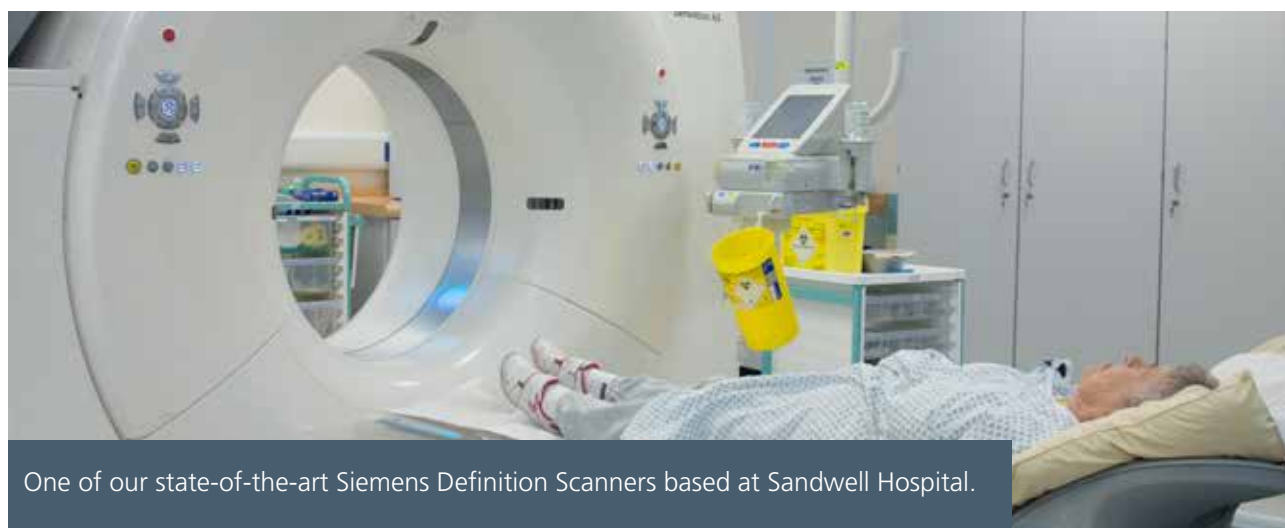
Incidents are generally categorised into clinical (patient safety) and non-clinical and then further categorised dependent upon their causative factor. Serious incidents continue to be reported to the CCG.

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 2018/19 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.

2018/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of SIs (by date reported as SI)	1	2	0	4	1	1	3	3	4	0	2	1



One of our state-of-the-art Siemens Definition Scanners based at Sandwell Hospital.

Never events

During 2018/19 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 2018/19

Speciality	Type of Never Event	Root Cause	Changes Made
Cardiology	Retained guidewire	Introduction and withdrawal of Terumo™ wire via a femoral needle rather than a sheath.	<p>Terumo™ wires must only be introduced through sheaths and not through needles.</p> <p>Angioseals must not be used in arterial grafts; instead manual pressure is to be applied.</p> <p>The radial route is to be used preferentially to the femoral route whenever possible in patients with femoral grafts.</p>
Ophthalmology	Wrong eye injection	Failure to follow Standard Operating Procedure.	<p>Hard stops/challenging have been reiterated to all staff during Huddles/QIHD. Staff will always be supported when calling a hard stop.</p> <p>Injections in Progress – DO NOT DISTURB signs have been added onto the doors when a procedure is in progress.</p> <p>All injection staff have been on training on how to access/read the Management Plan.</p> <p>Doors are locked internally when an injection is taking place.</p> <p>Changes in Progress</p> <p>All injectors and assistants to go through annual audit of practice to assure the Directorate of safe and consistent practice.</p> <p>To review the requirement for a qualified nurse for Medisoft checking.</p> <p>Encourage near miss reporting and discussion at local governance meetings.</p> <p>Review supply of Lucentis® for injection lists.</p>
Critical Care	Retained guidewire	Failure to complete the WHO surgical safe checklist for the vascath second line insertion.	<p>High visibility reminder for guide-wire removal has been added on the CVC insertion kit.</p> <p>High visibility reminder for guide-wire removal in Doctors' room in ITU.</p> <p>A two-person approach to visually confirm removal and correct disposal of the guide wire has been enforced.</p> <p>An ongoing weekly audit of mandatory WHO checklist compliance.</p> <p>Changes in Progress</p> <p>Review and update CVAD insertion policy.</p> <p>Educational material for ITU clinicians about CVC insertion and complications (including Simulation training).</p> <p>Same educational material for all anaesthetists to cover other areas where this procedure is done e.g. theatre and emergency department</p> <p>To discuss the report in QIHD.</p>

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 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	2016/17	2017/18			
	SWBH 16/17	SWBH 17/18	National Average	Highest Trust	Lowest Trust
The trust's responsiveness to the personal needs of its patients during the reporting period.	64.9	61.6	68.6	85.0	60.5

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

The Trust intends to take the following actions to improve by continuing to collect patient experience information first hand to help improve patient care.

At the beginning of this year we introduced a trial for patient placemats with supporting early discharge information on them. The placemat is located on bedside tables and details information on what our patients and their loved ones should be asking about their care which includes the following information

- If I am recovering well, when will I be discharged?
- Do I know what my diagnosis is or what tests are being carried out to determine this?
- What will happen over the next 24 hours with my treatment and care?
- What do I need to achieve to go home?

This initiative is currently under evaluation by patients and nursing staff.

Over the coming months we will also be exploring work to ensure our inpatients get a good night's sleep. To achieve this we are looking at models of working that will change how we approach 'flow' after 9pm.

Emergency four hour waits

In line with the national standard we aim to ensure that 95 per cent of patients will wait for no more than four hours within our emergency departments (ED).

Our performance against the four hour target has shown significant improvement during the second half of the year. Recruitment activity has been strong with many new consultants joining the team and, following investment

into our CESR programme for registrars, we have our first graduates from the programme going into consultant posts. We have successfully appointed to the majority of vacant nursing positions.

In November we introduced the single point of access (SPA) for GPs to refer patients with urgent care needs enabling us to appropriate transfer patients to the right specialist and avoid unnecessary attendance and waits in the emergency departments. We avoid 170 attendances per week through this service. Our ambulatory care service has been expanded to include surgical services this year.

We have focused on discharging patients across seven days and increasing our discharge rates before lunchtime to improve bed availability for patients who need to be admitted from ED.

Our SMART pathway has been introduced which provides patients with an assessment by a senior doctor early in the pathway. Patients can then be either directed to appropriate clinical areas outside ED or have timely diagnostics to reduce waits.

The performance in our waiting times for minor injuries and illnesses has also improved through a focus on recruitment and competency development within the team.

Going forward, we will complete our recruitment to vacant posts, and are looking at how we best support acute medicine. We are also making changes to acute and emergency care for children to reduce time and distance of transfer.

Our trajectory is to achieve 85 per cent by the end of the first quarter of 2019/20.

The table below shows the four hour wait performance for 2018/19

Four Hour Waits 2018/19 (Target 95%)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
83.9	80.1	81.3	84.1	82.7	83.0	81.1	80.7	75.0	78.0	82.3	85.9

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 per centage 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 16– March 17 (Published August 2018)				Finalised data for April 17– March 18 (Published February 19)			
	National		SWBH		National		SWBH	
Hip replacement	89.1%		92.4%		90.0%		91.0%	
Knee replacement	81.1%		82.9%		82.6%		81.9%	
	Health Status Questionnaire Average adjusted health gain							
	Finalised data for April 16– March 17 (Published August 2018)				Finalised data for April 17– March 18 (Published February 19)			
	National	SWBH	Highest National	Lowest National	National	SWBH	Highest National	Lowest National
Hip replacement	0.437	0.464	0.533	0.328	0.458	0.416	0.549	0.357
Knee replacement	0.323	0.308	0.398	0.237	0.337	0.323	0.405	0.253
SWBH below England average		SWBH 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 both 2016/17 and 2017/18 shows that there are areas where the reported outcome is marginally below average for England. There are areas for improvement however the Trust is not an outlier against national data in any of the measures.

The Trust intends to take the following actions to improve,

- An arthroplasty nurse will be appointed to improve the aftercare for our patients and identify early complications.

- Increase the involvement of anaesthetics prior to surgery to improve selection criteria.
- Improve the pathway for both procedures.
- Use the electronic notice board in the waiting area for patient information in outpatient waiting rooms in fracture clinic to focus on the importance of completing the booklets.

How we performed in 2018/19 against our Key Performance Indicator (KPI) standards

Access Metrics	Measure	Target	2017/18 position	2018/19 position	Comments
Cancer – 2 week GP referral to first outpatient	%	=>93	95.3	97.0	Full year
Cancer – 2 week GP referral to first outpatient (breast symptoms)	%	=>93	96.9	96.5	Full year
Cancer – 31 day diagnosis to treatment (all cancers)	%	=>96	97.7	97.8	Full year
Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (excluding rare cancer)	%	=>85	85.8	86.5	Full year
Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (including rare cancer)	%	=>85	80.6	86.5	Full year
Cancer – 62 day wait for first treatment from NHS Cancer Screening Service referral	%	=>90	96.8	93.9	Full year
Emergency Care – 4 hour waits	%	=>95	83.4	81.5	Full year
Referral to treatment time – incomplete pathway < 18 weeks	%	=>92	92.04	93.01	Full year
Acute Diagnostic waits < 6 weeks	%	<1.0	0.56	2.0	Full year
Outcome Metrics					
C Diff	No	<30	29	15	Full year
MRSA Bacteraemia	No	0	0	1	Full year
Never Events	No	0	3	3	Full year
Harm Free Care	%	=>95	94.4	98.0	Full year
WHO Safer Surgery Checklist (all 3 sections)	%	=>100	99.8	99.9	Full year
VTE Risk assessments (adult IP)	%	=>95	96.1	94.8	Full year
Clinical Quality and Outcomes					
Stroke care – patients who spend more than 90% stay on Stroke Unit	%	=>90	92.8	93.7	Full year
Stroke care – Patients admitted to an Acute Stroke Unit within 4 hours	%	=>80	75.2	66.7	Full year
Stroke care – patients receiving a CT scan within 1 hour of presentation	%	=>50	72.2	71.5	Full year
Stroke care – Admission to Thrombolysis Time (% within 60 minutes)	%	=>85	66.1	75.9	Full year
TIA (High Risk) Treatment within 24 hours of presentation	%	=>70	94.9	98.5	Full year
TIA (Low Risk) Treatment within 7 days of presentation	%	=>75	95.6	98.3	Full year
MRSA screening elective	%	=>80	89.0	86.2	Full year
MRSA screening non elective	%	=>80	91.4	85.4	Full year
Hip Fractures – operation within 36 hours	%	=>85	69.4	81.6	Full year
Patient Experience					
Complaints received – formal and link	No	N/A	1037	867	Full year
Coronary heart disease - primary angioplasty (<150 mins)	%	=>80	95.9	95.2	Full year
Coronary heart disease – rapid access chest pain (<2weeks)	%	=>98	100.0	100.0	Full year

Infection prevention and control

The reduction of healthcare associated infections (HCAs), 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 HCAs.

What we said we would do in 2018/19

We said we would continue to ensure that we have measures in place to assess the risk of, prevent, detect and control the spread of infections, including HCAs, as follows:

What we did

- We maintained a strong focus on infection prevention and control strategies to ensure that we maintained our patient safety and added value to our patient experience.
- We appointed a new lead nurse for Infection Prevention and Control who is currently reviewing our strategies to improve Infection Prevention and Control for the organisation across acute and community services.
- We have conducted patient led assessments of the care environment audits in a variety of areas across the organisation to ensure that standards were maintained.

What this means for you as a patient

Our aim is always to reduce the risk of a patient getting a hospital acquired infection while in our care.

How did we perform in 2018/19?

Target for 2018/19	Agreed target/rate [year end]	Trust rate	Compliant	Comments
C.difficile acquisition toxin positive	29	15	Yes	The rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period is 5.97 (Jan)
MRSA	Zero tolerance	1	No	Unavoidable

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.

In accordance with national guidance, the case of MRSA bacteraemia has undergone a detailed review to ensure that the Trust is able to fully understand the cause of the incident and to put in place any measures required to reduce the risk of the incident occurring again. Learning is discussed at our Infection Control Committee and shared across the Trust through our divisions. Where specific actions are identified, these are included and actioned through our Infection Control Annual Plan.

Work is on-going to sustain the reduction in the incidence of avoidable infection in the Trust; we will continue to work towards this goal. The Trust intends to take the following actions to improve the quality of its services:

- An audit program will be developed to help support and sustain improvement.
- Training – All staff will be required to undertake mandatory infection prevention training, the team will also provide bespoke training as required to areas.
- Development of a decontamination assurance framework will be undertaken.
- Review of the hand hygiene audit process to ensure that we are capturing robust and accurate information.
- Continued ongoing surveillance of alert organism.
- Screening program for MRSA.
- Clear identification of any learning and dissemination of learning.

Venous thromboembolism (VTE)

A venous thromboembolism (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

preventable deaths that occur following a VTE while in hospital.

We report our achievements for VTE against the national target (95 per cent) 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%)	2017/18	2018/19				
	SWBH		SWBH	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.	95.4%	Q1	95.1%	95.6%	100%	75.8%
		Q2	93.9%	95.4%	100%	68.7%
		Q3	94.5%	95.6%	100%	54.7%
		Q4	95.7%	Not Available	Not Available	Not Available

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 who liaise directly with wards where outstanding VTE assessments need completing.
- We believe the introduction of our new electronic patient record system, Unity, will help us to improve our compliance.



Medical Director, Dr David Carruthers.



Rachel Follos, Physiotherapy Assistant Practitioner, with Patrick Rodriguez, Unity Trainer.

Readmission rates

Readmission reduction remains a priority for the organisation and we have seen a reduction year-on-year in our rates across all age groups. 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). This excludes deaths and still births.

Age 0 – 15 years

SWBH	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
2018/19	15917	968	6.08%
2017/18	16145	934	5.79%
2016/17	16367	998	6.10%
2015/16	16015	1105	6.90%

Age 16 and over

SWBH	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
2018/19	86051	7113	8.27%
2017/18	95113	8997	9.46%
2016/17	96427	8789	9.11%
2015/16	98232	9930	10.11%

All Ages

SWBH	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
2018/19	101968	8081	7.93%
2017/18	111258	9931	8.93%
2016/17	112794	9787	8.68%
2015/16	114247	11035	9.66%

The Trust considers that this data is as described for the following reasons: It is consistent with trust reported data in our Integrated Quality Performance Report which is reported to Trust Board.

The Trust intends to take the following actions to improve the quality of its services by continuing to review and look at ways in which we can improve our position.

Safeguarding Children

Safeguarding children remains a key priority for Sandwell and West Birmingham NHS Trust which is demonstrated by our accountability and reporting structure. We have a dedicated team of a safeguarding children lead and named nurses who support our workforce through a programme of targeted training, advice, support and supervision at the frontline through to our Chief Nurse as the Executive Lead for Safeguarding. 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.

We continue to work closely with both Sandwell and Birmingham Children's Trust and are represented at a number of sub groups aligned to the new Multi-Agency Safeguarding Children Partnership arrangements. 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, routine enquiry and to promote the hospital as domestic abuse aware. The team also deliver a rolling programme of specialist domestic abuse training across the organisation.

Our emergency department (ED) Domestic Abuse Advocacy Partnership Project with Black Country Women's Aid continues to be a positive venture in identifying victims of domestic violence and abuse in ED. During the year over 220 victims have been referred through to the Independent Domestic Violence Advisors (IDVA) based in Sandwell and City Hospital for support. Data analysis continues to demonstrate that a high number of victims identified are not known to domestic abuse services and also as in previous years a significant number of victims are being identified from black and minority ethnic groups which have previously not been represented in groups accessing domestic abuse services. The project has proved so successful that we have secured part funding from Sandwell Safer Partnership and have been endorsed with the agreement of recurrent funding from our organisation by our Chief Executive and Chief Nurse.

The Child Protection Information Sharing (CP-IS) Project is embedded within our EDs and audit has shown that staff are reviewing systems to check for this information to inform their assessment. Sandwell Children's Trust went live with CP-IS in April 2019 which has enhanced the provision of a safeguarding system to alert practitioners where children may have a child protection plan in place. This includes unborn children and also if the child is a looked after child. In addition to this the system provides an audit trail and will notify children's services when a child has attended unscheduled care settings such as ED or a mother presents unbooked to maternity services.

We have worked closely with Unity, our new electronic patient record (EPR) system and development of the assessment record by adding a number of prompts to ensure that practitioners will access the summary care record to search for any child alerts. This work will be enhanced further during a later development phase of Unity whereby if there is information contained within the summary care record this will integrate within the EPR without having to search for it.

Due to the high number of women who are known to our maternity services who have had female genital mutilation (FGM) performed we are live with the FGM – Information Sharing system (FGM-IS) after working closely with NHS England to implement the system. Midwives will routinely ask all women whether they have had FGM performed and this is recorded within the patient record. At delivery if a female is born an indicator is added to the summary care record to identify the female child as being at risk of FGM. Mothers are advised of the system and informed that an indicator will be added to the child's record. This is to ensure the information is shared across a national system in order to risk assess and prevent the practice of FGM which has been illegal in the UK since 2003. Regular audit is undertaken to ensure our midwives are compliant with this and has demonstrated that this practice is embedded within the service.

We continue to work with ED to raise the awareness of exploitation for children accessing the department and whilst we will flag the record where a child is deemed to be at risk of child sexual exploitation we have broadened this to include all forms of exploitation such as trafficking and slavery. We work closely with our adult safeguarding

team on the agenda of PREVENT and where an adult has been identified as being radicalised we will ensure if there are children involved a multi-agency referral form is completed and shared with our Children's Trust partners in order to inform risk.

Priorities for 2019/20 will continue to focus on CP-IS integration with our new EPR system and FGM-IS compliance. We will also continue to evaluate the emergency department IDVA project to demonstrate its value in identifying and supporting victims of DVA. In addition the safeguarding children team will continue to deliver a programme of specialist safeguarding children training across the organisation.

Safeguarding Adults

The adult safeguarding team 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 is expanding which will allow 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. Our tissue viability team have also now recruited a nurse dedicated to falls prevention who works closely with the DDD Team. The adult safeguarding team has continued to focus on Deprivation of Liberty Safeguards. Our adult safeguarding nurse has completed the Best Interest Assessor Course at Wolverhampton University which has improved our teaching and support to frontline staff in relation to least restrictive care, best interests and mental capacity assessments.

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.



Sabina Price-Hickman, Charge Nurse for Adult Safeguarding, with David Cobley, Learning Disabilities Liaison Nurse.

Learning from deaths

Summary Hospital-level Mortality Indicator (SHMI)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the organisation and the number that would be expected to die on the basis of average England figures, given the characteristics of

the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days of discharge.

Our SHMI score is currently 111 (September 2018). This data is derived from HED (Healthcare Evaluation Data) for the Summary Hospital Level Mortality Indicator (SHMI).

Mortality comparisons using highest SHMI against national results: July 2017- June 2018

Indicator	Lowest	Highest	SWBH
Score (SHMI)	0.698	1.257	1.154
Observed	1450	1213	2199
Expected	2077	965	1905

The data above compares our mortality figures against all other Trusts nationally. A Trust would only get a SHMI value of one if the number of patients who died following treatment was exactly the same as the expected number using the SHMI methodology. The Trust also monitors its SHMI value taken from a national benchmark data provider (HED) site and includes this within its various mortality and performance monitoring reports. This data is available for a more recent period than is available from the NHS Digital website.

During 2018/19, 1059 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: 370 deaths in Q1, 346 deaths in Q2, 343 deaths in Q3. Q4 data is not yet available and will be reported in next year's account.

By 31 January 2019, 569 mortality case record reviews and 11 investigations have been carried out in relation to 1059 of the deaths included above.

