Quality Report

2017-18

Better Care: Healthier Communities
The Care Quality Commission (CQC) inspection teams use a standard set of Key Lines Of Enquiry that directly relate to the five key questions. These are called the ‘five domains’ and each service inspected in the Trust will be judged against each of these:

**Is the organisation safe?**
This means that people are protected from abuse and avoidable harm.

**Is the organisation effective?**
This means that people’s care and treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

**Is the organisation caring?**
This means that the service involves and treats people with compassion, kindness, dignity and respect.

**Is the organisation responsive?**
This means that services meet people’s needs.

**Is the organisation well-led?**
This means that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

The Quality & Standards Assurance Team has reordered the domains to spell CREWS to help staff remember them.

Throughout the remaining sections, we use CREWS to demonstrate how we Caring, R esponsive, E ffective, W ell-led or S afe.

For example, the acronym below highlights Responsiveness and Well-led domain:

CREWS
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As the new Chief executive of Birmingham Community Healthcare NHS Foundation Trust it gives me great pleasure to share with you some of the improvements that have been made over the past year in our latest Quality Report. I am very proud of the achievements of my colleagues in providing high quality, safe and effective care to hundreds of thousands of patients. This will include the use of “Ward Huddles” to improve the safety of vulnerable patients, the opening of a renovated Learning Disability clinic at the Jaffray Centre and the introduction of the Step Right Buddy to aid patients using a walking frame.

We also know however that we have more work to do to deliver our ambition to provide outstanding, integrated care. In particular we have had two Never Events at the Dental Hospital and the number of falls resulting in harm continues to occur at a level which causes concern. We have learnt from these incidents and as with pressure ulcers previously will work to reduce the numbers of such incidents in future.

Colleagues within the Trust are a vital element to the delivery of our services. It is especially important that we listen to their voice and understand what should change to bring about improvement. We are pleased that more staff than ever responded to the Staff Survey; 73% recommend us for treatment which is equal to the average of other trusts. 59% recommend us as place to work which is a positive increase of 4% on last year. The survey also suggested that we should improve our approach to diversity and equality. In response and considering the Race Equality Standards (RES) and Workplace Disability Equality Standards (WDES) we are undertaking an external equality review to ensure we continue to improve.

As a Trust we have engaged with ‘Learning from Deaths’ and undertake reviews of deaths occurring on our inpatient units to determine whether things could have been done differently. We are investigating deaths occurring in community services and are also actively involved in the Learning Disabilities Mortality Review programme (LeDeR) which looks at deaths occurring in patients with Learning Disabilities. This isn’t because we feel that a problem exists, but because we want to ensure that care at end of life is as good as possible and that our care and the experience of the dying patient and their family is as good as possible.

Our Quality Priorities have evolved and progressed over the last four years and will continue to do so. Continued sustainable improvement is what we are trying to achieve, building on the excellent foundations which exist. This year we have ensured that feedback from clinicians has been incorporated into those priorities and we will ensure that clinical engagement and leadership continues to prioritise our quality agenda. The priorities chosen aim to improve the recording and sharing of patient information to make the services as safe and effective as possible, delivered by competent and dedicated staff, giving patients a positive experience while in our care.

This report is available on the Birmingham Community Healthcare NHS Foundation Trust website: [www.bhamcommunity.nhs.uk](http://www.bhamcommunity.nhs.uk). An ‘easy read’ version of this Quality Report has been made available through the same website. It is our intention that this document is as informative as possible, and we welcome receiving your feedback, which will assist us in improving the content and format of future Quality Reports.

On behalf of the Trust Board, I can confirm that, to the best of my knowledge and belief, the information contained in the Quality Report is accurate and represents our performance in 2017-18 and our commitment to quality improvement.
We will provide a range of services that reach out into the community and meet individual need where everyone counts; celebrating diversity and valuing difference.

We will deliver our services with respect, compassion and understanding where people are valued and we will act in their best interest.

Promoting a culture of dignity and respect, we will make morally sound, fair and honest decisions and be openly accountable. We will commit to investing wisely whilst being socially and environmentally responsible.

We will listen and work with our service users and partners to meet needs and improve health and wellbeing. We will encourage innovation and excellence, celebrating success and learn from experiences.

We will provide safe, effective personalised care to the highest standard, providing information to support service users and their carers to make informed choices.