In 11 cases a death was subject to both a case review and an investigation. The number of deaths in each quarter for which a case record review or investigation was carried out was 136 in Q1, 174 in Q2, 259 in Q3. Q4 data is not yet available and will be reported in next year's account.

Eleven cases representing 1.03 per cent of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter this consisted of: 0 patient deaths representing 0 per cent of the patient deaths

for Q1, 0 patient deaths representing three per cent of the patient deaths for Q2, six patient deaths representing 1.75 per cent of the patient deaths for Q3. Q4 data is not yet available and will be reported in next years account.

Mortality performance in Q4 2017/18

193 case record reviews and 3 investigations completed after April 2018 which related to deaths which took place before the start of the reporting period.

Three deaths representing 0.65 per cent of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Sandwell and West Birmingham NHS Trust Mortality Review System.

Twelve deaths representing 0.75 per cent of the patient deaths during the 2017/18 reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using our Mortality Review System (MRS). The (MRS) is based on the PRISM methodology. It is in place to ensure that there is a review of the management of patients who have died in our care. On notification of the death to the CARES office, the notes of the patient are scanned into our clinical database and a notification is sent to the Clinical Director and an independent consultant from the directorate where the death occurred. A comprehensive review of each case is performed within 42 days of the death. The MRS allows each case to be examined for excellence as well as errors or deficiencies in care and the death is categorised as expected or unexpected and whether the death was preventable.

A MRS report is compiled and scrutinised at the monthly Learning from Deaths committee, any actions arising are monitored through to completion.

In addition we use a 'trigger method' to identify the cases not categorised with a preventable code, but where there has been a negative response to a significant number of questions (three or more) relating to the clinical assessment or ongoing management of the case. These are investigated further through the Learning from Deaths committee. The outcome and actions from these cases are reviewed by the committee to identify quality improvements required. Data from the MRS is used to investigate and respond to external mortality outlier alerts.

Our organisation is undertaking work to understand and improve mortality data looking at both the processes involved in generating mortality data as well as a focus on clinical care in those clinical areas where a higher than expected mortality rate is seen. This forms part of the Quality Plan. The plan will focus on priority areas to begin with which were identified from our mortality data.

Sepsis

The purpose of this quality improvement work is to reduce patient mortality due to sepsis. The priority was to improve sepsis screening compliance for patients who triggered a National Early Warning Score (NEWS) of five or above and pilot a treatment tool. In August 2018 our evidenced (electronically recorded) sepsis screening rate was one in 11 patients (so for every 11 patients that triggered a NEWS of five or above, one patient received screening for sepsis).

The purpose of this work was to improve compliance to ensure that every patient who required screening (sometimes twice daily) received it in a timely fashion. The sepsis screening compliance has improved from a one in 11 (9 per cent) screening rate in August 2018 to November 2018 where we saw an improvement to one in two (50 per cent). This was sustained through the winter and has climbed to a one in 1.1 (90.6 per cent) compliance in March. The aim now is to sustain this improvement and reach a sustained 100 per cent compliance across all wards.

The second stage of the QI work is looking at the assessments after the screening alert and initial work suggests that accuracy of documentation around time of sepsis assessment, administration of oxygen and monitoring of urine output are important data points where recording requires improvement. The audit form

is now being trialled in real time on the wards with the aim that it becomes embedded in ward activity to record how they have dealt with triggering patients. This will then be part of regular ward activities to review this data weekly with education and training where needed and will link into the nursing assessment and learning from missed triggers and the themes that come from that.

Venous thromboembolism (VTE)

Compliance has improved across the year and compliance since the beginning of the year is above 95 per cent. Improving compliance is being addressed by communication to junior staff, work with the chief registrar, pre-weekend messages to on-call teams (senior and junior) to make sure checks are carried out and visits to board rounds to encourage undertaking of uncompleted checks.

In addition to the above deeper understanding of current IT limitations in recording of data is being reviewed and we are asking for modifications in these systems prior to go live with Unity to facilitate junior staff recording of assessments.

A clinical audit of missed or delayed assessments showed that not all assessments were missed, some were already on anticoagulation and some turned out not to need prophylaxis. However there is still a percentage who have missed assessments. To understand the potential impact of these missed assessments we are looking at all hospital acquired VTE (HAVTE). This will be via incident reporting and cross checking with coding data.

Stroke

Data of deaths in 2017/18 has been reviewed by the stroke team. The expected vs actual mortality rate was not too different but analysis found that there was no increase in mortality for patients admitted on the weekend and there was no preventable deaths identified except one potentially preventable death where mechanical thrombectomy was not available out of hours. This was a retrospective review and therefore the outcome of this work was that the stroke service will set up their own monthly mortality review of all stroke deaths and have better identification of stroke patients admitted.

Child deaths

The paediatric department reviews their child deaths annually and report into the Learning from Deaths committee. Following these reviews the actions that have been undertaken are that a new induction drugs policy has been written and presented at a joint QIHD

session with anaesthetics. The changes are going to be tested in a SIM situation before being rolled out. An issue has been identified with regards to delays in sending out letters to patients. The process has been reviewed, documented on the risk register and is being monitored by the team. All reports from child death reviews are now stored on a shared folder. In addition actions to take forward are to review palliative care coding and to review palliative case provision out of hours.

Neonatal deaths

The neonatal team has a robust system in place which reviews deaths linked to obstetrics and maternity departments and have presented to the Learning from Deaths Committee. The four learning points were:

- The department did not have video laryngoscopy, although the cases benefiting from this would be small it was still thought worthwhile. The team have now purchased one.
- Referral to the coroner remains important and often mandatory despite many parents being against conducting a post mortem. Clarity around conditions for referral and the sensitivity working with the family has been shared within department.

- One review revealed that the team were not clear about massive transfusion policy. A second clear quality improvement outcome has been that the policy and procedure has been updated and shared across the department.
- One case revealed that better knowledge of hypoxic ischaemic encephalopathy management with hypothermia was needed. This case was used to share learning in department.

Deaths of patients with involvement from palliative care services

Diagnostic care coding = Z5.15. The table below provides information relating to the number of deaths at the organisation where a diagnosis of palliative care was made. A trust's mortality data is affected by palliative care and specialist palliative care coding as well as comorbidity coding. Changes in external mortality data calculation methods and rebasing, changes in palliative care provision (eg focussing on community care) and coding can affect our data and comparison with peer trusts.

Mortality comparisons against national results: July 2017/18

Total Number of Deaths	Palliative Care	Percentage (%)
2199	481	21.9



Dr Chizo Agwu, Trust Mortality Lead.

External visits

In depth data analysis of cases for fracture neck of femur was undertaken and we received a review from the West Midlands Safety Group. This was due to national data identifying us as an outlier. The review of the data concluded that there was no weekend mortality effect associated with the 31 deaths identified. Several quality Improvement points came from the review with target date of March 2019, spanning multi-specialties.

A subsequent visit from the West Midlands Quality Review Service (WMQRS) in January 2019 to look at the pathway showed no areas of immediate concern over pathways or care. The visit highlighted areas of good practice and areas to re-visit which are outlined below.

Good practice	Areas to re-visit
High morale within the trauma team - clinicians, SCPs, theatre and ward staff	Access to patient records on CDA is not easy and is not in one place
Comprehensive reporting and analysis of the cases	Understanding of Vital Pac among the staff is slightly variable
Concept of Quality Improvement Half Days (QIHD) is excellent	Weekend access to MRI for pathological fractures needs improving
Concept of Black Country Networking to share and learn is very good practice	Our NOF Mortality proforma is mainly T&O based. It may benefit from including the ED and Anaesthesia sides too
Emergency department - good practices in initial NOF management and willingness to work with T&O	Decision on 'Not to Operate' needs a clear SOP/ Process to avoid variations of practice
Role and contribution of (lone) Ortho-Geriatician	Decision to 'cement' or not also needs to be standardised
Protected NOF Beds and Uniform NOF pathway	'Cement Curfew' / 'Time out' during cementing
'Whatsapp Group' to plan and execute throughout the day, including weekends	'Level 1' facility for NOF patients - where and how?
Nursing leadership in planning, training and monitoring	Consistent communication from ED to Reg on call before NOF admission and transfer to the ward
Desire to replicate/ look into 'Level 1' care	Role or possibility of Frailty Nurse
	Weekend full physiotherapy provision
	'Golden First Patient' to start the list

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 3009. Of these 2504 were recruited into National Institute for Health Research (NIHR) portfolio studies whilst 505 were recruited into non-NIHR portfolio studies.

During that period Sandwell and West Birmingham Hospitals NHS Trust participated in 100 per cent national clinical audits and 100 per cent national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Participation in clinical audits

During 2018/19, 54 national clinical audits and four national confidential enquiries covered relevant health services that Sandwell and West Birmingham Hospitals NHS Trust provide.

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham Hospitals NHS Trust was eligible to participate in during 2018/19 are as follows (see table on the following page column 1):

The national clinical audits and national confidential enquiries that we participated in during 2018/19 are as follows (see table on the following page column 2).

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 2018/2019, 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 below table column 3).

Title	Are we participating in this?	% of eligible cases submitted
7 Day Hospital services self-assessment survey	✓	100%
BAUS urology audits - Female stress urinary incontinence	✓	100%
BAUS urology audits - Percutaneous nephrolithotomy (PCNL)	✓	100%
Adult community acquired pneumonia (BTS)	✓	100%
Non-invasive ventilation – Adults (BTS)	✓	100%
Cardiac rhythm management (CRM)	✓	100%
Case mix programme (CMP)	✓	100%
Falls and fragility fractures audit programme (FFFAP) Inpatient falls	✓	100%
Falls and fragility fractures audit programme (FFFAP) Fracture liaison service database	✓	100%
Falls and fragility fractures audit programme (FFFAP) National hip fracture database	✓	100%
Inflammatory bowel disease (IBD) registry	✓	100%
Learning disability mortality review programme (LeDeR)	✓	100%
Mandatory surveillance of bloodstream infections and clostridium difficile infection	✓	100%
Maternal, newborn and infant clinical outcome review programme	✓	100%
Myocardial ischaemia national audit project (MINAP)	✓	99.52%
National asthma and COPD audit programme (NACAP)	✓	60%
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	✓	100%
National audit of intermediate care (NAIC)	✓	100%
National audit of percutaneous coronary interventions (PCI)	✓	100%
National audit of seizures and epilepsies in children and young people (Epilepsy12)	✓	55 cases
National bowel cancer (NBOCA)	✓	100%
National cardiac arrest audit (NCAA)	✓	100%
National clinical audit for rheumatoid and early inflammatory arthritis (NCAREIA)	✓	165 cases
National comparative audit of blood transfusion programme (NCABT) - Audit of the management of maternal anaemia	✓	100%
National comparative audit of blood transfusion programme (NCABT) - Audit of the management of massive haemorrhage	✓	100%
National comparative audit of blood transfusion programme (NCABT) - Audit of the use of FFP and cryoprecipitate in neonates	✓	100%
National diabetes audit - Adults foot care	✓	100%
National diabetes audit - Adults national core diabetes audit	✓	Partial submission

Title	Are we participating in this?	% of eligible cases submitted
National diabetes audit - Adults national diabetes Inpatient audit	✓	100%
National diabetes audit - National pregnancy in diabetes audit	✓	100%
National emergency laparotomy audit (NELA)	✓	100%
National heart failure audit	✓	87%
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	✓	100%
National oesophago-gastric cancer (NOGCA)	✓	>90%
National ophthalmology audit	✓	100%
National paediatric diabetes audit (NPDA)	✓	100%
National prostate cancer audit	✓	100%
Elective surgery national PROMS programme (hip and knee surgery)	✓	94%
VTE risk in lower limb immobilisation (care in emergency departments)	✓	100%
Feverish children (care in emergency departments)	✓	100%
Vital signs in adults (care in emergency departments)	✓	100%
Reducing the impact of serious infections (antimicrobial resistance and sepsis) antimicrobial stewardship	✓	50%
Reducing the impact of serious infections (antimicrobial resistance and sepsis) antibiotic consumption	✓	100%
Sentinel stroke national audit programme (SSNAP)	✓	90%
Serious hazards of transfusion (SHOT): UK national haemovigilance scheme	✓	100%
Surgical site infection surveillance service	✓	99.6%
Major trauma audit	✓	80%



Clinical Effectiveness Project Facilitator Bahadur Dehar staffing the Clinical Audit Awareness Week pop up information and advice stand at Hallam Restaurant, Sandwell Hospital.

The reports of 48 national clinical audits were reviewed by the provider in 2018/19 and Sandwell and West Birmingham NHS Trust intends to take the following actions to improve the quality of healthcare provided;

- Review the quality of the information submitted to national audit to ensure that our data reflects the level of service we provide and that we can ensure that our patients and staff benefit from the learning resulting from the audits.
- Liaise with West Midlands Ambulance Services to ensure that all ACS cases are brought straight to City Hospital and not Sandwell.
- Introduce a ward based oxygen training programme on respiratory wards.
- Establish a COPD admission bundle on both sites, to ensure all patients that require oxygen are receiving it and to target saturation.
- Reduce the length of time for a fracture to be reported on the system.
- Following the results from previous National Audit of Emergency Laparotomy's elderly care reviews were introduced on the wards, this has proven to be highly successful and this year we want to ensure this practice is embedded. In addition we would like to improve anaesthetic consultant attendance at emergency laparotomies.
- Develop a laminated card which will be attached to each resuscitaire on the labour ward as a reminder to check the baby's temperature and to provide appropriate thermal care during transfer to the neonatal unit.
- Develop a business case to purchase baby pods for the transportation of babies with possibility of using charitable funds to purchase these.
- Arthroplasty nurse to be appointed to improve the aftercare for our patients and pick up early complications follow hip and knee replacement surgery. To increase the involvement of anaesthetics prior to surgery to improve selection criteria (improve pathway). To use the electronic notice board to encourage patients to complete their PROMS to be used for patient information in outpatient waiting areas.
- Surgical Site Infection Leaflets are now given to patients on ward to improve post discharge questionnaire completion which includes contact details in case the patient is concerned.

The reports of 114 local clinical audits were reviewed by the provider in 2018/19 and Sandwell and West Birmingham NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Diphencyprone (DCP) referral proforma to be combined with consent form as a pack and completed by clinicians when referring a patient for DCP. The proforma will be uploaded to the shared drive for clinicians to access.
- Develop a parent information leaflet to raise awareness of suspected sepsis.
- Education of how to escalate when an abnormality is detected/queried in newborn babies. This is to be included as part of departmental induction to increase awareness as well as during Newborn and Infant Physical Examination (NIPE) study days for midwives.
- To develop a clear pathway and expectation for review of paediatric patients out of Ophthalmology Emergency Department. Ensure that the pathway is disseminated and embedded - sharing with general paediatric colleagues.
- Review of our current enhanced recovery pathway to ensure safe use of IV fluids and nephrotoxic drugs.
- Obtain agreement from Birmingham Children's Hospital whether telephone advice can be sought during office hours when Sandwell and West Birmingham NHS Trust paediatric ophthalmologist is on leave.
- Meet with pharmacy Lead to look at current practice and where improvements can be made ahead of the new EPR system to alleviate the differences in current practices within acute and community wards in regards to accepting FP10 for medication to take home from community wards to stop multiple prescriptions.
- New delirium guidelines to be developed to incorporate inclusion of the 4AT scoring.
- Setting up of alcohol team within Sandwell and West Birmingham NHS Trust, increased funding dedicated to alcohol service provision within Sandwell and West Birmingham NHS Trust.
- Repeated attenders multi-disciplinary group to be set up to review (real-time) patients with high emergency department attendance frequency. Group to decide on appropriate support mechanisms to help reduce attendance frequency.

PARTNER STATEMENTS

Healthwatch Birmingham

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Sandwell and West Birmingham NHS Trust. We make our statement cognizant of the challenges the Trust has faced over the year with the building of the new Midland Metropolitan Hospital.

It is disappointing that the Trust's CQC rating remains 'requires improvement especially as improving this was a priority for the 2017/18 Quality Account. However, we are pleased that the CQC rated the Trust outstanding in the caring domain and for critical care services. We encourage the Trust to continue implementing the actions it has outlined in the Quality Account and should consider including an audit of its clinical and corporate policies to see if they are fit for purpose. This would ensure that practices across the Trust adhere to current statutory requirements, national and NHS Guidelines. This would also clarify key lines of responsibility in ensuring that staff have an adequate understanding of policy and strategy.

Patient and Public Involvement

In the 2017/18 Quality Account, the Trust gave examples of the different ways it listens and learns from the experience of patients and carers. The Trust mentioned,

- 'Facebook live events' where patients could engage with health care staff;
- the establishment of a carers group which we believed was a good resource for the Trust for continued understanding of how best to support relatives and carers;
- the involvement of those within the 'Members Leadership Group' in CQC inspections and improvement plans; and
- the Trust's intention to work closely with other partners to better join up the Trust's formal patient engagement activities.

Healthwatch Birmingham believed that the Trust had the base on which to develop a coordinated and structured approach to the use of patient, service user and carer's experiences and insight. It is disappointing that the current Quality Account does not demonstrate how the Trust engages with patients and how this influences service development and improvement. For instance, the Trust

has only provided the key performance indicators for complaints (p18 of the draft Quality Account) under patient experience. The Trust has not provided any indicators for PALs contact or the survey results of the Friends and Family Test (FFT). If these are available, the Trust has not signposted to the relevant page on the website. In addition, the Trust has only shown the number of complaints (which we are happy has reduced from 1037 in 2017/18 to 867 in 2018/19) but the themes from complaints have not been indicated nor how these are used to improve services.

Healthwatch Birmingham believes that for the Trust to improve its score for the 'responsiveness to personal needs of patients' is to understand these needs. This can only be done by listening to what these needs are from patients, service users and carers. We note that 'continuing to collect patient experience first-hand' is one of the actions to be taken to improve patient care. However, we are not sure if the 'patient placemats to support early discharge' initiative will help the Trust understand patient's needs. It is not clear whether the questions¹ asked under this initiative reflect what patients and their carers have said they want. We note that patients and nursing staff are reviewing this initiative; we would like to read on the outcome of this initiative in the 2019/20 Quality Account.

1 Questions include: If I am recovering well, when will I be discharged? Do I know what my diagnosis is or what tests are being carried out to determine this? What will happen over the next 24 hours with my treatment and care? What do I need to achieve to go home?

It is encouraging that the Trust has an engagement strategy for staff that it follows to ensure that staff can feedback and raise concerns. We note the different methods available to involve staff and gather their feedback such as the 'we connect engagement programme', which is aimed at analysing engagement across the Trust to see how to improve future NHS Staff Friends and Family tests. We also note that through the 'Speaking UP' initiative, staff have outlined three changes they would like to see. Of key strategic importance to Healthwatch Birmingham is better communication about change. We would like

to read the actions that have been taken to address this and their impact in the 2019/20 Quality Account.

Healthwatch Birmingham believes that this staff engagement strategy can serve as a foundation for developing a Trust-wide patient and public involvement (PPI) strategy. We still believe that the Trust would benefit from developing a Patient Public Involvement (PPI) Strategy that would ensure that engagement activities are equitable and representative of the localities the Trust works in. A PPI strategy would outline:

- Why the Trust is listening?
- What the Trust listens for?
- How the Trust listens?
- Who The Trust wants to hear from (including 'seldom-heard' groups)?
- How the Trust will use what it hears?
- Clear arrangements for collating feedback and experience.

Over the past year, Healthwatch Birmingham has worked with Clinical Commissioning Groups (CCGs) and trusts to benchmark their patient and public involvement (PPI) processes using Healthwatch Birmingham's Quality Standard. Thus enabling them to identify areas of good PPI practice or areas that need to improve. This has led to the development of actions aimed at embedding systems for delivering consistently high-quality PPI. Healthwatch Birmingham has made initial contact with Sandwell and West Birmingham Trust on this issue which we will follow-up in 2019/20. We would like to continue supporting the Trust with its PPI activities.

Regarding the NHS Staff Survey, we note that there has been an improvement on the percentage of staff that would recommend the Trust as a provider of care to their family and friends from 58.2% (2017) to 60.2% (2018). Equally, the percentage of staff who would recommend the Trust has increased from 49.4% (2017/18) to 55.7% (2018/19). We encourage the Trust to continue implementing the actions outlined in the Quality Account as these scores are still below the national average. We would also like to see how the Trust uses this feedback from staff, especially how it uses it to understand the needs of different staff groups such as those from the BAME community.

Regarding the complaints data, the Trust should consider including in this Quality Account the most common themes of complaints it has received, lessons learnt from these complaints and actions taken.

Trust Performance in 2018/19

Improved outcomes for patients presenting with signs and symptoms of sepsis

We welcome that the Trust has been able to consistently identify and screen 90% of its patients for sepsis and manage those identified as needing further treatment, over the last year. We note that 84% of patients receive antibiotics within one hour of arrival for an average of 40 patients presenting every month. The Trust has identified that delays are usually a result of delays in prescription or administration of antibiotics. We would like to read in the 2019/20 Quality Account, the actions taken in relation to the prescription process and the changes that have been made as a result.

Improve the consistency of care provided to patients while on the hospital's wards

We note the initiatives that have been implemented to ensure the delivery of consistent care. For instance, the 'Consultant of the Week' where individual consultants focus on leading patient management on the ward and the rotation of junior staff to improve training. We are pleased about this as over the last year patients have shared with us some poor experiences of care (e.g. assessments). We, therefore, encourage this initiative and would like to read, in the 2019/20 Quality Account, about its impact on patient experience.

Implementing the Safety Plan

We note that an audit of the safety plan (which includes 10 evidence-based clinical standards) was carried out in February 2019. The audit found that assurance controls to manage risks are suitably designed and consistently applied. However, issues were identified, such as:

- Inconsistencies in completion of the safety plan across the wards audited.
- Discrepancies between the time patients are recorded on the electronic bed management system and actual transfer of the patient. The risk is that unless the time of transfer is in real time all time-related actions will be incorrect

- On some wards, members of staff were unsure of when to complete certain parts of the plan.

We welcome the development of a standard operating procedure to provide guidance on the completion of the Safety Plan and training for new staff. However, we believe that refresher training should be made available to all health care staff if this is to become embedded into the Trusts practice. We look forward to reading, in the 2019/20 Quality Account, the impact of the steps taken to address these issues and the number of staff trained.

Seven Day hospital Services

We are pleased that the Trust is compliant with three of the four priority standards aimed at ensuring that patients have access to consultant directed care, diagnostics and clinical interventions seven days a week. The Trust has not been compliant in clinical standard two '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'. Compliance is 73% weekday and 85% weekends. We would like to read in the 2019/20 Quality Account how the discharge project has helped improve this standard.

Incident reporting

We note that the Trust has had 21 serious incidents in 2018/19 and three never events were reported. We note the various changes that are taking place, such as annual audits of injectors and assistants to ensure safe and consistent practice and education across the Trust on WHO Surgical safe checklist. We ask the Trust to continue implementing initiatives that ensure robust controls are in place to prevent never events occurring. We would like to read the impact these changes have had on practice in the 2019/20 Quality Account.

Emergency four-hour wait

We note that the Trust continues to face challenges in meeting the national target of 95% for the emergency four-hour wait. The Trusts performance on this standard has fluctuated over 2017/18 and has been below the national target. As of March 2019, this was at 85.9%. One of the main issues we hear from the Trust's patients is around waiting times in A&E; we documented these in

our recent report regarding both Birmingham City Hospital and the Birmingham and Midland Eye Centre. The focus of the report is on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect. We believe that the findings of this report can complement the actions the Trust plans to take to improve this performance and people's experiences as they wait to receive treatment. The report can be found here: <http://bit.ly/2H1ZKMD>

Learning from deaths

During 2018/19, 1059 Trust patients died and by end of January 2019 569 mortality case record reviews and 11 investigations were carried out. Eleven of these cases were subject to a case review and investigation. These were judged by the Trusts review process to have occurred due to problems in the care provided to the patient. In 2017/18, twelve deaths were judged to be due to problems in care received. We encourage the Trust to outline the key steps that they will take to reduce this and share learning across the Trust. We would like to read in the 2019/20 Quality Account how UNITY has helped the Trust make improvements, and examples of these.

The Trusts Priorities for 2018/19

Healthwatch Birmingham has taken note of the Trust's priorities for 2019/20, which reflect the experiences people tell Healthwatch Birmingham. A key element of these priorities is that they are setting the necessary foundations for the Trust, such as developing guidance, improving the single electronic system — UNITY to aid assessments and support quality/safety planning — and examining how services will be delivered at the Midland Metropolitan Hospital. We believe that the Trust should also focus on developing a strategy for listening to and acting on patient experiences to help improve patient care.

Trust response

We thank Healthwatch Birmingham for their review of our Quality Account 2018/19 and their valuable comments. We also publish our Quality Account as part of our Integrated Annual Report and Accounts and more detailed information can be found within that report with particular reference to patient feedback including a specific section on learning from our patients.

Healthwatch Sandwell

Healthwatch Sandwell (HWS) is the independent patient champion for health and social care in Sandwell, delivered by Engaging Communities (ECS) CIC. We are pleased to comment about the activities that have taken place by SWBHT during 2018/19.

Our relationship with Sandwell and West Birmingham NHS Trust (SWBHT) has been productive and we have been involved in various projects. We were acknowledged in the Purple Point Initiative (PPI), which was implemented in February 2018 by SWBHT. This is a hotline that has been introduced to respond to concerns of in-patients or their loved ones about their care before the patient is discharged from SWBHT.

SWBHT implemented the PPI as a direct result of work undertaken by HWS on patient experiences at Sandwell General Hospital (during 2015 and 2016) which found patients wanted concerns resolved in a more timely approach.

HWS evaluated patient knowledge and use of the Purple Points in March 2019 and found that the public's awareness was poor. Our investigation found that 92% of the respondents did not know what the PPI was and gave a range of answers, including:

"it's where you assemble when there is a fire alarm"

HWS have made the following recommendations and look forward to receiving a response from SWBHT:

- An effective publicity campaign is undertaken again to inform the public of the initiative.
- An information leaflet about PPI is given to each patient on admission to raise awareness.

HWS continue to have effective relationships with SWBHT, especially with the Communications team, who are always open and supportive of our visits to the hospitals, especially in relation to survey work, including the NHS Long Term Plan.

HWS have appreciated the receptiveness of SWBHT when we have escalated concerns from the public about the future of services, for example, The Midland Met. Hospital. We believe that this is testament to our effective working relationship.

HWS have regularly signposted patients and their carers

to PALS and have supported them through their journey of raising concerns about their care. Our Engagement and Information Lead Officer is meeting regularly with Head of Complaints at SWBHT and we look forward to developing our partnership in 2019/20 whilst retaining our independence to represent the experience of patients and their carers.

It is pleasing to note that the SWBHT have embedded their safety plan within patient services, which sets out core checks that are carried out with every patient within 24 hours of them receiving care. HWS would endorse that safety of patients is paramount and look forward to this safety plan being evaluated, we will continue to monitor feedback from patients and carers.

During 2018/19 three 'Never events' were reported. HWS would like to commend SWBHT for recording these events and will be monitoring any patient feedback that may be connected to these three events.

HWS appreciate that the delay and the challenges of the completion of the Midland Met. Hospital has resulted in disruption and we look forward to seeing this project becoming a reality. Our representative on the Sandwell and West Birmingham Hospital Trust Board will continue to ensure that the needs and requirements of local people are represented.

SWBHT have listed 3 priority areas in this Quality Account and HWS will be monitoring outcomes of the identified priorities:

Priority 1 - Improved outcomes for patients presenting with signs and symptoms of sepsis.

Priority 2 - Achieving a good rating under the framework of the CQC assessment.

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.

In relation to priority 2 we believe that patients deserve services that are "Outstanding", and we look forward to working with the NHS Trust to make this a reality.

One of the three priorities for the Trust in 2018/19 was improving the consistency of care provided to patients while on our wards. This initiative focussed on having the right documentation completed at the right time and making sure that the correct documentation and risk assessments are completed on all patients at the time they are admitted to our wards. As part of this initiative 10 medicine standards were implemented which included standards on administration and omissions of medication.

The Medicines Management and Optimisation Team at **Birmingham and Solihull Clinical Commissioning Group** have commented on this aspect of the Quality account and stated 'It is good to see that ensuring patient medication is administered as prescribed and recording/coding of omissions and delays is a high priority for the Trust. It would be good to understand what is being done with the information about omissions and delays to drive improvement.'



L-R = Rotational Physiotherapist, Tom Mahoney and Physiotherapist, Qivon.

Independent Practitioner's Limited Assurance Report to the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust on the Quality Account

We have been engaged by the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust to perform an independent assurance engagement in respect of Sandwell and West Birmingham Hospitals NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010 and as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death
- Percentage of patients risk-assessed for venous thromboembolism (VTE)

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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 over 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, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health and NHS Improvement guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2018 to 29 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 29 May 2019
- feedback from commissioners dated 21/05/2019;
- feedback from local Healthwatch organisations dated 13/05/2019 and 24/05/2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated Quarter 1 2018/19, Quarter 2 2018/19, Quarter 3 2018/19 and Quarter 4 2018/19;
- the national patient survey dated 2018;
- the national staff survey dated 2018;
- the local staff survey dated November 2018 and February 2019;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 02/05/2019;
- the annual governance statement dated 29/05/2019;
- the Care Quality Commission's inspection report dated 05/04/2019;
- any other information obtained during our limited assurance engagement.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Directors of Sandwell and West Birmingham Hospitals NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Sandwell and West Birmingham Hospitals NHS Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and NHS Improvement. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Sandwell and West Birmingham Hospitals NHS Trust.

Our audit work on the financial statements of Sandwell and West Birmingham Hospitals NHS Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Sandwell and West Birmingham Hospitals NHS Trust's external auditors. Our audit reports on the financial statements are made solely to Sandwell and West Birmingham Hospitals NHS Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to Sandwell and West Birmingham Hospitals NHS Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Sandwell and West Birmingham Hospitals NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Sandwell and West Birmingham Hospitals NHS Trust and Sandwell and West Birmingham Hospitals NHS Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



Grant Thornton UK LLP
Chartered Accountants
Birmingham

29 May 2019

Accountability Report

Corporate Governance Report

Director's Report

The Trust Board meets monthly. The Chair of the Board is Richard Samuda and the Vice-Chair is Olwen Dutton.

Mr Mick Laverty, a new Associate Non-Executive Director was appointed in February 2019.

Non-Executive Directors: Board and Committee attendance

	Trust Board	Remuneration and Terms of Service	Audit and Risk Management	Quality and Safety	Finance and Investment	Charitable Funds	Major Projects Authority [till 08/18]	People and Organisational Development	Digital Major Projects Authority [from 10/18]	Estate Major Projects Authority [from 09/18]	Public Health, Equality and Community Development
Richard Samuda, Chair	11/12	1/1		10/12	11/12	2/4	4/5	1/3		4/4	2/4
Olwen Dutton, Vice-Chair	8/12	1/1	2/6	12/12							
Prof Kate Thomas, Non-Executive Director	10/12	1/1									2/4
Mike Hoare, Non-Executive Director	10/12	1/1			10/12		3/5		6/6		
Harjinder Kang, Non-Executive Director	11/12	1/1	4/6		11/12			3/3		4/4	
Waseem Zaffar, Non-Executive Director	9/12	0/1	3/6			4/4					4/4
Marie Perry, Non-Executive Director	10/12	1/1	6/6	10/12	10/12				6/6		
Mike Laverty, Assoc. Non-Executive Director	2/02										

Executive Directors: Board and Committee attendance

	Trust Board	Quality and Safety	Finance and Investment	Charitable Funds	People and Organisational Development	Major Projects Authority [till 08/18]	Digital Major Projects Authority [from 10/18]	Estate Major Projects Authority [from 09/18]	Public Health, Equality and Community Development
Toby Lewis, Chief Executive	11/12	11/12		2/4		4/5	6/6	4/4	3/4
Rachel Barlow, Chief Operating Officer	11/12	11/12	10/12		2/3	4/5	5/6		
Dr David Carruthers, Medical Director	12/12	10/12							3/4
Kam Dhami, Director of Governance	12/12	11/12					6/6		
Paula Gardner, Chief Nurse*	11/11	12/12		1/4	3/3				2/4
Raffaella Goodby, Director of People and OD	11/12		11/12		1/3	4/5	5/6		3/4
Dinah McLannahan, Acting Director of Finance***	8/9		9/10	2/3		1/2		4/4	
Tony Waite, Director of Finance**	3/3		2/2	1/1		3/3			

KEY		
* Appointed in May 2018	** Absent from work from June 2018	*** Appointed from July 2018

The Trust Executive Group (at 1st April 2019) is:

- Toby Lewis, Chief Executive Officer (Board Member)
- Rachel Barlow, Chief Operating Officer (Board Member)
- Dr David Carruthers, Medical Director (Board Member)
- Paula Gardner, Chief Nurse (Board Member)
- Dinah McLannahan, Acting Finance Director (Board Member)
- Raffaella Goodby, Director of Organisational Development (Board Member)
- Kam Dhami, Director of Governance (Board Member)
- Ruth Wilkin, Director of Communications
- Alan Kenny, Director of Estates and New Hospital Project
- Dave Baker, Director of Partnerships and Innovation
- Martin Sadler, Chief Informatics Officer

The members of the Audit and Risk Management Committee at 31 March 2019 were Marie Perry (Chair), Olwen Dutton, Harjinder Kang and Waseem Zaffar.

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/long term. The Board meets monthly.
Audit & Risk Management Committee	The Committee provides oversight and assurance in respect of all aspects of governance, risk management, information governance and internal controls across Trust activities. The committee meets five times a year.
Quality and Safety Committee	The Committee provides oversight and assurance in respect of all aspects of quality and 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 monthly.
Finance and Investment Committee	The Committee provides oversight and assurance in respect of the Trust's financial plans, 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 three times a year.
Digital Major Projects Authority	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 Authority	The Committee provides the Board with assurance concerning the strategic direction of the Trust. Specifically, to support the project to establish the Midland Metropolitan Hospital. DMPA 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 Development and Equality Committee	The Committee provides oversight and assurance regarding plans to drive holistic public health interventions and the Trust's equality ambitions. The Committee meets quarterly.
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 as and when required. One Remuneration Committee meeting was held in 2018/19.

TRUST BOARD REGISTER OF DECLARED INTERESTS 2018/19

Name/Title	Interests Declared
Chair	
Richard Samuda	<ul style="list-style-type: none"> • Trustee – ‘Kissing It Better’ • Non-Executive Director – Warwick Racecourse
Non-Executive Directors	
Olwen Dutton	<ul style="list-style-type: none"> • Partner – Anthony Collins LLP • Fellow – Royal Society of Arts • Trustee – Writing West Midlands • Trustee – The Almshouse Charity of Thomas Huntbach & Francis Tongue Croxall • Member – Lunar Society • Member – Labour Party
Michael Hoare	<ul style="list-style-type: none"> • Director - Metech Consulting • Director - CCL Group • Director - Nobu Ltd
Harjinder Kang	<ul style="list-style-type: none"> • Trustee – Birmingham Botanical Gardens • Director – Abnasia Ltd • Management Consultant – Vectura Group PLC
Marie Perry	<ul style="list-style-type: none"> • Head of Finance and Procurement – Consumer Council for Water
Waseem Zaffar	<ul style="list-style-type: none"> • Elected Councillor – Lozells and East Handsworth Ward (Birmingham City Council) • Cabinet Member for Transport and Environment – 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 • Board Director – Airport Transport Forum • Committee Member – Trent Regional Flood & Coastal Committee
Kate Thomas	<ul style="list-style-type: none"> • Vice Dean of Medicine and Programme Director MBChB – University of Birmingham • Salaried GP – Our Health Partnership • Sessional Post – GMC (Outcomes for Graduates) <ul style="list-style-type: none"> • Sessional Examiner – Universities of Oxford and Exeter • Sessional Validation Reviewer – University of Keele • Trustee – Medical Schools Council Assessment Alliance
Mick Laverty	<ul style="list-style-type: none"> • CEO – ExtraCare • Council Member and Chair of Audit Committee - University of Birmingham • Trustee and Chair of the Audit Committee - Birmingham Hippodrome

Executive Directors	
Toby Lewis (Chief Executive)	<ul style="list-style-type: none"> • Board Member – Sandwell University Technical College • Independent Member and Chair of Audit Committee – Council of Aston University
Rachel Barlow (Chief Operating Officer)	<ul style="list-style-type: none"> • None
Paula Gardner (Chief Nurse)	<ul style="list-style-type: none"> • None
David Carruthers (Medical Director)	<ul style="list-style-type: none"> • None
Dinah McLannahan (Acting Director of Finance)	<ul style="list-style-type: none"> • Board Member – Sandwell Leisure Trust • Audit Committee Member – Black Country Living Museum
Raffaella Goodby (Director of People & OD)	<ul style="list-style-type: none"> • Independent Member of Governing Body – Sandwell College • Director – Multi Academy Trust, Sandwell College • Chair – Local Workforce Action Board (LWAB) Recruitment and Retention Workstream
Kam Dhami (Director of Governance)	<ul style="list-style-type: none"> • None
Board Advisors	
Martin Sadler (Chief Information Officer)	<ul style="list-style-type: none"> • None
Alan Kenny (Director of Estates & New Hospital)	<ul style="list-style-type: none"> • None
Ruth Wilkin (Director of Communications)	<ul style="list-style-type: none"> • Trustee of DeafKidz International (from December 2018)
Dave Baker (Director of Partnerships & Innovation)	<ul style="list-style-type: none"> • None

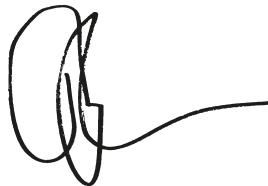
STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of NHS Improvement has designated that the Chief Executive should be the Accountable Officer for the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum issued by the Chief Executive of the then NHS Trust Development Authority. 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 at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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.



Toby Lewis

Chief Executive

29 May 2019

ANNUAL GOVERNANCE STATEMENT 2018/19

SCOPE OF RESPONSIBILITY

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

The governance model used within the Trust remains as it was in 2017/18 and before. The framework is set out on the following page. In 2019/20 we will see increasing delegation to our clinical directorates, which are the management unit that is within our Groups. This step is made possible by our stability and sustainability, and because of the work we have done on leadership development since 2014. This local leadership is best placed to respond more rapidly to the ideas of our staff and partners, and the wishes of our patients and communities.

During 2018/19 we transferred responsibility for most pathology services into a joint vehicle, co-owned by the Trust with neighbouring NHS organisations. Black Country Pathology has responsibility for staffing matters and for governance matters, with financial matters operating in a transitional way as we move towards a fully integrated single hub model at New Cross. The transfer was accomplished successfully, and the Board of the Trust remains actively engaged with the leadership of the BCP to make sure that patients' interests are being put first.

In July 2018/19 the Trust gave notice on the PF2 contract for Midland Met held by the Hospital Company. This process reflected both the collapse of Carillion and the clear indication from HM Government that it would support the refinancing of the PF2 contract. The Trust took responsibility for the site, and the asset transferred back into our accounts. With the award of the Early Works Contract in autumn 2018 we passed site control on a delegated basis back to our contractor. I am satisfied that in addressing this novel situation we have operated in full sight of our Board and our regulator, and made decisions in line with guidance, or framing guidance as the situation develops both here and elsewhere. In particular I note that our accounting practice has followed general and specific DHSC guidance.