Through our actions and commitment, we will strive to make a positive difference to people’s lives. We will value our staff, their commitment and the contributions they make.

BCHC NHS Foundation Trust provides high quality accessible and responsive community and specialist NHS services across Birmingham and the West Midlands and during the last full financial year BCHC employed an average of over 4,190 whole time equivalents (WTE) staff. This breaks down into just over 3,900 WTE permanently employed staff with other categories making up a further 270.

BCHC is committed to delivering better care to help create healthier communities. Across 130 different clinical services and dedicated support functions, staff are working to help improve the lives of people across Birmingham and the West Midlands.
Executive Directors declaration

We can confirm that to the best of our knowledge and belief the information contained in this Quality Report is accurate and represents our performance in 2017-18 and our commitment to quality improvement.

Peter Axon
Chief Finance Officer/Deputy Chief executive

Andrew Dayani
Medical Director

David Holmes
Director of Human Resources

Gareth Howells
Director of Nursing and Therapies

Richard Kirby
Chief Executive Officer

Michelle Rogan
Director of Corporate Governance (left March 18)

Lorraine Thomas
Director of Strategy and Transformation

Joanne Thurston
Chief Operating Officer
## Board Level Assurance

### Examples of Trust Board level Assurance on Quality

<table>
<thead>
<tr>
<th>Quality Report</th>
<th>Annual Quality Report provides an overview of the delivery of quality for the previous 12 months, and the quality priorities for the following year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated performance report and cost improvement programmes</td>
<td>Both national and local quality metrics are reviewed on a monthly basis. Update on the quality priorities and top risks to quality.</td>
</tr>
<tr>
<td>Board assurance framework</td>
<td>Trust strategic risks are reviewed quarterly.</td>
</tr>
<tr>
<td>Ward to Board</td>
<td>Patients are invited to share their stories at the Board. Indicators of essential care are also reviewed.</td>
</tr>
<tr>
<td>Patient safety walkabouts/visits</td>
<td>Executive and non-executive teams actively engage with patients, service users and staff by visiting the wards and clinical areas.</td>
</tr>
<tr>
<td>Care Quality Commission compliance update</td>
<td>Quarterly assessments are undertaken to review and ensure on-going compliance.</td>
</tr>
<tr>
<td>Quality Governance and Risk Committee</td>
<td>Trust Board sub-committee which reports monthly on quality and risk issues.</td>
</tr>
<tr>
<td>Quality impact assessment</td>
<td>Assessment carried out on all strategic intentions.</td>
</tr>
<tr>
<td>Internal Quality Reviews</td>
<td>A process of reviewing areas in the Trust to make sure they are compliant with CQC regulation and Trust policies. The Quality Review process encompasses a whole system approach to quality and safety in relation to patient safety, patient experience, clinical environment, and staff safety.</td>
</tr>
</tbody>
</table>
Since joining BCHC in July 2017, I have had the opportunity to critically appraise the Quality and Safety systems operating within the Trust. It is with some pleasure that I can report that the trust is demonstrably in a healthy state regarding these important areas. That isn’t to say that there isn’t room for improvement - that will always exists. What I have seen is a commitment to patients and enthusiasm for improvement in both service delivery and patient experience which makes me feel very proud to be associated with this organisation. We have a cohort of Patient Safety Ambassadors, who are trained in Quality improvement methodology and who act as local ambassadors for positive change. Our patient experience team work effectively in a calm and polite way gathering feedback, but also addressing concerns as they arise.

It’s ‘Our NHS’ so let’s collaborate effectively to make sure that we get the best from the resources available.

BCHC is an organisation which aims to be clinically led and managerially supported. We need to ensure that as well as giving an effective voice to frontline clinicians we also offer development opportunities in management and leadership. In this way we will be able to ensure that there is no divide between our clinicians and managers and that we have clinical leadership extending from the frontline to the board. Effective engagement of clinicians results in significant benefits for patient outcomes and must continue to be a priority.

As a Trust we recognise that we don’t work in isolation. We have been developing collaborative patient pathways with colleagues across health and social care and increasingly this will be a feature of our services. We need to ensure that the necessary governance exists to ensure that outcomes improve and that patients and our colleagues are safe and free from harm.