The purpose of the system of internal control

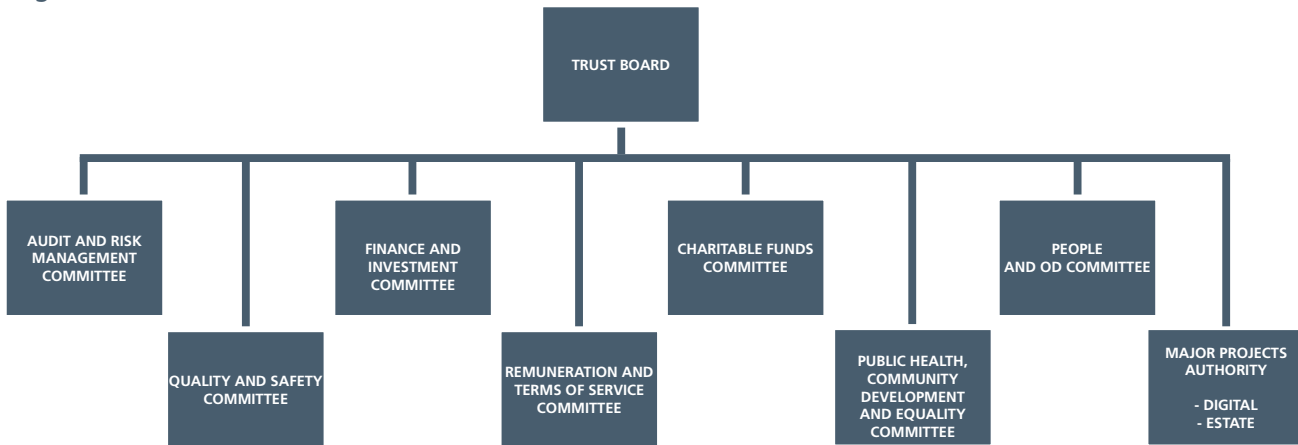
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing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

The risk and governance framework of the organisation

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



No changes of Board membership took place in 2018/19 other than the appointment of Paula Gardner as our Chief Nurse. The committees provided effective governance reporting to the Trust Board throughout 2018/19. The Chairman makes active use of these committees, whose business contributes to the start of each full Public Board meeting. The functioning of each committee was reviewed over the course of the year.

We decided to divide the Major Projects Authority’s work into two parts – one focused on digital and one of estate, and to ask the People and Organisation Development Committee to take sole oversight of the people and workforce programmes that we run. This reflected a concern that both Unity, our Electronic Patient Record, and Midland Met, our main though not sole, estate change, were each huge endeavours that needed greater attention and time than could be achieved in a single integrated committee.

I briefly record the principal areas of committee focus in the past twelve months by way of consideration of their effectiveness:

- The **Quality and Safety Committee** has focused time on our Quality Plan, and within that amenable mortality and sepsis. The committee also examines all matters of service delivery and in that context has overseen work to address red-rated indicators within our Integrated Quality and Performance Report (IQPR).
- The **Finance and Investment Committee** has spent the majority of its time seeking to ensure that our capital and revenue plans reflect the adjusted situation created by Midland Met, and that we are maximising operational improvements to reduce waiting times and lists and capture accurately our income. The committee is concerned with issues arising from the Oracle system deployment and remains involved in the Black Country Procurement Hub that the Trust is part of.
- The **People and OD Committee** has oversight of the Trust’s People Plan. From April 2019 the committee moved to a bi-monthly meeting as we look to join up quality improvements in HR with our quantified recruitment and retention planning.
- The **Charitable Funds Committee** has oversight of the expenditure of our funds as well as

governance responsibility for the launch of our specific appeal for MMH.

- The **Public Health, Equality and Community Development Committee** has focussed on volunteering, equality and diversity objectives and oversight of progress against the Public Health Plan. The committee has been deeply involved in our 5 July 2019 smokefree ban.
- The **Audit and Risk Committee** has retained a focus of issues including business continuity planning, GDPR, the Board Assurance Framework (SBAF), key accounting judgements, a review of Standing Orders and Schemes of Delegation and overseeing internal, external and clinical audit programmes.
- The **Major Projects Authority – digital** has met monthly as we work to stabilise our infrastructure position and implement better change control. With that task increasingly complete from January it has refocused on our Unity implementation planning.
- The **Major Projects Authority – estate** tracks both our wider capital programme, our work on reconfiguration, and our Midland Met project. It has taken a key role in the FBC preparation and during 2018/19 was involved with approving the OBC and the approach to Hard FM required after PF2 termination.

The pivotal decision making role of the Clinical Leadership Executive (CLE) continues to evolve, and become both more visible and increasingly interactive. Since February 2018 our clinical Group Directors have attended our private Board meeting, providing a very real connection between frontline experience and the work of the wider Trust. The effectiveness of this will be reviewed in 2019/20.

Risk and control framework, including our capacity to handle risk

In 2017/18 I reported on the system of risk management and identified risks that had been escalated to, or de-escalated from, the Trust's Board. The full risk register of the organisation is visible to employees and directorates and Groups are managed on the velocity with which risks are addressed. Both local, and central functions exist to spot risks arising from other data points such as incidents and complaints.

Notwithstanding my prior AGS, and the confidence that I reiterate here, the Care Quality Commission review in 2018 raised some concern about omitted risk visibility. Given that we continue to review our systems. The Clinical Leadership Executive has twice examined all post-mitigated risks to consider whether scores applied are accurate. In addition, with our estate needing to extend its life by four years, the MPA-estate has conducted a bottom up review of all estate risks and is satisfied that no unmitigated red risks remain, aided by the STP Wave 4 capital allocation.

The larger focus in 2018/19 has been on ensuring that all incidents are examined and resolved, and that actions taken are shared with those reporting. This effort has resulted in a very dramatic fall in overdue incidents. We expect to enter May 2019 with not a single incident un-investigated beyond 21 days. The Board has also received a follow up review of the management of incidents from NHS Improvement, and the matter has been stood down from our Undertaking Record on the basis of that positive review.

Against a benchmark of peer norms the Trust has a strong and stable set of systems in place. We continue to work, as part of our Well-Led plan, to make risk management an active part of how employees engage with their workplace and how the organisation is run, not only corporately but locally. During 2019/20 we would expect to make changes in how we manage Health and Safety as part of that renovation work.

At the end of 2018/19 we have stood down from our risk register key risks in relation to the Birmingham and Midland Eye Centre, as well as in relation to waiting lists, 18 week reporting, ENT, and IT. A detailed review of IT risks, with external involvement, has taken place and work arising from that continues. I am satisfied that the Board has good visibility of key risks and risk mitigations. The timeliness of mitigation remains in need of improvement and that is why in October 2018 that was the area that the full Board selected to focus attention on in 2019/20.

Serious Incidents are actively addressed within the Trust. In Q1 2018/19 the full Board took part in detailed debate of the issues arising from 2017/18 SIs, and the same process takes place in our May 2019 Board in

relation to 2018/19 incidents. Learning from incidents is the focus of our 2018/19 Annual Report, and in 2019/20 we deploy a Board sponsored organisational learning programme, branded as **wel**earn, to do better at sharing the lessons from both error and excellence.

Accounts, including our quality account and the effective use of resources

As in prior years, we have a clear and well understood process for settling our financial and quality accounts. We would expect to receive an unqualified opinion, notwithstanding material judgements to be made about the value placed on the Midland Met development.

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 effective use of resources can be demonstrated from the Trust meeting our financial duties, including achieving a high level of CIP. The Finance and Investment Committee continues to oversee Trust delivery of programmes intended to improve our relative performance against metrics such as Model Hospital. Latest data demonstrates good progress is being made, notwithstanding a Requires Improvement rating for Use of Resources in 2018/19 based on our 2016/17 data.

Quality is a focus for the Trust and the Board and the quality account testifies to progress in key results areas including sepsis and VTE. Considerable time and attention has been given, and continues to be given to mortality in the organisation, both to the quality of the data, and the impact of change on our outcomes. The very considerable growth in ambulatory activity as the expense of admission for lower risk patients is the largest single factor, but not the only factor, in our latest data when compared to prior years. The data contained in the quality account is drawn from Board reporting which is underpinned by our kite-marking system.

Cyber Security

The Trust completed its annual cyber security inspection undertaken by an external firm and an action plan to address issues raised during the inspection has been implemented during 2018/19. That is being repeated presently to address new and evolving threats. A monthly Cyber Risks meeting takes place involving the CIO, SIRO, Chief Executive and two named non-executive directors. Each private Board meeting then receives an update on threats, risks and mitigations.

Environmental sustainability and climate security

The Board maintains oversight of work in this area via its Public Health, Community Development and Equality committee. Good progress has been made on waste, disposable plastics and other key indicators, and the Trust complies with the Climate Change Act.

Information governance, security and data protection

I can confirm that no level 3 incidents were reported to the Information Commissioner's Office in 2018/19.

There are clear arrangements for information security within the Trust, including distinct roles for our Senior Information Risk Owner (SIRO), the Director of Governance and Caldicott Guardian, the Medical Director. Breaches and near miss issues are identified, acted upon and drawn as required to the attention of the relevant Board committee. The Trust's risk register process includes assessment of information security and data protection issues.

The Trust has not reported Full Compliance with the new standards set out for information governance by NHS Digital. There are 14 areas of improvement, most not mandatory, where we have agreed a Q1 improvement plan. The majority of these reflect a local desire to have greater assurance and information before confirming compliance. The Trust has undertaken work to reflect the changes in General Data Protection Regulation (GDPR) and an action plan is in place to review our information processes. A further local review of data owner's awareness and asset compliance will take place during May and June 2019.

Data Quality

A detailed data quality review programme is in place, overseen through the Audit and Risk Management Committee. The Trust complies with external auditing requirements in respect of its clinical coding and clinical records. Having moved to an electronic storage system in 2017/18, we expect to move to a full electronic record in 2019/20. At that time we move our prescribing data onto a solely electronic record which we expect will both identify and contribute to solving errors in that clinical pathway. No outstanding data quality concerns remain with commissioners moving into 2019/20 where we have signed and agreed contracts in place. We have involved our internal auditors in examining our RTT data and do not have material concerns, albeit we continue to report over 52 week wait cases from prior years on re-review of mis-closed pathways. A third open referrals exercise is presently being completed for non-RTT pathways and will conclude by the end of May.

Counter-fraud and probity

The Trust is supported through its Internal Audit function by a Counter Fraud service that reports routinely to the Audit & Risk Management Committee. The Trust continues to successfully prosecute former Trust employees who have been found to have committed fraud. The Trust Board and Clinical Leadership Executive have all completed their annual declarations of interest for 2018/19. This includes the relevant register of interest obligations.

Whistleblowing and duty of candour

In addition to the Guardians and external reporting lines recorded in prior years' Annual Governance Statements, all of which remain in place, we have developed a Freedom to Speak Up strategy, covering both the Trust as a whole and the Guardian function. The latter reflects our own learning and will incorporate comments made by the Care Quality Commission.

I am confident that as a Trust we continue to meet the requirements in respect of the duty of candour. The quality of that candour can always be improved and we are working with families to ensure that we learn how best to do that, aided in time by our growing team of Medical Examiners.

Coroners' Regulation 28 Reports

In 2018/19 we had three such reports and the actions from each one continue to be pursued.

- The Coroner felt that the arrangements for following up with patients who do not attend or cancel appointments were inadequate and that there should be other arrangements to ensure that monitoring and review takes place. He also felt that the 'choose and book' system was a cause for concern because a patient could cancel an appointment and there would be no follow up letter to the GP or patient, because the patient would never appear on the clinic list in those circumstances. It had been explained to the Coroner that this is a national system. The Board has subsequently reviewed our governance processes for patients who are "lost". The risk will be kept under careful scrutiny through 2019/20.
- There was a serious incident investigation report which identified that there had been a failure to obtain and acknowledge all blood test results before discharging the patient from ED, and that had the patient remained in the department until all blood results were available, he would have been admitted and he may not have died when he did. The Coroner had concerns surrounding the learning and actions identified. The Trust is managing in detail the issue of results acknowledgement, and views the Unity system that is implemented in 2019/20 as key to securing a more risk-proof approach to this NHS-wide issue.
- The Coroner was concerned by the delay in an urgent CT scan being carried out (which was not done until four days after it was requested). There was also a lack of consistency in the use of the head injury proforma in ED, which was an additional concern for the Coroner. From July 2019 our tracking system and supply model for imaging will be transformed by a £1.5m+ investment agreed in October 2018 to try to improve quality of diagnostic care.

Ombudsman Investigations

In 2018/19 the Parliamentary and Health Services Ombudsman (PHSO) opened 11 investigations on complaints made previously to the Trust (of which we have around 1000 each year). We work closely with the PHSO and implement agreed actions arising from their reports. In three cases they have confirmed with us closed investigations with no further actions needed. The balance of investigations remains with the PHSO. In the majority of complaint cases we ourselves find ourselves in error or fault. We have seen re-opening complaint rates fall and satisfaction with our approach rise. Nonetheless, it is important to have the independent scrutiny from the PHSO. We would expect to review learning from these cases in October 2019 as a full Board in public, as we presently do twice yearly with Serious Incidents.

Health and Safety Executive Review

There have been no Health and Safety Executive on-site reviews in 2018/19. We are aware that the HSE were contacted regarding transport issues in our Trust which we are satisfied we have resolved. In addition, we have worked with Balfour Beatty over issues which arose in April 2019.

Safeguarding and Deprivation Of Liberty

We continue to see raised levels of reporting of Safeguarding concerns, and better use of Deprivation of Liberty safeguards by staff. Whilst our targeted mandatory training at level 3 safeguarding has improved, it is a focus for more improvement in early 2019/20. We have a clear inpatient register in respect of the Mental Health Act, although we share the CQC view that we could work more effectively to ensure that that data, and the protections of the act, are widely understood internally. A revised policy is in draft with this in mind.

As part of the 2019/20 focus for our Safety Plan, and likewise as part of our Care Quality Commission improvement plan, we continue to work to ensure that, auditably, we can demonstrate:

- All inpatients have received a triage, and as indicated detailed, mental capacity review.
- That this is part of the work up done by our teams for DOLs applications.

- That any patient without capacity with an extant DNA CPR order recorded has had the protections afforded by these steps put in place and documented.

Data on our work in this area forms part of our monthly public Board scorecard (our IQPR).

Workforce Standards Declaration

The Trust's Board reviewed this new obligation posed by NHS Improvement. It covers the scrutiny and oversight model for staffing in NHS Trusts. We have not declared full compliance, and have published an improvement plan focused particularly on non-nursing indicators. A detailed plan for improvement is overseen by the Board's People and OD committee. Internal audit review of our staffing approval and governance process is encouraging, but we believe that, at a strategic level, our workforce approach would benefit from greater foresight and expert advice.

Equality and diversity

The Trust is proud of the award-winning work we do on diversity, and the quantified progress we are making both for staff and patients to reflect the needs of those we serve. There is more to do and further to go. We have complied with our Equality Act duties over publication, and have likewise met expectations on the Gender Pay Gap reporting duty. The immediate focus of the Board remains on ethnic and religious diversity, alongside work on disability and reasonable adjustments. In 2019/20 we will in particular pay attention to translation and advocacy support for patients using our services.

On each issue cited above I am content with our controls and governance but believe that there is clear room for improvement.

Review of effectiveness or risk management and internal control

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.

The Trust's work demonstrates a constant focus at Board and Executive level on risk and safety. **We have moved to mitigate the largest risks we face, notably IT.** Our investments have followed those risks, and our time and attention has concentrated on them. Not all are resolved and I reflect that in the following. We have made step-change progress with coding data quality, with agency management, and with incident investigation. There is clear focus on key clinical risks including Results Acknowledgement, Sepsis Screening and Mortality Reviews.

Each Clinical Group contributes actively to our Executive Quality Committee and our Risk Management Committee. On behalf of the Clinical Leadership Executive, these are the places where peer challenge is moving forward our approach to, and resolution of, key issues of risk. We acknowledge that there is more to do to ensure that workplace Health and Safety is given similar salience, but the Board's first focus in that regard has been in **mental wellbeing among our employees.** That work is showing promise and our proactive risk assessment of stress and wellbeing tool will be an important feature of 2019/20. Embedding that, and aligning it with our supportive return to work model promoting reasonable adjustments for staff absent with psychological or stress related issues, is a package that aims to cut long term sickness by over 25%.

As has been acknowledged by NHS Improvement, we have taken steps to ensure that **Serious Incidents and amber incidents** have the priority that we would all want and expect. At Board and CLE level these are discussed and action plans tested. In each case our SIs will help to drive our clinical and internal audit programme in the coming twelve months, giving the

Board an 'after action' view of risk. In this regard Never Events are treated on a par with SIs. The quality improvement aim for the next 18 months focuses more time on a culture of addressing Near Misses, which is an approach trialled in the last 12 months with success in our theatres.

Financial risk to the Trust is closely scrutinised, with both I&E and cash positions being understood throughout the Board. We have a shared financial model with our principal commissioners. In-year we have managed elegantly the impact of the Carillion changes, and have engaged actively with national bodies to address the forward risks and adjustments caused by the alterations to the financing model for **Midland Met.** There remain grip and control improvements to make in our order and processing arrangements. Gains to our finances, our environmental commitments, and our safety can come from better distribution networks. Midland Met is based on that approach and a countdown plan to deliver this is being finalised.

Our **PDR and re-validation** work gives the Trust a clear line of sight on individual employee performance and our investment in training gives us scope to act to support colleagues needing assistance. We have worked hard to streamline our recruitment processes and to ensure we can track the quality of temporary employees. There remains work to do to embed our 'gold standard' model for on-boarding agency doctors onto a shift, and the introduction of Unity as our new EPR will test induction as never before in our Trust.

The latest review of **IT risks**, both in our Board committee, and with our internal auditors, shows an improving position. Change control has been effective, and traceability is largely established, along with data driven network performance management. The replacement of our existing inadequate and unstable N3 connection is the biggest remaining piece of work, and this is being managed closely and tightly. To build employee confidence in IT since January 2018 employee raised incidents can only be closed with the reporter's agreement. Despite this perceived extra step our backlog of incidents is reducing and first-report resolution times and percentages are rising.

The delay to Midland Met has occasioned a very granular review, at local and Board, level of our estate condition and performance. The red risks have been mitigated with investment, and we are clear how we are tracking the position between now and 2022. This focus on standards is important to care, but also to introducing an outsourced FM model for part or all of our estate. Estate remedy works are tracked eight weekly at executive level and performance remains outstanding in tackling reported defects.

Anonymised, large scale, survey data tells us that employees know how to raise concerns and largely believe that concerns will be acted upon. This cultural integrity is as important as a formal control system in ensuring the safety of our workplace and the quality of our care. We continue to work to ensure that we seek out early indications of risk and concern to act more preventatively.

In my report in 2017/18 I highlighted three residual control risks and provide the following update on each. I would consider that two of three are now fully resolved.

- The issue of site leadership and safety at Midland Met was highlighted last year as we moved into unknown territory with the collapse of Carillion. Whilst the issue clearly crystallised, the risks that could have arisen were successfully mitigated. They would only re-arise if there is a delay beyond mid July 2019 in approving the Final Contractor Business Case.
- I drew attention to financial risks associated with delegating budgets. It is pleasing therefore to report that in 2018/19 the Trust as a whole met its financial duties, and indeed exceeding its control total and earned additional funding as a reward. But in addition each Clinical Group met their financial duties too. This needs to be repeated as we move towards directorate level leadership.
- Finally I cited then ongoing concerns regarding IT infrastructure, which by mid-2018/19 had very much interrupted clinical care and created residual data loss risks. The control environment going into 2019/20 is discussed elsewhere in this report and remains an issue for us, albeit one with considerable signs of deepening improvement.

Reflecting on 18/19 we can identify a series of risks to be managed in 2019/20. In each case we have controls and data in place. This applies for example to both results acknowledgement and to policy deployment. Our new tracking system will give each employee a portfolio of information and policies to which they must address themselves. This, combined with mobile handheld technology, will improve our confidence and awareness of policy penetration into the organisation. The new digital identity project will, in turn, ensure that each job role has clearly defined access rights, smoothing both new starters' experience and encouraging a culture of data security.