I would like to pay tribute to the hard work carried out by our teams delivering excellent care in all conditions. I am convinced that our services are high quality, safe and efficient and will continue to develop and improve as we incorporate new ways of working based on evidence, research and improved use of technology to assist decision making.

I want to fully develop the culture that questions why we do things in a particular way.

We could do more to disseminate the ethos of improvement, particularly by linkage through our delivery of Education, Research and Innovation which I believe should underpin our clinical services. I want to fully develop the culture that questions why we do things in a particular way, could we do them better and ultimately what benefit does it bring to patients? Similarly, I feel that we should be engaging patients and carers more, not simply for feedback but in determining how our services operate and what we deliver.

Putting Quality first

Statement from the Medical Director

Andrew Dayani
Medical Director
Our quality report demonstrates that we take the safety of our care, the quality of patient experience, and effectiveness of our services very seriously.

It also describes the vision for our services which combine compassion, dignity and respect which together provides the cornerstone of our commitment to service users/patients and carers.

We remain focussed on our core purpose, which is to ensure our service users/patients and carers have a positive experience of high quality evidence based care, which delivers improved outcomes, the best level of recovery possible and results in an enhanced quality of life.

"Providing care, which is safe, of a high quality and effective"

To achieve and sustain this we engage and promote good partnership working and strong effective governance processes.

Working in partnership with our service users/patients, carers, staff, governors and key partners is critical to achieving the highest standards of patient safety, patient experience and clinical effectiveness.

Providing care, which is safe, of a high quality and effective, is about ensuring our services and people are committed to excellence with the aim to provide as positive an experience for the patient as possible. Improving lives and communities through excellent services and high quality care motivates all of our clinical and support staff alike.

We also recognise that our services will only ever be as good as the dedicated and skilled workforce we have and that we invest in.

We are immensely proud of our achievements over this last year and are passionate about making improvements going forward, wherever possible.

Our quality report therefore highlights our successes and strengths, areas we need to improve upon and our quality plans for 2018 to 2019 and reflect the organisations commitment to quality and the expectations of high quality care.

Gareth Howells
Director of Nursing and Therapies
Governors who are representatives of the public are elected by BCHC public members.

The Council of Governors comprises 13 Public, 6 Staff and 4 Partner Governors. One of their prime responsibilities is to satisfy themselves that the quality of the care offered by the Trust, as well as the patient experience, is the very best possible. This is partly achieved by holding the non-executive directors to account, ensuring that they routinely carry out checks and follow up issues that are identified.

In addition, the Public Governors on the Patient Experience Forum have continued to meet quarterly, reporting back to the Council of Governors,(1) to receive and discuss the Patient Experience Report, taking particular interest in action taken in response to problems identified through patient feedback and other relevant inputs, and (2) to respond to presentations on developments in the Trust affecting service to patients.

The members of the Patient Experience Forum have also been given the opportunity to comment on the Quality priorities and the Quality Report, and by annual review have tried to improve their own performance as a group contributing to the quality of the Trust’s provision.

Governors will engage with staff and patients more directly, continuing on Patient Safety visits alongside Board members, but also by initiating a series of patient experience engagements, reports of which will be shared with the new Patient Experience Group; a sub-committee of the Council of Governors.
May 2017
PLACE assessment
Page 87

July 2017
Publication of urgent care quality standards
Page 75

September 2017
Launch of Flu Campaign
Page 84

November 2017
New End of Life Unit opens
Page 103

September - December 2017
Staff Survey
Page 52-55
January 2018
New Early Years and Wellbeing service goes live
Page 100

March 2018
Equality Review commences
Page 90

March 2018
School Nurse Ambassador Finalist
Page 27
Looking Forward... 2018-19

Our priorities for quality improvement

We have worked with patients, members of the public, staff and other NHS and local authority partners to make sure that our priorities address their thoughts, concerns and aspirations for community health care.

Linking in closely with our strategic priorities, our quality priorities serve as areas of key focus across BCHC. The Board approved our quality priorities for the year ahead, 2018-19, after extensive consultation with a range of stakeholder groups.

The priorities are clinically driven and support the three quality domains: Patient Safety, Clinical Effectiveness and Patient Experience.

How we chose our quality priorities

The Trust agreed to consult widely on our quality priorities for the coming year 2018-19 with our internal and external stakeholders.

The project lead for the Quality Report worked closely with the Trust clinical divisions and corporate leads during the consultation process.

The consultation and engagement with stakeholders and our community took place from November 2017 through to the end of March 2018 and allowed feedback to be sent through a number of methods, including an online survey and discussion forums and sessions.

The consultation has included:

- Engagement from the Clinical Divisional through their governance meetings
- Engagement with the Governors and members
- Electronic survey accessible through the BCHC website and Trust intranet to encourage the public and staff to share their views with us
- Trust committees and Boards and with Clinical Commissioning Groups through the Clinical Quality and Review Group meeting.

As part of our process for reviewing and proposing the quality priorities for 2018-19, our internal stakeholders reflected on:

- the consultation feedback
- our performance against quality indicators
- our risks on the assurance framework.

All feedback from the consultation was reviewed through the appropriate governance forums so we were able to follow up on some of the suggestions that had been made.

The Trust Quality Governance and Risk Committee and the Board further discussed and finally agreed the quality priorities for 2018-19 and as we move forward, we seek to further improve the following areas:

**Patient and Staff Safety**
1. Protecting staff from violence, harassment and bullying
2. Patient safety programme

**Clinical Effectiveness**
3. Improving documentation
4. Measuring Patient Outcomes

**Patient Experience**
5. Enhancing Patient Experience

**Supports all three domains**
6. Improving staff engagement
7. Using Information Technology to improve patient care.

The progress of all quality priorities will be monitored and reported through the Trust Clinical Governance Committee, Quality Governance and Risk Committee and the Board Assurance Framework.
Quality Priority 1

Protecting staff from violence, harassment and bullying

Lead: Julie Ravenhall - Divisional Director for Nursing and Therapies Urgent Care Services

Goals

- Agree training needs analysis for staff requiring training
- Agree training provider and dates for training
- Staff to undertake training as per training needs analysis
- MAPA® training to be evaluated in line with reported incidents
- Review Training
- Review of Violence, harassment and bullying incidents involving staff across the Urgent Care division

MAPA® (Management of Actual or Potential Aggression)

MAPA® is a set of ideas and skills to help people who are aggressive or violent as a result of their medical condition to calm down. MAPA® encourages people to communicate through actions as well as words.

Quality Priority 2

Patient Safety Programme

Lead: Julie Jones - Head of Patient Safety

Goals

- We will continue to work with individuals, patients, carers and their families to improve harm free care and achieve our goal of reducing avoidable harm.
- We will deliver measurement and monitoring of safety at all levels and respond, learn and share improvement across the Trust.
- We will promote a positive and open safety culture, building capacity and capability for Quality Improvement (QI) through the Ambassador Campaign.
- We will support the implementation of Learning from Excellence (LfE) and Appreciative Inquiry (AI) techniques to facilitate a positive learning environment and improve staff morale across the Trust.
- We will create a work environment where we understand the toll of emotional labour and the importance of compassionate leadership for staff and patient’s safety and quality of care.
- We will use Trigger Tool case note review to improve and share good practice from patient deterioration and deaths to achieve improvement in all aspects of care including End of Life (EoL) and Bereavement.
Quality Priority 3
Improving documentation
Lead: Linda Lockwood - Associate Director of Nursing

Goals

• Building in the changes in Bed Model of care, we will review admission documentation in line with 2017-18 Essential Care Indicator audit results to identify areas requiring improvement.

• Matrons to develop a new Essential Care Indicator that incorporates a more detailed review of patient admission assessment, documentation and care planning.

• Community services - to build on our work around end of life and palliative care documentation.

• Learning Disability services - To build onto the pieces of work we are doing with national teams around care planning and assessment.

• Children and Families
  • To demonstrate continual improvement in short break service care plan documentation
  • To roll out shared electronic records across all clinical services
  • To demonstrate improvement in 2018-19 annual record keeping audit results for all services where the 17-18 results identify opportunity for improvement

Quality Priority 4
Measuring Patient Outcomes
Lead: Colin Graham - Associate Director of Clinical Governance

Goals

• Ratification and Implementation of Clinical Outcomes Framework to support divisions in identifying, collecting, collating and presenting outcome data.

• Work with Informatics to ensure extraction of data and presentation on 1Vision.