IT stability remains a risk, but the challenge for the Trust is in user optimisation of technology. We have a clear, quantified, and resourced programme to manage this, as a precursor to benefits realisation from our EPR.

The four key areas of risk where we have mitigations but elevated concern as against two years ago are as follows (in each case as Chief Executive I will ensure that my team give these issues attention):

1. Safety risk: We continue to focus on patients who may fall between care teams or care organisations, with a specific focus on non-RTT follow up patients, unacknowledged results, and patients who do not attend. The risks are no higher than in other NHS Trusts, but we wish to excel in the continuity of care ourselves and partners can provide.
2. Data risk: Whilst we are focused on GDPR and on cyber-crime we recognise that the inherent threat is rising rapidly. As we move to more data held electronically, we slightly elevate the risk of loss, and are working to ensure our security, both in technology safety and a culture of data protection among our employees.
3. Asset failures: Notwithstanding our people as our primary asset, we rely on IT infrastructure and our physical estate. Our business continuity planning is strong but we are not yet fully assured about our information storage and system stability. That is the primary source of risk to our service continuity.
4. Vulnerable services: Working with STP partners we continue to work to ensure continuity of

services across the spectrum of need. In addition to maintaining NHS provision, where the key risk remains sub-specialised workforce, we continue to work with partners in other care sectors to preserve and expand services on which we rely in the care sector, with falling funds or unsecured revenue streams in the third sector.

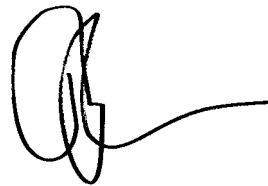
Conclusion

There are no specific internal control issues which impede the organisation's functional discharge of its duties.

I have set out some specific control issues that are a focus currently and for the coming year. These have been reviewed by the Board and its Audit and Risk Management Committee. They reflect views from internal and external audit, and views found in the latest CQC report.

On that basis I am able to confirm that there are effective systems in place for the discharge of statutory functions with these having been checked for irregularities and to ensure they are legally compliant. These systems of internal control underpin our work to continue to enhance the quality of care we deliver to the communities of Sandwell and West Birmingham. Trust services are duly registered with the Care Quality Commission.

Signed

A handwritten signature in black ink, consisting of a large, stylized 'T' followed by a horizontal line extending to the right.

Toby Lewis Chief Executive (On behalf of the Board)

Date: 29 May 2019



Donna Mighty, Assistant Primary Care Liaison Manager and Chair of Our BME staff network.

Remuneration and staff report

The Trust has a Remuneration Committee whose role is to advise the Board regarding appropriate reward and remuneration, including terms of service, reward strategy and application of national guidance, for executive directors, including the Chief Executive. The committee meets as required, and is chaired by the Senior Independent Director.

Membership of the Committee is comprised of the Trust's Chair and all Non-Executive Directors. As of 31 March 2019 these were:

- Richard Samuda (Chair)
- Olwen Dutton (Vice Chair)
- Harjinder Kang
- Michael Hoare
- Marie Perry
- Kate Thomas
- Waseem Zaffar
- Mick Laverty

During 2018/19 the composition of the Committee changed and Mick Laverty joined the committee. Remuneration for the Trust's Very Senior Managers is set by reference to job scope, breadth and depth of responsibilities, personal responsibility and performance. It also takes in to account industry and non-industry comparisons for similar posts, and uses

appropriate benchmarking reports or data where available. Whilst performance is taken in to account in setting and reviewing remuneration, there are currently no arrangements in place for 'performance related pay' at executive level. However, the committee have started to explore this during 2018/19 and will consider whether to introduce a new pay framework in the next financial year. The granting of annual inflationary increases are considered and determined by the remuneration committee on an annual basis. The committee took the decision to apply the recommended uplift of £2,072 during this financial year, as recommended by NHS Improvement. The committee noted that no inflationary increase had been applied to executive salaries for the previous five years.

It is not the Trust's policy to employ Executive Directors on 'rolling' or fixed term contracts; all Executive Directors' contracts conform to NHS Standards for Directors, with arrangements for termination in normal circumstances by either party with written notice of six months. The salaries and allowances of senior managers cover both pensionable and non-pensionable amounts.

Items contained within the tables Salaries and Allowances of Senior Managers and Pension Benefits and the section on pay multiples are auditable and referred to in the audit section.

SALARIES AND ALLOWANCES OF SENIOR MANAGERS								
Name and Title	2018-19				2017-18			
	(a) Salary (bands of £5,000)	(b) Expenses payments (taxable) to nearest	(c) All pension related benefits (bands of £2,500)	(d) Total all payments and benefits (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expenses payments (taxable) to nearest	(c) All pension related benefits (bands of £2,500)	(d) Total all payments and benefits (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Richard Samuda, Chair	20-25.	400	0	20-25.	20-25.	2900	0	25-30.
Olwen Dutton, Non-Executive Director (Vice Chair)	5-10.	0	0	5-10.	5-10.	0	0	5-10.
Cathryn Thomas, Non-Executive Director (from 1/6/17)	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.	800	0	5-10.
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.
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	45.0-47.5	240-245	190-195	0	42.5-45	235-240
Antony Waite, Director of Finance & Performance Management	140-145	0	0-2.5	140-145	140-145	200	0	140-145
Dinah McLannahan, Acting Director of Finance & Performance Management (from 01/07/18)	85-90.	0	102.5-105.0	190-195	0	0	0	0
Elaine Newell, Chief Nurse (until 30/04/18)	5-10.	0	0	5-10.	110-115	0	250-252.5	365-370
Paula Gardner, Chief Nurse (from 01/04/18)	120-125	0	0	120-125	0	0	0	0
Roger Stedman, Medical Director (to 31/12/17)	0	0	0	0	125-130	0	0	125-130
David Carruthers, Medical Director (from 1/1/18)	180-185	0	25.0-27.5	205-210	20-25	0	15-17.5	40-45
Rachel Barlow, Chief Operating Officer	125-130	0	5-7.5	130-135	125-130	0	20-22.5	145-150
Kam Dhami, Director of Governance	100-105.	0	0-2.5	100-105.	95-100.	0	15-17.5	115-120
Raffaella Goodby Director of Organisation Development	100-105.	0	22.5-25.0	120-125	95-100.	0	22.5-25	120-125

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. CETV's 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 takes account of 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.

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 2018-19 was £192,500 (2017-18, £192,500). This was 7 times (2017-18,7) the median remuneration of the workforce, which was £27,146 (2017-18, £26,565).

In 2018-19, 5 (2017-18, 4) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £195,000 to £245,000 (2017-18 £195,000-£230,000).

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

Name and Title	PENSION BENEFITS							
	2017-18				2016-17			
	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2019	Lump sum at pension age related to accrued pension at 31st March 2019	Cash Equivalent Transfer Value at 31st March 2019	Cash Equivalent Transfer Value at 31st March 2018	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	To nearest £'000	
Toby Lewis, Chief Executive	2.5-5.0	0-2.5	55-60.	125-130	951	772	128	0
Antony Waite, Director of Finance & Performance Management	0-2.5	0	55-60.	135-140	1103	953	100	0
Dinah McLannahan, Acting Director of Finance & Performance Management	2.5-5.0	5.0-7.5	20-25.	50-55.	393	261	78	0
David Carruthers, Medical Director	0-2.5	0	55-60.	155-160	1223	1044	129	0
Rachel Barlow, Chief Operating Officer	0-2.5	0	40-45.	100-105.	780	657	85	0
Kam Dhami, Director of Governance	0-2.5	0	40-45.	95-100.	728	619	76	0
Raffaella Goodby Director of Organisation Development	0-2.5	0	5-10.	0	61	33	13	0

Fair Pay Disclosure

The Trust complied with its gender pay gap reporting requirements during 2018/19. The reports are published online at [www. gender-pay-gap.service.gov.uk](http://www.gender-pay-gap.service.gov.uk) - search Sandwell & West Birmingham Hospitals 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.

About our workforce

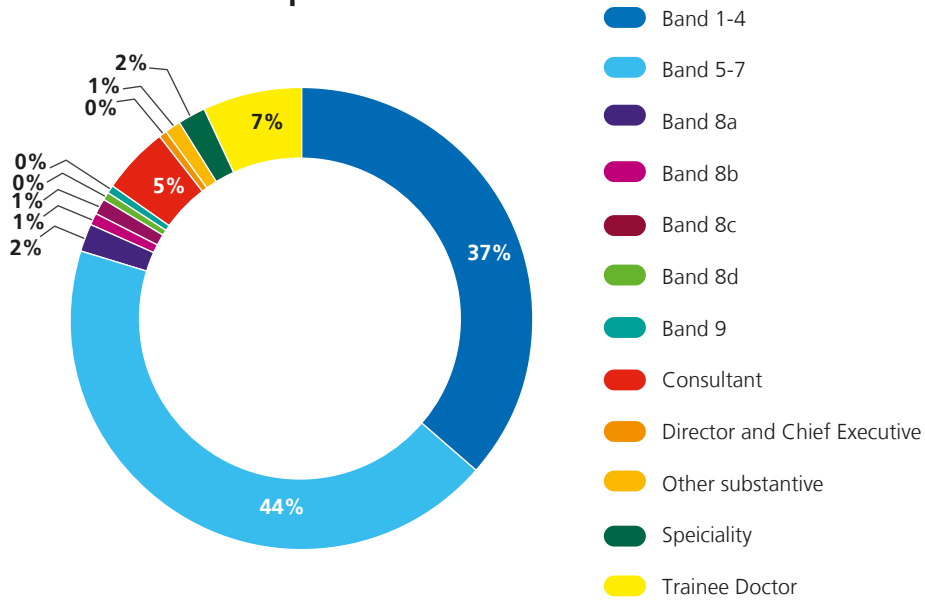
Senior managers by band

Managers and Senior Managers	Number
Band 8 - Range A	188
Band 8 - Range B	67
Band 8 - Range C	40
Band 8 - Range D	20
Band 9	15
Directors & Chief Executive	11
Chair	1

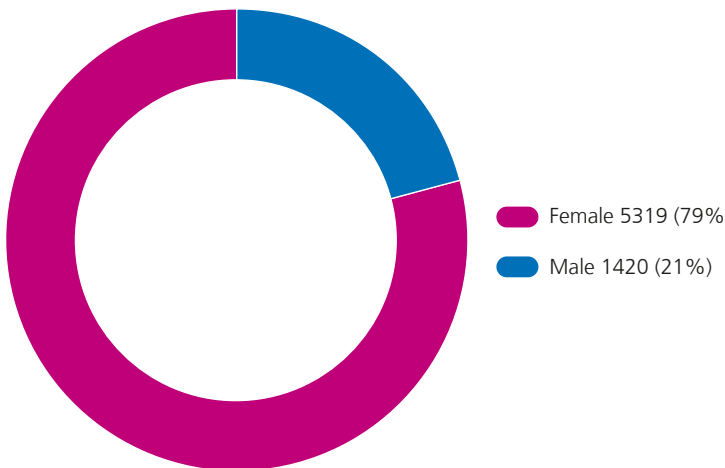


Janice Barrett, Senior Sister in ED, with her Here To Stay photograph, which was on display in the Education Centre at Sandwell Hospital throughout October.

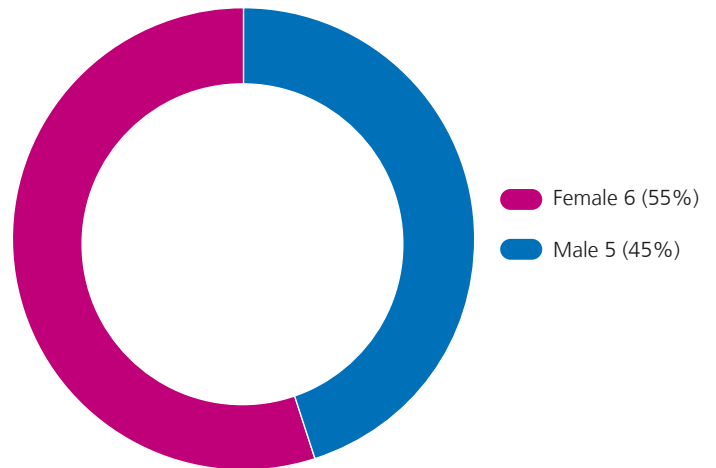
Workforce profile 2018/19



All employees gender profile 2018/19



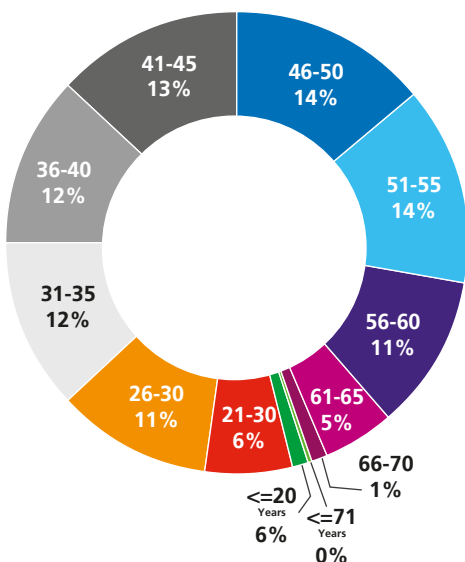
Directors gender profile 2018/19



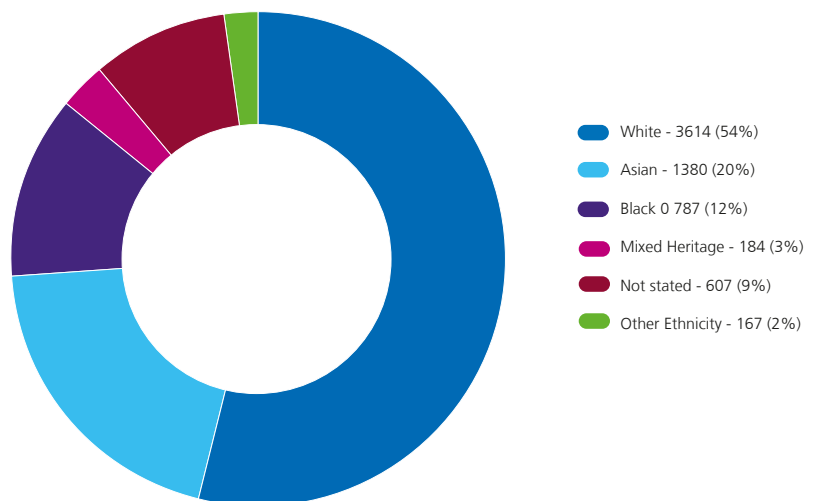
* Totals based on permanent employees, not including bank employees

* Does not include non-executives

Age profile 2018/19



Ethnicity profile 2018/19



Staff costs

			2018/19	2017/18
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	241,911	-	241,911	247,353
Social security costs	24,371	-	24,371	24,260
Apprenticeship levy	1,276	-	1,276	1,180
Employer's contributions to NHS pensions	27,508	-	27,508	27,659
Termination benefits	-	-	-	919
Temporary staff	-	15,527	15,527	15,821
Total gross staff costs	295,066	15,527	310,593	317,192
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	295,066	15,527	310,593	317,192
Of which				
Costs capitalised as part of assets	3,049	-	3,049	2,679

Average number of employees (WTE basis)

			2018/19	2017/18
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	769	112	881	864
Administration and estates	1,076	125	1,201	1,265
Healthcare assistants and other support staff	1,519	230	1,749	1,812
Nursing, midwifery and health visiting staff	1,899	316	2,215	2,234
Scientific, therapeutic and technical staff	593	31	624	705
Healthcare science staff	26	0	26	32
Total average numbers	5,883	814	6,697	6,912
Of which:				
Number of employees (WTE) engaged on capital projects	92	-	92	102

Reporting of compensation schemes - exit packages 2018/19

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

Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies		Total number of exit packages
	Permanent	Number of other departures agreed	Total
<£10,000	4	-	4
£10,000 - £25,000	3	-	3
£25,001 - 50,000	2	-	2
£50,001 - £100,000	2	-	2
Total number of exit packages by type	11	-	11
Total cost (£)	£251,846	£0	£251,846

Off pay-roll

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

	Number
Number of existing engagements as at 31 March 2019:	1
Of which, the number that have existed:	
for less than 1 year at the time of reporting	0
for between 1 and 2 years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for greater than 3 years	0

Off payroll engagements are subject to risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where appropriate, that assurance has been sought and received.

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months there are no new engagements between 01 April 2018 and 31 March 2019.

There are no off payroll engagement of Board members or senior officials with significant financial responsibility between 01 April 2018 and 31 March 2019.

Consultancy Services

During 2015-16 the NHS Trust Development Authority introduced controls over expenditure on consultancy services which included the requirement for NHS Bodies to seek approval before signing contracts for consultancy projects over £50,000.

During 2018-19 the Trust complied with these controls however no expenditure was incurred.



NHS Hero – Stuart MacGregor

Staff policies

Our organisation has updated the Leave Policy, to make the welcome addition of the 'Smallest Things' charter, which offers additional leave for parents of premature babies. We have updated the E-Roster Policy and the Personal Information Policy, to ensure it is compliant with changes to GDPR legislation. We have regularly applied the Workforce Policies and procedures, including in how it approaches disciplinary issues, safety incidents and learning from errors. The Trust has also applied the national changes made to Agenda for Change, including pay rises that were agreed with national and local Unions and applied during the financial year.

Diversity issues and equal treatment in employment and occupation

We support its local communities by providing quality health care that meets their needs, and ensures that the services we offer are inclusive. We work hard to create an environment which ensures equal access regardless of age, disability, gender, religion or belief, ethnic background, sexual orientation, gender reassignment or socio-economic status.

What we have done

- Achieved Level 2 Disability Confident employer status.
- Commenced work with Stonewall to enter the Trust onto the Top 100 Stonewall Equality Index by 2019.
- 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 designated Gender Neutral toilet facilities.
- 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)
- Working in partnership with University of Birmingham BAME Network, Recognize Black Heritage & Culture, RCN West Midlands & Unison West Midlands commissioned and successfully launched 'Here to Stay' exhibition in celebration of the

contribution the Windrush generation made to the NHS.

- Achieved 'SILVER' TIDE Status from the Employers Equality and Inclusion Network
- Won the Nursing Times Workforce Summit Award for best diversity and inclusion practice for 2018
- Achieved ninth position in the Top 50 Inclusive employers list for 2018
- In liaison with the NHS Leadership Academy successfully rolled out the BME Stepping Up programme for the West Midlands
- BME, Disability and LGBT Staff networks highly commended for Star Awards Public Health and Equalities Award.

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

SWBH recently implemented "Aspiring to Excellence" Performance Development Review (PDR) for all employees. The Aspiring to Excellence Programme enables our organisation

to deliver its aims and objectives through its people. During 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 apprentices, 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 staffside convener, who attends Trust Board meetings, The Clinical Leadership Executive and other key meetings. 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 six employees recorded as taking time off for Union Activities.

TU official	Facility Time episodes
Employee 1	13
Employee 2	9
Employee 3	1
Employee 4	2
Employee 5	22
Employee 6	3

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. In February 2018 we successfully held a Live Exercise. The learning from the exercise has lead us to relaunch our Clinical Management for Mass Casualties, chaired by Dr Nick Sherwood our Trust consultant lead for emergency planning.

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 introduction of a series of committees in a governance structure that ensure developments and changes are reported to the Trust Board as appropriate. We confirm that our level of compliance with the EPRR core standards 2018/19 has been confirmed to our Board of Directors.

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.

Sustainability report

We realise that our healthcare services have a significant impact on the environment and are committed to reducing these impacts, whilst also working towards creating a more efficient and sustainable system. We are embedding sustainability into the heart of our organisation and working to use resources, like energy and water, more efficiently to reduce wastage and save costs.

Our overarching aim is to deliver high quality care without exhausting resources or causing environmental damage. We believe that investing in infrastructure to improve energy and water efficiency will bring about positive environmental impacts and cost savings. We also want to engage our colleagues and have recently launched our 'Green Impact' staff environmental behaviour change

programme to get colleagues to take small 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 the wellbeing of our colleagues and patients.

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

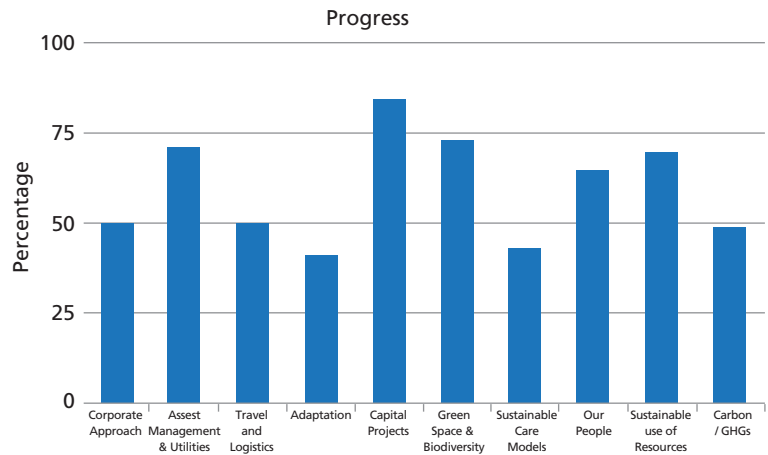


L-R Bimla Devi, apprenticeship team administrator, with Majit Purewal, Data Co-ordinator and Research and Development for Haematology.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Latest assessment score

57%

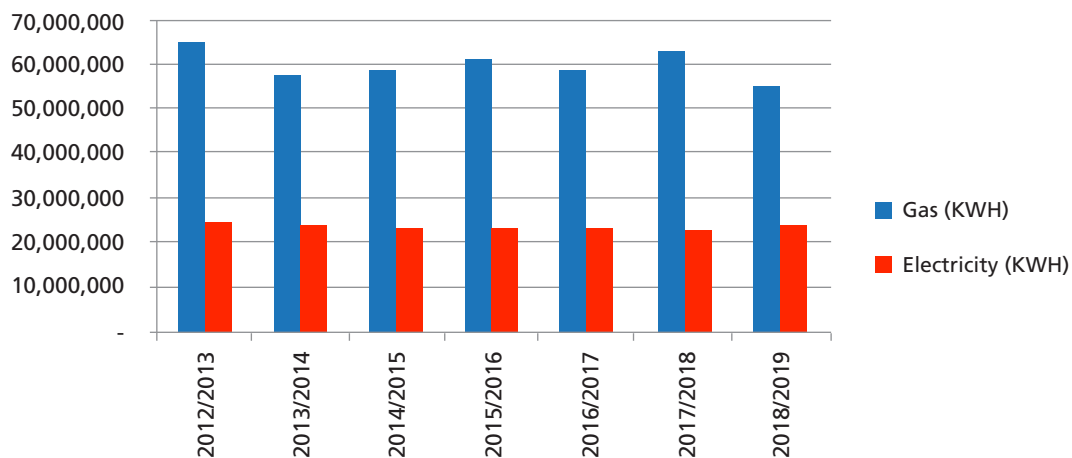


Energy and water use in our buildings

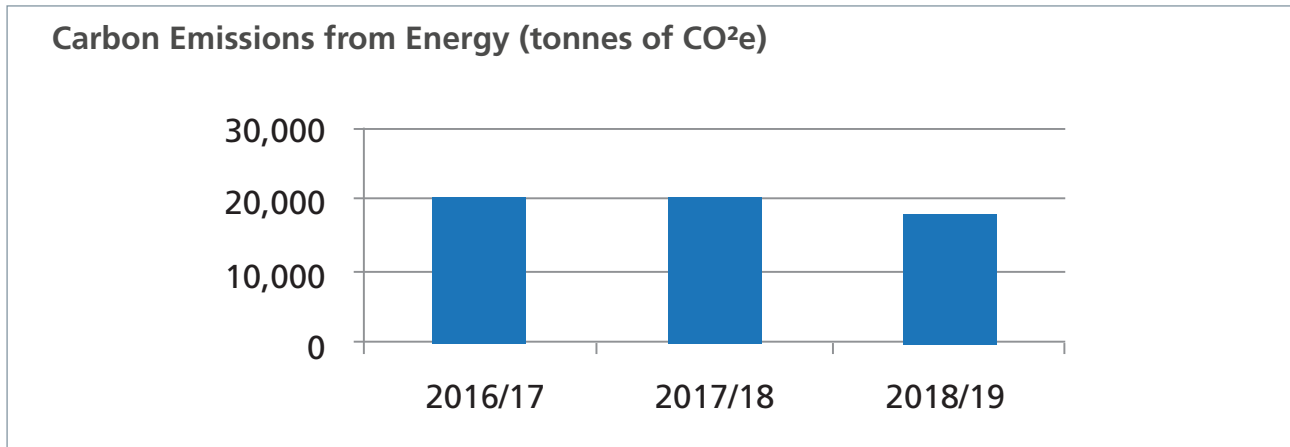
We remain committed to stabilising and then reducing our energy consumption. Our total energy consumption has reduced by 10 per cent compared with the previous year, mainly as a result of significant gas consumption reductions. We have implemented a number of initiatives to reduce energy consumption, 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 have also rolled out our Green Impact staff engagement programme, with the aim of staff working together in teams to take small actions to be more resource efficient.

Total Energy Use (KWH)



Our total carbon emission generated from energy consumption for 2018/19 were 17,976 tonnes of CO₂e.

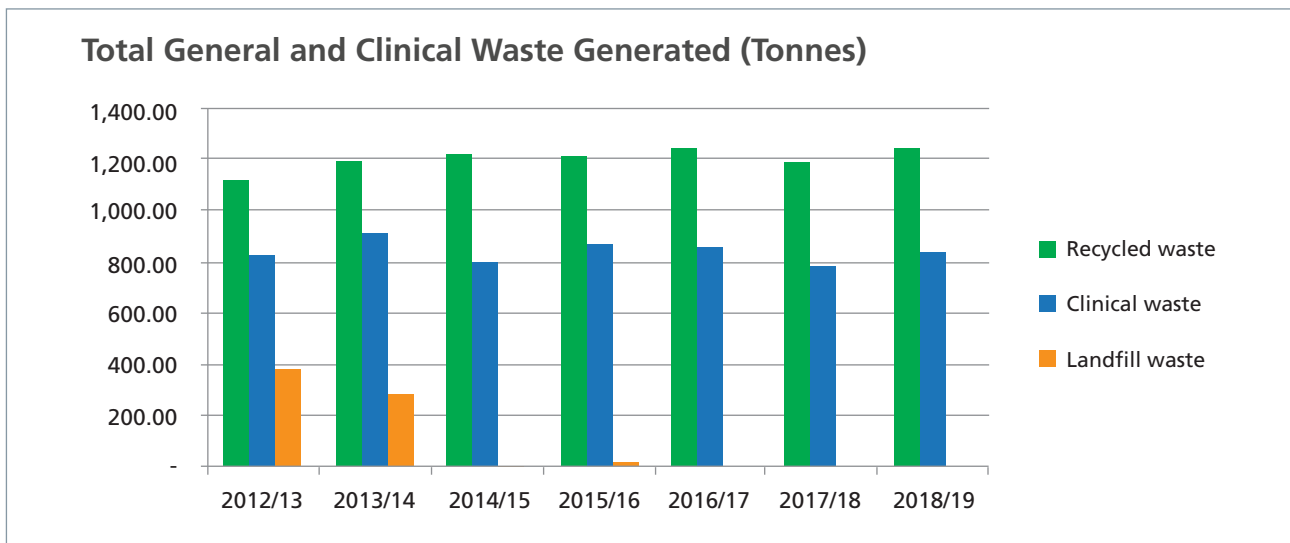


Our water consumption for 2018/19 is 294,912.81 m3. Water is essential in maintaining high levels of hygiene but through on going improvements it is hoped that water consumption will stabilise.

Waste

We adopt the waste hierarchy and are working to ensure we reduce the amount of waste we generate and dispose of this waste in the most environmentally sustainable way. Through engaging with staff, moving to paperless/paper light working, and liaising with our waste contractor, we have significantly reduced the amount of general waste sent to landfill. Clinical waste is sent for incineration with energy recovery and our organisation recycled all of its 226 tonnes of confidential waste it generated in 2018/19.

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



Sustainable and Active Travel

Our Trust is very proactive in engaging with staff and encouraging more sustainable modes of travel. For a number of years, we have encouraged travel to/from work and between sites via sustainable (and active) modes.

We carry out annual staff travel surveys to monitor behaviour change and have developed a detailed Action Plan with targets. 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 offer a cycle to work scheme, free bike checks for staff, free pool bike hire for staff, cycle storage facilities, dedicated cycle lanes, travel information kiosks, lunchtime walks, discounts on public transport, and much more.

We have installed six 7KW electric vehicle charge points across three sites for staff, patients and visitors to use to incentivise low emission vehicles. We are also working to ensure that our new Midland Metropolitan Hospital is energy efficient and easily accessible by sustainable modes of travel.



Fran Silcocks, Sustainability Officer, hands over vouchers to Jas Kaur, Clinical Trials Practitioner, after she filled in a travel survey capturing how staff travelled to work.



One of the Electric Vehicle Charge Points at City Hospitals, which have been introduced across our Trust sites.

Financial Statements

Director's Report

The Trust ended 2017/18 with a significant headline surplus, having over-achieved its control total by £5m, which attracted a "£2 for £1" Sustainability and Transformation Fund (STF) bonus. Added to this the technical benefit of reversal of previous revaluations, resulted in a £32.5m surplus.

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. It therefore entered the 2018/19 financial year with requirements to save £37m, circa 7.5 per cent of total expenditure. This plan would allow said investments and meet efficiency requirements but also address the underlying position of the Trust which was assessed to be circa £23m. The control total for the Trust was set at a deficit of £7.6m, which was accepted.

Provider Sustainability Funding (PSF, the new name for STF) of £11.1m was offered, resulting in a headline surplus plan of £3.5m. The Trust was expecting to handle several significant uncertainties; the continuance of the Midland Met project following the collapse of the main construction contractor, timing on Unity (a new EPR) implementation, and a CQC inspection, to name a few.

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 per cent

These duties are further explained as follows:

Breakeven Duty

For 2018/19 the Trust agreed an income and expenditure target surplus with NHS Improvement of £3.5m. This reflected acceptance of the control total of a deficit of

£7.6m, and PSF of £11.1m. This target more than 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 6, the Trust conducted an internal review of its year to date performance and revised its plan. Corporate and Clinical Directorates were held to account closely for delivery of the revised plan. In addition, this exercise re-assessed the recurrent distance from control total (and therefore a break even position) in order to take action to close this gap before plan setting for 2019/20.

The outcome of this focused work was that the Trust achieved the revised plan and was able to take action to mitigate the recurrent position of the Trust from a break even position. As was seen in 2017/18, risks to delivery were managed and upside opportunities delivered, which meant that towards the end of the financial year the Trust took the opportunity to consider whether it could take advantage of the PSF "bonus" scheme again in place, where improvement over and above control total is rewarded with a cash incentive. This would be absolutely in line with the Trust's strategy to deliver cash backed surpluses to fund its investment plans.

The Trust was able to do this and ended the year with a deficit of £2.5m, earning PSF bonus of £12.5m and core PSF of £7.7m, and therefore for the purpose of measuring statutory accounts performance, a surplus of £17.835m. To deliver this without a significant one off benefit of the City site land sale seen in 2017/18 was a significant achievement. This is shown in the income and expenditure performance table on the following page.

As has been the case in previous years, the presentation of financial results requires additional explanation owing to adjustments generated by valuation updates to the Trust's assets as well as changes to the accounting treatment for donated and government grant funded capital assets. These technicalities are explained in the detailed notes to the Trust's published 2018/19 Statutory Accounts (separate document). It is worthy of note this year that the Trust did review and revise the life of its assets, a by-product of which was a reduction in the depreciation

charged against those assets. Midland Met accounting treatment following the decision to complete via public funding is set out in a further section to this report. The table below 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).

Income and Expenditure Performance table

	2018/19	2017/18
	£000s	£000s
Income for Patient Activities	439,453	420,702
Income for Education, Training, Research & Other Income	215,921	73,456
Total Income	655,374	494,158
Pay Expenditure	(307,544)	(314,512)
Non Pay Expenditure including Interest Payable and Receivable	(182,089)	(140,245)
Public Dividend Capital (PDC) - Payment	(7,677)	(6,863)
Total Expenditure (Including Impairments and Reversals)	(497,310)	(461,620)
Surplus/(Deficit) per Statutory Accounts	158,064	32,538
Exclude Provider Sustainability Fund	(20,312)	(17,813)
Exclude Impairments and Reversals	8,396	(8,435)
Adjustment for elimination of Donated and Government Grant Reserves	(148,628)	63
Total I&E Performance	(2,480)	6,352

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 (SOC1). 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.

Midland Met Accounting Treatment

During the year the government approved the completion of the hospital via public funding, and The Hospital Company, the Special Purpose Vehicle managing delivery of the project, was terminated. This meant that the Trust would have to bring the asset in to its books. It did so in October 2017, having agreed the treatment with DHSC, NHSI, external auditors, and the Trust's Audit and Risk Management Committee.

The Trust had already contributed £63m of Public Dividend Capital to the project which it was holding on its Balance Sheet as a prepayment. The certified costs of construction at the time of the collapse of the construction contractor was £211.6m. The Trust therefore transacted the asset

on to the Balance Sheet as an Asset Under Construction at a value of £211.6m, created by the movement of the prepayment at £63m, and Donated Asset Non-Cash Income of £148.6m. This income has been reflected in I&E results but is adjusted out for performance purposes. This was an extraordinary situation and the Trust would like to thank NHSI and DHSC for their assistance with it.

CRL

Further detailed information on capital spend is shown on the capital spend pie chart. 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 £108.126m for 2018/19, the Trust's relevant expenditure was £107.989m, thereby undershooting by £0.137m 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 £16.635m, the Trust's cash flow financing requirement was £0.398m, thereby undershooting by £16.237m and achieving this financial duty. This large distance from target reflects the strong cash

performance of our organisation during the year, with significantly higher cash balances held than the plan assumed.

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), 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 we have achieved this financial duty.

Income from Commissioners and other sources

The main components of the Trust’s income of £655.374m in 2018/19 are shown below which demonstrates an overall increase of £161.216m. A large proportion of this is driven by the donated asset income adjustment in relation to Midland Met explained above. Without this, the increase year-on-year is 2.55 per cent. Within Other Income is PSF received and due at £20.3m, and Taper Relief of £7.9m approved as part of the original Midland Met business case.

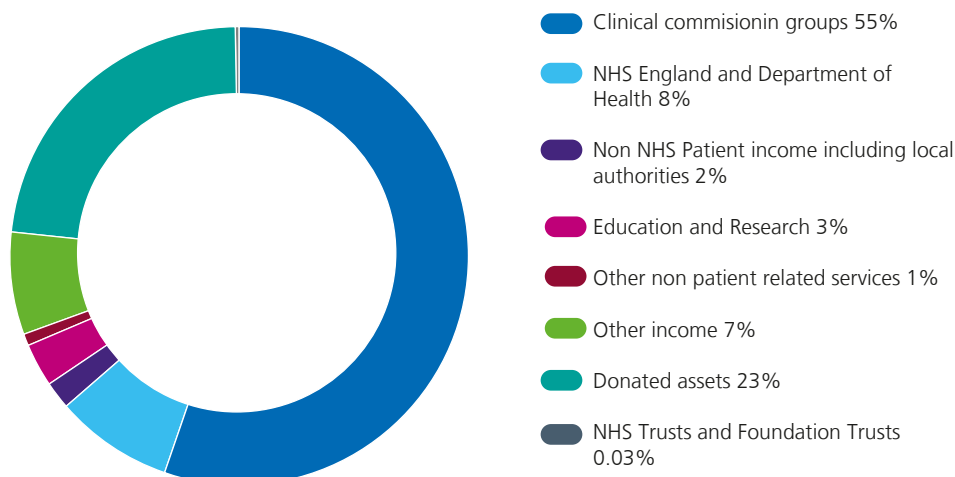
Sources of Income

Sources of Income £000s	2018/9	2017/18
Clinical Commissioning Groups 55%	363,704	353,748
NHS England and Department of Health 8%	50,994	52,393
Non NHS Patient Income including Local Authorities 2%	14,343	12,195
Education & Research 3%	21,647	21,251
Other Non Patient Related Services 1%	8,953	10,988
Other Income 7%	45,598	41,217
Donated Assets 23%	148,835	0
NHS Trusts and Foundation Trusts 0.03%	222	1,589
NHS Other (including Public Health England and Prop Co) 0.2%	1,078	777
Total Income	655,374	494,158

In the pie chart below, the largest element of the Trust’s resources flowed directly from CCGs, and eight per cent from NHSE, and education, training and research funds at three 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.

Income by Category 2018/19

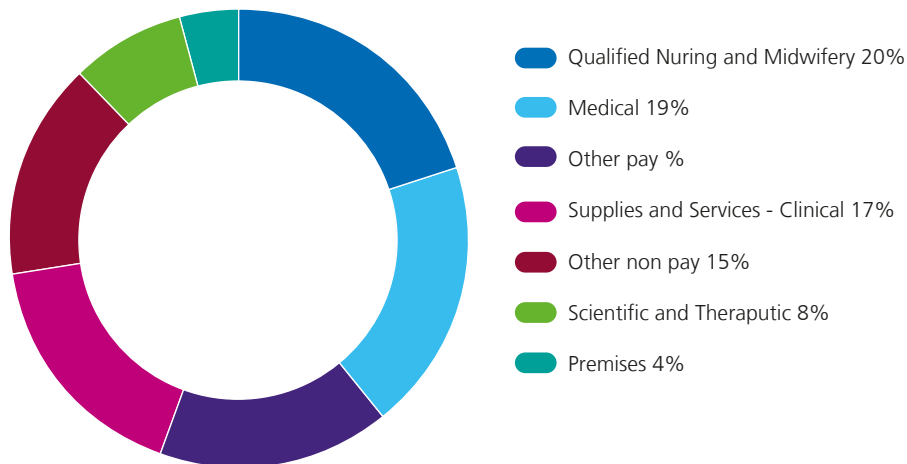


Expenditure

The pie chart below shows that 63 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 16 per cent, and scientific and therapeutic eight per cent. The

categories contain total agency spend of £15.528m for the Trust for the year. The remaining 37 per cent of operational expenditure was non pay, the largest element of which was clinical supplies and services at 17 per cent. This figure includes drug costs.

Expenditure by Category 2018/19



Use of Capital Resources

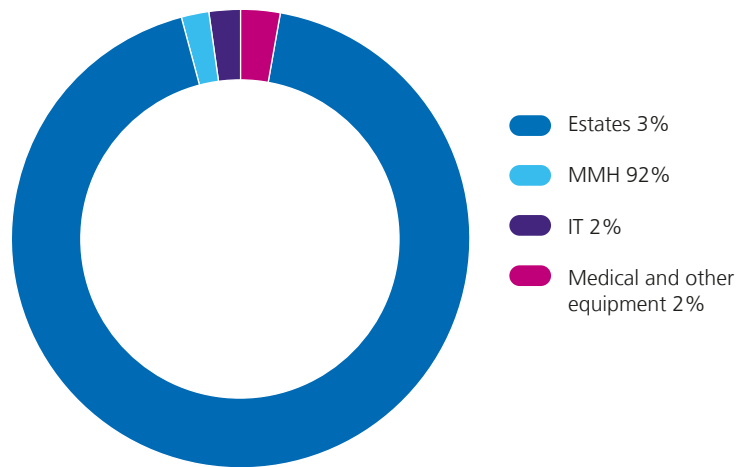
Capital expenditure differs to day to day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. In total, the Trust's gross spend during 2017/18 on capital items was £256.824m. This is adjusted by any donated items 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 on the following page.

Our organisation spent a significant proportion - 95 per cent of its capital budget on the Midland Metropolitan Hospital (MMH) and Estates. Specifically, £236.391m was spent on Midland Met, including £20.8m on an Early Works Contract which avoided material dilapidation of the partly constructed asset over the winter period

and preparing the asset for completion. The other large proportion of expenditure was bringing the asset on to the Trust's balance sheet at £211.6m, although £148.7m of this was the non-cash donated asset transaction following the termination of the Private Finance Initiative, the balance being £62.9m of PDC contribution already put in to the project before 1.4.18, this having been held as a prepayment in the 2017/18 accounts. The Trust spent £8m on upgrading the Trust's residual estate, including ensuring compliance with statutory standards.

Medical and Other Equipment accounted for £6.3m, 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 totalled £6.2m, of which a significant proportion was for the Electronic Patient Record system, Unity.

Capital Spend 2018/19



Sickness Absence

Staff sickness data is provided on a national basis by the Department of Health for 2018/19 and covers the calendar year ended 31 December.

Staff Sickness Absence	2018/19	2017/18
Total days lost	63,518	61,914
Total staff years	6,038	6,088
Average working days lost (per WTE)	11	10

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 2018/19 was £55k 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 2019 were Marie Perry (Chair), Olwen Dutton, Harjinder Kang and Waseem Zaffar.

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, recognised gains and losses 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;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

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

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



29th May 2019 Date.....Chief Executive



24th May 2019 Date.....Finance Director

Statement of Comprehensive Income

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	431,609	420,702
Other operating income	4	223,765	73,456
Operating expenses	6, 8	(487,141)	(469,284)
Operating surplus/(deficit) from continuing operations		168,233	24,874
Finance income	11	208	49
Finance expenses	12	(2,283)	(1,810)
PDC dividends payable		(7,677)	(6,863)
Net finance costs		(9,752)	(8,624)
Other gains / (losses)	13	(416)	16,288
Surplus / (deficit) for the year from continuing operations		158,065	32,538
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus / (deficit) for the year		158,065	32,538
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(569)	3,061
Revaluations	18	20	235
Total comprehensive income / (expense) for the period *		157,516	35,834
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		158,065	32,538
Remove net impairments not scoring to the Departmental expenditure limit		8,396	(8,436)
Remove I&E impact of capital grants and donations		(148,626)	63
CQUIN risk reserve adjustment (2017/18 only)		-	(1,800)
Adjusted financial performance surplus / (deficit)		17,835	22,365

* The Trust has recognised £148.7m in Donated Income as part of the recognition of the Midland Metropolitan Hospital asset transferring to the Trust following the collapse of Carillion, a complete disclosure is included within Note 16.1 of these Accounts.

Statement of Financial Position

		31 March 2019	31 March 2018
	Note	£000	£000
Non-current assets			
Intangible assets	15	181	106
Property, plant and equipment *	16	463,027	227,475
Receivables *	24	193	62,941
Total non-current assets		463,401	290,522
Current assets			
Inventories	23	4,708	4,742
Receivables	24	47,467	52,880
Cash and cash equivalents	27	27,970	9,691
Total current assets		80,145	67,313
Current liabilities			
Trade and other payables	28	(70,701)	(59,549)
Borrowings	30	(2,353)	(2,166)
Provisions	32	(1,270)	(1,855)
Other liabilities	29	(3,737)	(4,657)
Total current liabilities		(78,061)	(68,227)
Total assets less current liabilities		465,485	289,608
Non-current liabilities			
Borrowings	30	(29,440)	(31,776)
Provisions	32	(3,325)	(3,454)
Total non-current liabilities		(32,765)	(35,230)
Total assets employed		432,720	254,378
Financed by			
Public dividend capital		247,717	226,891
Revaluation reserve		9,051	9,744
Other reserves		9,058	9,058
Income and expenditure reserve		166,894	8,685
Total taxpayers' equity		432,720	254,378

* The movements in Receivables and Property, Plant and Equipment relate to the Asset Recognition of the Midland Metropolitan Hospital, a full explanation of which can be found at Note 16 of these Accounts

The notes on pages 111 to 161 form part of these accounts.

Signature



Name Toby Lewis

Position Chief Executive

Date 29th May 2019

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

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	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' equity at 31 March 2019	247,717	9,051	9,058	166,894	432,720

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

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	205,362	7,574	9,058	(24,979)	197,015
Prior period adjustment	-	-	-	-	-
Taxpayers' equity at 1 April 2017 - restated	205,362	7,574	9,058	(24,979)	197,015
Surplus/(deficit) for the year	-	-	-	32,538	32,538
Other transfers between reserves	-	(37)	-	37	-
Impairments	-	3,061	-	-	3,061
Revaluations	-	235	-	-	235
Transfer to retained earnings on disposal of assets	-	(1,089)	-	1,089	-
Public dividend capital received	21,529	-	-	-	21,529
Taxpayers' equity at 31 March 2018	226,891	9,744	9,058	8,685	254,378

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.

Financial assets reserve / Available-for-sale investment reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

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.

Merger reserve

This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve

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

Statement of Cash Flows

	2018/19	2017/18
Note	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	168,233	24,874
Non-cash income and expense:		
Depreciation and amortisation	6 12,252	14,893
Net impairments	7 8,396	(8,436)
Income recognised in respect of capital donations	4 (148,835)	(164)
(Increase) / decrease in receivables and other assets	6,251	(47,247)
(Increase) / decrease in inventories	34	526
Increase / (decrease) in payables and other liabilities	5,900	(3,454)
Increase / (decrease) in provisions	(718)	758
Net cash generated from / (used in) operating activities	51,513	(18,250)
Cash flows from investing activities		
Interest received	208	49
Purchase of intangible assets	(116)	(13)
Purchase of property, plant, equipment and investment property	(40,404)	(27,367)
Sales of property, plant, equipment and investment property	-	18,800
Receipt of cash donations to purchase capital assets	-	164
Net cash generated from / (used in) investing activities	(40,312)	(8,367)
Cash flows from financing activities		
Public dividend capital received	20,826	21,529
Capital element of PFI, LIFT and other service concession payments	(2,149)	(914)
Interest paid on PFI, LIFT and other service concession obligations	(2,279)	(1,799)
PDC dividend (paid) / refunded	(9,320)	(6,410)
Net cash generated from / (used in) financing activities	7,078	12,406
Increase / (decrease) in cash and cash equivalents	18,279	(14,211)
Cash and cash equivalents at 1 April - brought forward	9,691	23,902
Prior period adjustments		-
Cash and cash equivalents at 1 April - restated	9,691	23,902
Cash and cash equivalents at 31 March	27,970	9,691

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 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 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

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

Note 1.2 Going concern

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 for the financial year 2018/19 the Trust has earned additional Provider Sustainability Fund (PSF) 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 2019/20 with an underlying deficit.

This scenario was anticipated and during 2016/17 the Trust developed two year financial plans that addressed the deficit with the intention of securing underlying break even over that period. These plans recognise a potential for delay in recovery and a consequent short-term cash requirement. This cash requirement was to be addressed by receipt of a Department of Health (DH) loan.

Plan cash flow forecasts for the Trust confirm that there will be requirement for a DH loan in 2019/20. The necessary NHSI teams are sighted on this, including the capital cash team; the mechanism for this has been confirmed by the NHSI. Based on this evidence it is clear that the Trust has financial plans which address the liquidity risks and secure the Trust's ability to make good liabilities as they fall due.

There is an explicit need for the services currently provided by the Trust as evidenced by the following:

- The Trust remains a partner of the Black Country Sustainability and Transformation Plan. The Trust's ongoing contribution to the health economy is recognised and appears to remain an integral component over the course of the period up to and including 2021.
- The Trust's Commissioners' intentions for 2019/20 also reaffirm that the Trust services are required to deliver their plans for serving the needs of the local population.

The Trust meets the criteria to be considered a going concern and the financial statements for the period 2018/19 have 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 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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

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.

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 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.

Note 1.3.2 Revenue grants and other contributions to expenditure

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.

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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.3 Other income

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

Note 1.4 Expenditure on employee benefits**Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs**NHS Pension Scheme**

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

Note 1.6.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

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.

Subsequent expenditure

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

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction 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 income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.6.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

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

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

Note 1.6.4 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.

For the recognition of the Midland Metropolitan Hospital asset, as disclosed in Note 16.1, the following additional information is provided. Paragraph 7.1.24 of HM Treasury's Financial Reporting Manual (FRM) says: "Assets donated by third parties, either by gift of the asset or by way of funds to acquire assets (including national lottery-funded assets) should be capitalised at current value in existing use or fair value on receipt, depending on whether the assets will be held for their service potential and as set out in paragraphs 7.1.4 to 7.1.6. The funding element should be recognised as income as required by IAS 20 as interpreted in this Manual." Given that the economic benefit inherent in these assets has transferred to the public sector for no additional consideration, DHSC directs that the trusts should consider these assets as part-donated.

Note 1.6.5 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 IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

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

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

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 1.6.6 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	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	16	64
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 1.7 Intangible assets

Note 1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Note 1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.7.3 Useful economic life of intangible assets

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

	Min life Years	Max life Years
Software licences	-	5
Licences & trademarks	-	1

Note 1.8 Inventories

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

Note 1.9 Cash and cash equivalents

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

Note 1.10 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.

Allowances acquired under the scheme are recognised as intangible assets.

Note 1.11 Financial assets and financial liabilities**Note 1.11.1 Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets 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.

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.

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.

Note 1.11.3 Derecognition

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

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

Note 1.12 Leases

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

Note 1.12.1 The trust as lessee**Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

During 2018/19 The Trust had no Finance Leases.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12.2 The trust as 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 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 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 1.14 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 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.

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

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

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

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Transfers of functions to / from other NHS bodies / local government bodies

For functions that have been transferred to the trust from another NHS / local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets/ liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Note 1.22 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 received during 2018/19 were £1.0m and total resources expended were £1.1m which represent 0.23% of the Trust's Exchequer Funds.

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 in the Valuation

Managed Equipment Scheme

On 1st May 2016 the Trust entered into a Managed Service Contract for the provision and maintenance of imaging equipment. The contract is for a period of 10 years with an option to extend for a further 2 years. The estimated value of the contract is £30m and anticipated capital value of equipment to be provided under the contract is £14m. The accounting treatment for the scheme was determined to be considered as an IFRIC12 Service concession and included within 'on SOFP' PFI schemes included in Note 37.

VAT Reclaims

The Trust was subject to a HMRC inspection in June 2017 that reviewed reclaims made for the period covering the previous 3 years. As part of this review, the arrangements for the funding of the (then) PFI scheme to build the Midland Metropolitan Hospital were reviewed. HMRC have raised a query that recovery of VAT on the 'bullet payments' made to The Hospital Company should not have been eligible for VAT recovery. Following consultation with appropriate VAT experts, the Trust considers that there is sufficient doubt that VAT will become repayable and has therefore presented the amount as a Contingent Liability in Note 33.

Note 1.22.1 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

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.

Following instruction from the Trust and when providing the valuation as at the 31st March 2018 the District Valuer Service (DVS) reviewed the lives of the assets subject to valuation.

The DVS quotes that "the calculation of the lives is done through the addition of the elemental component residual lives relative to their design lives and cost is multiplied by the longest life element for the block (typically the foundations) to produce a longer life for the block. The approach does not reflect the weighted design life (reflecting, for example the shorter life engineering items), but rather it reflects the component with the longest life."

The approach pre-supposes that the whole building will be available for use by the Trust for the length of the longest life element – usually the foundations. The impact of this in the 2018/19 financial year has been to reduce the depreciation charge by £4.3M.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The following standards and interpretations have been issued by the IASB but are yet to be adopted by the public sector. These are not expected to impact upon the Trust financial statements.

IFRS 16 Leases

Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM, early adoption is not therefore permitted. The new leasing standard will see almost all of the Trust leases moving onto the balance sheet. The standard requires that the right to use an asset is put onto the Trust's balance sheet along with the obligation to repay the lessor over the term of the lease (much the same as the current accounting for finance leases). The only exception to this would be leases where the term is less than 12 months. The Trust has begun work to establish the scope and value of contracts containing a lease which would be captured within this standard.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM, early adoption is not therefore permitted. This is not expected to have a material impact on the Trust's Accounts.

IFRS 23 Uncertainty over Income Tax Treatments

Application required for accounting periods beginning on or after 1 January 2019. This is not expected to have a material impact on the Trust's Accounts.

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 1.3.1

Note 3.1 Income from patient care activities (by nature)	2018/19	2017/18
	£000	£000
Acute services		
Elective income	48,185	40,767
Non elective income	121,461	117,405
First outpatient income	33,628	28,815
Follow up outpatient income	41,645	39,300
A & E income	25,869	24,906
High cost drugs income from commissioners (excluding pass-through costs)	23,662	30,469
Other NHS clinical income	87,317	91,850
Community services		
Community services income from CCGs and NHS England	32,794	29,720
Income from other sources (e.g. local authorities)	6,358	7,255
All services		
Private patient income	248	158
Agenda for Change pay award central funding	4,492	-
Other clinical income	5,950	10,057
Total income from activities	431,609	420,702

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19	2017/18
	£000	£000
NHS England	46,502	52,313
Clinical commissioning groups	363,704	353,748
Department of Health and Social Care	4,492	80
Other NHS providers	1,490	1,589
NHS other	1,078	777
Local authorities	9,112	8,745
Non-NHS: private patients	254	165
Non-NHS: overseas patients (chargeable to patient)	2,462	2,612
Injury cost recovery scheme	2,341	593
Non NHS: other	174	80
Total income from activities	431,609	420,702
Of which:		
Related to continuing operations	431,609	420,702
Related to discontinued operations	-	-

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

	2018/19	2017/18
	£000	£000
Income recognised this year	2,462	2,612
Cash payments received in-year	255	466
Amounts added to provision for impairment of receivables	1,678	1,231
Amounts written off in-year	-	288

Note 4 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	2,490	2,471
Education and training (excluding notional apprenticeship levy income)	19,157	18,780
Non-patient care services to other bodies	8,953	10,988
Provider sustainability / sustainability and transformation fund income (PSF / STF)	20,312	17,813
Other contract income **	24,018	23,240
Other non-contract operating income		
Receipt of capital grants and donations *	148,835	164
Total other operating income	223,765	73,456
Of which:		
Related to continuing operations	223,765	73,456
Related to discontinued operations	-	-

* The increase in the receipt of donations is as a result of the asset recognition of the Midland Metropolitan Hospital, a full disclosure note is included within Note 16.1 of these Accounts

** Other Contract Income includes £7.9m (£7m - 2017/18) that the Trust received for non recurrent funding in support of the development and transition to the Midland Metropolitan Hospital (MMH). That funding is part of a total of £22.3m which the trust expects to receive over the period 2016-2020. Such funding is in line with national arrangements for supporting large scale infrastructure projects such as MMH. There are also a number of other sources of Revenue from the Trust's Catering Facilities and Car Parking for Staff and Patients.

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

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

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March
	2019
	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	718
Total revenue allocated to remaining performance obligations	<u><u>718</u></u>

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 Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	9,517	11,459
Purchase of healthcare from non-NHS and non-DHSC bodies	5,500	3,171
Staff and executive directors costs	303,511	311,504
Remuneration of non-executive directors	64	62
Supplies and services - clinical (excluding drugs costs)	53,216	41,339
Supplies and services - general	7,742	7,140
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	30,314	38,183
Consultancy costs	-	425
Establishment	4,735	4,650
Premises	22,576	21,432
Transport (including patient travel)	1,867	1,792
Depreciation on property, plant and equipment	12,211	14,820
Amortisation on intangible assets	41	73
Net impairments	8,396	(8,436)
Movement in credit loss allowance: contract receivables / contract assets	4,039	-
Movement in credit loss allowance: all other receivables and investments	-	2,202
Change in provisions discount rate(s)	(69)	53
Audit fees payable to the external auditor		
audit services- statutory audit	74	67
Internal audit costs	208	254
Clinical negligence	14,408	10,608
Legal fees	209	191
Insurance	102	104
Research and development	1,903	1,309
Education and training	3,328	3,121
Rentals under operating leases	169	150
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,417	2,537
Other	663	1,074
Total	487,141	469,284
Of which:		
Related to continuing operations	487,141	469,284
Related to discontinued operations	-	-

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5m (2017/18: £5m).

Note 7 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	8,396	(8,436)
Total net impairments charged to operating surplus / deficit	8,396	(8,436)
Impairments charged to the revaluation reserve	569	(3,061)
Total net impairments	8,965	(11,497)

Note 8 Employee benefits

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	241,911	247,353
Social security costs	24,371	24,260
Apprenticeship levy	1,276	1,180
Employer's contributions to NHS pensions	27,508	27,659
Termination benefits	-	919
Temporary staff (including agency)	15,527	15,821
Total gross staff costs	310,593	317,192
Recoveries in respect of seconded staff	-	-
Total staff costs	310,593	317,192
Of which		
Costs capitalised as part of assets	3,049	2,679

Note 8.1 Retirements due to ill-health

During 2018/19 there were 5 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £137k (£305k in 2017/18).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10 Operating leases**Note 10.1 Sandwell And West Birmingham Hospitals NHS Trust as a lessor**

the Trust generated no income as a lessor in 2018/19.

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.

	2018/19	2017/18
	£000	£000
Operating lease expense		
Minimum lease payments	169	150
Total	169	150
	31 March 2019	31 March 2018
	£000	£000
Future minimum lease payments due:		
- not later than one year;	150	160
- later than one year and not later than five years;	103	231
- later than five years.	91	109
Total	344	500
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2018/19	2017/18
	£000	£000
Interest on bank accounts	208	49
Total finance income	208	49

Note 12.1 Finance expenditure

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

	2018/19	2017/18
	£000	£000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	1,215	1,277
Contingent finance costs on PFI and LIFT scheme obligations	1,064	525
Total interest expense	2,279	1,802
Unwinding of discount on provisions	4	8
Other finance costs	-	-
Total finance costs	2,283	1,810

Note 13 Other gains / (losses)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	-	16,518
Losses on disposal of assets	(416)	(230)
Total gains / (losses) on disposal of assets	(416)	16,288
Total other gains / (losses)	(416)	16,288

During 2017/18 the Trust sold assets at the City site which led to a net gain on disposal of £16,288k (comprising a gain on disposal for certain assets and a loss which is recognised on a deferred basis). These assets comprise land and buildings and the Trust's ability to sell them arises from the investment in the new Midland Metropolitan Hospital (MMH) in Smethwick. This investment is a key enabler of the delivery of the Trust's vision to become the best integrated care organisation in the NHS.

This vision will involve the Trust delivering a range of services from the City, Sandwell, MMH and Rowley sites as well as a number of community locations. Completion of the MMH will allow the Trust to cease the use of outdated building infrastructure and deliver patient care within a modern facility. At the City site, as a direct consequence of this, the Trust will need to retain only the Birmingham Treatment centre (BTC) and the Birmingham and Midland Eye Centre (BMEC). Given the demand for housing in the local area the Trust has worked with the Homes and Communities Agency (HCA) to agree a deal that provides best value for patient services as well as meeting the housing needs of local residents. The HCA have purchased the land excluding that element required to support the delivery of patient services at the City Hospital site predominantly, BT Centre and BMEC. The transaction was completed in August 2017 and the agreement includes the Trust leasing the assets back until the point at which MMH is available. The HCA intention is to ensure the land is employed for the development of homes.

Note 14 Discontinued operations

The Trust had no discontinued operations in 2018/19.

Note 15.1 Intangible assets - 2018/19

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	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 - brought forward	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 15.2 Intangible assets - 2017/18

	Software licences £000	Licences & trademarks £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	2,954	43	2,997
Additions	13	-	13
Valuation / gross cost at 31 March 2018	2,967	43	3,010
Amortisation at 1 April 2017 - as previously stated	2,831	-	2,831
Provided during the year	73	-	73
Amortisation at 31 March 2018	2,904	-	2,904
Net book value at 31 March 2018	63	43	106
Net book value at 1 April 2017	123	43	166

Note 16.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	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 - brought forward	-	-	-	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

Note 16.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	16,640	145,067	13,823	105,283	3,833	37,860	1,997	324,503
Additions	-	9,397	5,460	2,824	-	8,478	91	26,250
Reversals of impairments	115	2,946	-	-	-	-	-	3,061
Revaluations	2,013	(59)	-	-	-	-	-	1,954
Reclassifications	-	2,899	(2,899)	-	-	-	-	-
Transfers to / from assets held for sale	(1,075)	-	-	-	-	-	-	(1,075)
Disposals / derecognition	(1,218)	(844)	-	(1,213)	(246)	-	-	(3,521)
Valuation/gross cost at 31 March 2018	16,475	159,406	16,384	106,894	3,587	46,338	2,088	351,172
Accumulated depreciation at 1 April 2017 - as previously stated	-	1	-	85,839	3,465	26,136	1,632	117,073
Provided during the year	-	6,736	-	4,274	163	3,578	69	14,820
Impairments	-	6,949	-	-	-	-	-	6,949
Reversals of impairments	(1,778)	(13,607)	-	-	-	-	-	(15,385)
Revaluations	1,778	(59)	-	-	-	-	-	1,719
Disposals / derecognition	-	(20)	-	(1,213)	(246)	-	-	(1,479)
Accumulated depreciation at 31 March 2018	-	-	-	88,900	3,382	29,714	1,701	123,697
Net book value at 31 March 2018	16,475	159,406	16,384	17,994	205	16,624	387	227,475
Net book value at 1 April 2017	16,640	145,066	13,823	19,444	368	11,724	365	207,430

Midland Metropolitan 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 Hospital (MMH). Subsequently, agreement was reached with DH to support a public funded build, for which a Full Business Case process will be followed to evidence the financial arrangements covering VFM and accounting treatment. An agreement has been 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 is therefore deemed to be a reliable independent assessment of valuation that the Trust can use to accurately determine the values required for Asset recognition.

The Trust has considered IAS16 Property, Plant and Equipment (PPE) and the DH GAM, and determined in this instance that the £62.9m contribution to Carillion is 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 should be 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 is recognised in Non-current Assets as a Donated asset and is included within the Additions line with Assets Under Construction above.

Cerner/Unity

The Trust is currently implementing a new patient administration system, the costs for which were previously classified within the Information Technology section of the Property, Plant and Equipment at Note 16.1. However, the Trust has not yet fully implemented the system and brought it into operational use, therefore these costs have been reclassified to Assets Under Construction and it will remain there until it is fully operational.

Note 16.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £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 16.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	16,475	136,538	-	16,384	10,657	205	16,442	386	197,087
On-SoFP PFI contracts and other service concession arrangements	-	21,527	-	-	6,603	-	172	1	28,303
Owned - government granted	-	975	-	-	-	-	-	-	975
Owned - donated	-	366	-	-	734	-	10	-	1,110
NBV total at 31 March 2018	16,475	159,406	-	16,384	17,994	205	16,624	387	227,475

Note 17 Donations of property, plant and equipment

During 2018-19 the Trust received Donated assets as detailed below, for each item - there were no specific restrictions imposed by the donors

Item	Cost £000
Midland Metropolitan Hospital	148,767
Scan Trainer Virtual Reality Ultrasound Skills Transabdominal Simulator	42
BLADDER SCANNER PRIME	8
Thera Trainer-Tigo 510 Bike x2	12
Storz Medical MP50 Ultra Shockwave Therapy Device	7
Total	148,835

Note 18 Revaluations of property, plant and equipment

The Trust's property assets (land and buildings) were revalued during the year by the District Valuation Service, who are independent of the Trust and using Modern Equivalent Asset valuation techniques with a valuation date of 31st March 2018. Valuation was undertaken with reference to the size, location and Service Potential of existing buildings and the basis on which they would be replaced by Modern Equivalent Assets.

The Trust owns Non Operational Land assets of £870,000 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.

Following instruction from the Trust and when providing the valuation as at the 31st March 2018 the District Valuer Service (DVS) reviewed the lives of the assets subject to valuation.

The DVS quotes that "the calculation of the lives is done through the addition of the elemental component residual lives relative to their design lives and cost is multiplied by the longest life element for the block (typically the foundations) to produce a longer life for the block. The approach does not reflect the weighted design life (reflecting, for example the shorter life engineering items), but rather it reflects the component with the longest life.

The approach pre-supposes that the whole building will be available for use by the Trust for the length of the longest life element – usually the foundations. The impact of this in the 2018/19 financial year has been to reduce the depreciation charge by £4.3M.

Note 19 Investment Property

The Trust does not have any investment properties.

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 2019

Note 23 Inventories

	31 March 2019	31 March 2018
	£000	£000
Drugs	1,266	1,456
Consumables	3,221	3,087
Energy	221	199
Total inventories	<u>4,708</u>	<u>4,742</u>
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £30,314k (2017/18: £38,649k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 24.1 Trade receivables and other receivables

	31 March 2019	31 March 2018
	£000	£000
Current		
Contract receivables*	43,360	-
Trade receivables*	-	43,017
Capital receivables	188	604
Allowance for impaired contract receivables / assets*	(9,028)	-
Allowance for other impaired receivables	-	(5,040)
Prepayments (non-PFI)	1,167	1,281
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	8,209	9,278
PDC dividend receivable	1,380	-
VAT receivable	2,191	1,666
Corporation and other taxes receivable	-	-
Other receivables	-	2,074
Total current trade and other receivables	<u>47,467</u>	<u>52,880</u>
Non-current		
Contract receivables*	251	-
Allowance for impaired contract receivables / assets*	(58)	-
Allowance for other impaired receivables	-	(19)
Other receivables	-	62,960
Total non-current trade and other receivables	<u>193</u>	<u>62,941</u>
Of which receivables from NHS and DHSC group bodies:		
Current	28,693	35,985
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

* The movements in Non Current Other Receivables relate to the Asset Recognition of the Midland Metropolitan Hospital, a full explanation of which can be found at Note 16 of these Accounts

Note 24.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward		5,059
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	5,059	(5,059)
New allowances arising	4,039	-
Utilisation of allowances (write offs)	(12)	-
Allowances as at 31 Mar 2019*	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.

Note 24.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
Allowances as at 1 Apr 2017 - as previously stated	3,290
Prior period adjustments	-
Allowances as at 1 Apr 2017 - restated	3,290
Increase in provision	2,202
Amounts utilised	(433)
Allowances as at 31 Mar 2018	5,059

Note 24.4 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 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 2019

Note 26 Non-current assets held for sale and assets in disposal groups

	2018/19 £000	2017/18 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-
Assets classified as available for sale in the year	-	1,075
Assets sold in year	-	(1,075)
NBV of non-current assets for sale and assets in disposal groups at 31 March	<u>-</u>	<u>-</u>

Note 26.1 Liabilities in disposal groups

The Trust had no disposal groups in 2018/19 and therefore have no liabilities in disposal groups.

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.

	2018/19 £000	2017/18 £000
At 1 April	9,691	23,902
Net change in year	18,279	(14,211)
At 31 March	27,970	9,691
Broken down into:		
Cash at commercial banks and in hand	34	32
Cash with the Government Banking Service	27,936	9,659
Total cash and cash equivalents as in SoFP	27,970	9,691
Total cash and cash equivalents as in SoCF	27,970	9,691

Note 27.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	4	3
Total third party assets	4	3

Note 28.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	25,666	18,606
Capital payables	10,696	6,101
Accruals	21,627	22,433
Receipts in advance (including payments on account)	6,692	5,877
Social security costs	3,207	3,543
Other taxes payable	2,813	2,726
PDC dividend payable	-	263
Total current trade and other payables	<u>70,701</u>	<u>59,549</u>
Of which payables from NHS and DHSC group bodies:		
Current	13,042	11,644

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 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	3,737	4,657
Total other current liabilities	<u><u>3,737</u></u>	<u><u>4,657</u></u>

Note 30 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	2,353	2,166
Total current borrowings	<u><u>2,353</u></u>	<u><u>2,166</u></u>
Non-current		
Obligations under PFI, LIFT or other service concession contracts	29,440	31,776
Total non-current borrowings	<u><u>29,440</u></u>	<u><u>31,776</u></u>

Note 30.1 Reconciliation of liabilities arising from financing activities

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	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 38.

Note 32.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Re-structuring £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	937	2,749	389	7	773	454	5,309
Transfers by absorption	-	-	-	-	-	-	-
Change in the discount rate	(10)	(59)	-	-	-	-	(69)
Arising during the year	106	115	166	-	216	-	603
Utilised during the year	(91)	(147)	(162)	-	-	(21)	(421)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-
Reversed unused	(41)	-	(17)	-	(773)	-	(831)
Unwinding of discount	1	3	-	-	-	-	4
At 31 March 2019	902	2,661	376	7	216	433	4,595
Expected timing of cash flows:							
- not later than one year;	92	146	376	7	216	433	1,270
- later than one year and not later than five years;	369	585	-	-	-	-	954
- later than five years.	441	1,930	-	-	-	-	2,371
Total	902	2,661	376	7	216	433	4,595

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions

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 HMRC Off Payroll Engagement £292,589, 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 2019, £209,084k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2018: £170,234k).

Note 33 Contingent assets and liabilities

	31 March 2019	31 March 2018
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(159)	(167)
Other	(12,681)	(345)
Gross value of contingent liabilities	(12,840)	(512)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(12,840)	(512)
Net value of contingent assets	-	-

Both the legal claims and Pension and Injury Liabilities were informed by NHS Resolution. The Other Contingent Liability includes £12,575,000 to HMRC for a pending VAT review, the outcome of which is expected by 30th June 2019.

Note 34 Contractual capital commitments

	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	17,699	7,433
Total	17,699	7,433

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 Defined benefit pension schemes

The Trust has no defined benefit pension schemes other than disclosed in Note 9 - Pension costs.

Note 37.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19	2017/18
	£000	£000
Unitary payment payable to service concession operator	7,848	7,550
Consisting of:		
- Interest charge	1,215	1,277
- Repayment of finance lease liability	2,171	(7,151)
- Service element and other charges to operating expenditure	2,417	2,537
- Capital lifecycle maintenance	981	1,113
- Contingent rent	1,064	525
- Addition to lifecycle prepayment	-	9,249
Total amount paid to service concession operator	7,848	7,550

Note 38 Off-SoFP PFI, LIFT and other service concession arrangements

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

Note 39 Financial instruments**Note 39.1 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 39.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at fair value			Total book value
	Held at amortised cost	through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	34,188	-	-	34,188
Other investments / financial assets	-	-	-	-
Cash and cash equivalents at bank and in hand	<u>27,970</u>	<u>-</u>	<u>-</u>	<u>27,970</u>
Total at 31 March 2019	<u>62,158</u>	<u>-</u>	<u>-</u>	<u>62,158</u>

	Assets at fair value				Total book value
	Loans and receivables	through the I&E	Held to maturity	Available-for-sale	
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non financial assets	103,596	-	-	-	103,596
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	<u>9,691</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,691</u>
Total at 31 March 2018	<u>113,287</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>113,287</u>

Note 39.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
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

	Other financial liabilities £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Obligations under PFI, LIFT and other service concession contracts	33,942	-	33,942
Trade and other payables excluding non financial liabilities	51,797	-	51,797
Total at 31 March 2018	85,739	-	85,739

Note 39.4 Fair values of financial assets and liabilities

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

Note 39.5 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	60,342	53,988
In more than one year but not more than two years	3,455	2,349
In more than two years but not more than five years	3,931	5,585
In more than five years	22,054	23,817
Total	89,782	85,739

Note 40 Losses and special payments

	2018/19		2017/18	
	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	9	19	32	314
Stores losses and damage to property	11	66	7	30
Total losses	20	85	39	344
Special payments				
Ex-gratia payments	47	157	47	92
Total special payments	47	157	47	92
Total losses and special payments	67	242	86	436
Compensation payments received		-		-

Note 41 Gifts

There are no cases of the Trust making gifts.

Note 42.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,159k.

Note 42.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The Trust has assessed there are no financial statement line items affected in the current reporting period by the application of IFRS 15

Note 43 Related parties

During the year two 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 :-

Cathryn Thomas (Non Executive Director of the Trust) and Vice Dean of Medicine and Programme Director MBChB - University of Birmingham

Raffaella Goodby (Director of People and Organisation Development of the Trust) and Independent Member of Governing Body & Director of Multi Academy Trust, Sandwell College (until 31/1/19)

The Department of Health is regarded as a related party. During the year 2018/19 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:-

	Revenue £000	Expenditure £000	Receivables £000	Payables £000
NHS Sandwell & West Birmingham CCG	277,237	-	1,786	1,870
NHS Birmingham and Solihull CCG	68,432	-	442	1,703
Health Education England	19,153	43	154	1
NHS Walsall CCG	4,827	-	51	316
NHS Resolution	-	14,408	13	-
The Dudley Group NHS Foundation Trust	1,008	1,883	390	15
Walsall Healthcare NHS Trust	1,277	873	1,125	519
Sandwell College	95	1	13	-
University of Birmingham	119	2,382	108	199

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 a number of charitable funds including Sandwell & West Birmingham Hospitals NHS Trust Charity, certain of the trustees for which are also members of the Trust board. The summary financial statements of the Funds Held on Trust are included in this annual report and accounts.

Note 44 Events after the reporting date

The Trust is considering the impact of a crane collapsing on its Midland Metropolitan Hospital site, which is currently classed as an asset under construction. The present estimate of damage is £1.5m and the Trust is investigating insurance liabilities.

Note 45 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	94,552	160,282	112,769	261,359
Total non-NHS trade invoices paid within target	27,902	57,920	62,371	202,845
Percentage of non-NHS trade invoices paid within target	29.5%	36.1%	55.3%	77.6%
NHS Payables				
Total NHS trade invoices paid in the year	3,785	38,720	3,021	28,549
Total NHS trade invoices paid within target	1,121	23,614	1,439	18,995
Percentage of NHS trade invoices paid within target	29.6%	61.0%	47.6%	66.5%

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. During 2018/19 a board led focus on creditors was initiated. The objective was to secure assurance that local non-NHS suppliers were not disadvantaged or subject to hardship due to any cash management initiative undertaken as part of the Trust's financial recovery programme. This saw creditors balances over 60 days reduce by more than 50% from £8.5m to £4.1m over a five month period. The Trust's performance against BPPC reflects the payment of a higher proportion of older invoices. This is a board approved and managed position.

Note 46 External financing

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

	2018/19 £000	2017/18 £000
Cash flow financing	398	34,826
Other capital receipts	-	-
External financing requirement	398	34,826
External financing limit (EFL)	16,635	36,838
Under / (over) spend against EFL	16,237	2,012

Note 47 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	256,824	26,263
Less: Disposals	-	(3,117)
Less: Donated and granted capital additions	(148,835)	(164)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	107,989	22,982
Capital Resource Limit	108,126	23,212
Under / (over) spend against CRL	137	230

Note 48 Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance surplus / (deficit) (control total basis)	17,835
Breakeven duty financial performance surplus / (deficit)	17,835

Note 49 Breakeven duty rolling assessment1997/98 to
2008/09

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	7,260	2,193	1,863	6,523	6,751	4,653	3,857	(11,933)	24,165	17,835
Breakeven duty cumulative position	4,669	11,929	15,985	22,508	29,259	33,912	37,769	25,836	50,001	67,836
Operating income	384,774	387,870	424,144	433,007	439,022	446,590	443,698	460,197	494,158	655,374
Cumulative breakeven position as a percentage of operating income	3.1%	3.6%	3.8%	5.2%	6.7%	7.6%	8.5%	5.6%	10.1%	10.4%

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 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in 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 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 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 2018-19; 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.

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.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the

other information. If, based on the work we have performed, we conclude that there is a material misstatement of 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 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 2018-19 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 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

As explained more fully in the Statement of Director's Responsibilities set out on page 105, 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 2019.

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

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities, as the Accountable Officer of the Trust, 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 November 2017, 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 2019, 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.

Mark Stocks, Key Audit Partner

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

Birmingham

29 May 2019

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**.

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 from May 2017/18

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

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)

Rowley Regis

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

Discounted parking charge options

For regular visitors and patients there are the following discounted parking charge options:

- Season tickets Three days unlimited parking - £9.00.
- One week unlimited parking - £18.00.
- Three months unlimited parking - £42.00.
- A £5 refundable deposit is required for season tickets.
- One Shot Tickets – four for £10.

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 to certain benefits or receives income support can claim for reimbursement of bus fare or receive a token to allow free exit from hospital car parks. Bring proof of your benefits to any of the main receptions, or to the City Hospital Cash Office (located on the ground floor main corridor).

Patient Advice and Liaison Service (PALS)

By contacting PALS, you can talk to someone who is not involved in your care. You can ask questions, get advice or give your opinions. Providing help and support with the power to negotiate solutions or speedy resolutions of problems, PALS also acts as a gateway to independent advice and will help solve your problem either formally or informally. Contact PALS by emailing swb-tr.pals@nhs.net or by phoning 0121 507 5836 (10am-4pm, Monday-Friday). Please leave a message if the line is engaged/you are calling outside office hours.

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 Hospitals NHS Trust
City Hospital
Dudley Road, Birmingham
B18 7QH

Or by emailing swbh.complaints@nhs.net, or by phoning 0121 507 5836 (10am-4pm, Monday-Friday). Please leave a message if the line is engaged/you are calling outside office hours.

Our year in pictures 2018/19



April - As part of our commitment to engage women and their families in the transformation of maternity services across the Black Country, we hosted a 'Whose Shoes' maternity workshop event on behalf of the Black Country Local Maternity System in the Postgraduate Centre at City Hospital.



May - Chief Nurse Paula Gardner joined us in May in her new role.



August - Dr Parijat De, Consultant Physician for Diabetes and Endocrinology, who led the DiCE project, which won the British Medical Journal Awards 2018 in the Patient Safety category.



September - We were one of a handful of NHS organisations to host a giant version of the classic board game Operation during Organ Donation week. It was a huge hit with our patients, staff and visitors and really raised awareness around organ donation.



December - Patients attended our first ever Singing for Breathing session, organised by our Community Respiratory clinicians. They enjoyed carol singing in the run up to the festive season.



January - One of the PARO seals which is helping our dementia patients.



June - A successful recruitment event was held at our Sandwell site and saw 40 conditional job offers handed out on the day. Pictured (left to right) are Michelle Jarrott, Recruitment Office Manager, Michelle Jarrott, Recruitment Officer, Deputy Chief Nurse Paul Hooton, Annabel Bottrill, Matron for A&E City, and Amir Ali, Head of Engagement, Retention and Nurse Recruitment (front) Vy Tran, Senior Communications Officer.



July - We celebrated NHS70 by handing out birthday cards to every single inpatient at our organisation on the day. Pictured is Lizzie Dongo, who was very excited to receive her card, which carried a specially written message from Chief Executive Toby Lewis and Chief Nurse Paula Gardner.



October - During Black History Month, we launched the Here to Stay exhibition – a collection of photographs which capture the Windrush generation of nurses who have helped to shape the NHS.



November - Patient Rachel Bassett, who supported our Alcohol Awareness event held in November. She credits the team with helping in her recovery against alcohol misuse.



February - Dr Derek Connolly, Interventional Consultant Cardiologist, visited St Michael's Church of England School, in Rowley Regis, to talk to pupils about Fizz Free February.



March - We welcomed the charity 'Pets As Therapy' dog Otis to our paediatrics department for the first time. Patient Summer Kullar really enjoyed interacting with Otis.

Notes

Notes

Sandwell and West Birmingham Hospitals 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