• Outcomes included as part of Patient Level Information and Costing Systems (PLICS) aligned to 2018-19 Trust strategic vision

• Ensure services use and report on outcomes.
Quality Priority 5
Enhancing Patient Experience
Lead: Alison Last, Associate Director of Patient Experience

Goals

- Engaging patients in service design
  - Develop plan for engagement and co-design projects for the year as far as possible (known service development or redesign plans)
  - Implement plan for engagement and co-design projects

- Embedding learning from clinical complaints
  - Develop terms of reference, work plan and standing agenda items re outcomes and learning from complaints for Lessons Learned group (to be chaired by Director of Nursing) Quarterly meeting of group with discussion and shared learning identified

- Bereavement Support and end of life care within Urgent Care and Children's and Family
  - Develop methodology (with bereaved relatives where possible) for listening to feedback from bereaved relatives re:
    a) care of the dying person
    b) support for bereaved relative
  - Develop resource pack for staff to provide to bereaved relatives
  - Collect feedback from bereaved relatives
  - Develop methodology and approach to increasing the level of feedback received from patients and carers for end of life services
  - Review and refresh methodology and approach as appropriate and implement

Quality Priority 6
Using Information Technology to improve patient care
Lead: Duncan Robinson - Director of Information Technology

Goals

- Education and Training: Ensure all staff are trained and competency assessed prior to RiO access being granted.

- Electronic patient record: Uptake of RiO usage in areas previously paper-based and the move from paper-based to paper-light and ultimately to paperless.

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

- Infrastructure:
  - HSCN to have replaced the existing N3 COIN (wide area network) during 2018-19.
  - Patient & Public Wi-Fi to be available in all identified BCHC sites.

RiO is a single platform electronic patient record system used to support clinical professionals in the delivery of care for patients and service users.
Quality Priority 7

Improving Staff Engagement

Lead: Lorraine Thomas - Director of Strategy & Transformation

Goals

• Actively engage staff so that their views are reflected in the planning and delivery of the Staff Survey results.

• Actively engage staff so that their views are reflected in the planning and delivery of services and in shaping the culture with a particular focus on staff members with a protected characteristic.

• All staff members to know and understand what the vision, values and strategy are and be able to explain what their role is in achieving them.

• To embed and sustain a culture of inclusion and engagement which enables all staff to feel they are listened to, have a voice and are able to make a difference.

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

• To reduce the percentage of staff experiencing discrimination at work in the last 12 months.
Listening, learning and improving - how the Board and Governors work with and support clinical staff to deliver better care for healthier communities.

The Trust programme of Patient Safety Visits ensures the Board has the opportunity to listen to clinical voice of the organisation and keeps a clear focus on how patient care is delivered. Staff are invited to talk to the visiting team about any aspects of patient safety where best practice exists or where improvements may be identified. At the same time, the Board will talk to staff about indirect patient safety issues such as staff experience, information technology systems and processes and the clinical and non-clinical environment. The visits help to keep patient safety at the forefront of the Board’s decision making. Patient safety visits are one of the established mechanisms to support communication between managers and staff.

During 2017-18 the Board continued to develop and improve the process for programme, with evaluation by the team being introduced as a key measure for whether the visit has been valuable to teams.

What is a patient safety visit?

Patient safety visits are a facilitated conversation between staff and members of the Trust Board and Governing Council. The conversation includes the visiting team asking questions about how it feels to work in the service, how effective communication is, what they are most proud of and what needs to change to make care and treatment even better for patients. The visits provide the Board with time to listen to staff and talk through their ideas for innovation. All recommendations identified during the visit are recorded and developed into an agreed action plan which is subsequently implemented.

Feedback received from teams following visits in 2017-18 tells us that the visits have been welcomed and are seen as supportive by staff across the Trust.
Our staff awards programme is open all year round, allowing staff, patients and members of the public to nominate a colleague or team for going above and beyond to provide the very best service or care to patients.

During 2017-18, there were two award ceremonies to celebrate staff putting our values into practice.

### Values in Practice (ViP) awards

#### Accessible category

Awarded to the individual or team that can demonstrate a change in a way of working that has improved accessibility for service users or staff.

#### Caring category

Awarded to an individual or team that can demonstrate that through a caring, respectful approach they retain the end user at the heart of everything they do.

#### Ethical category

Awarded to an individual or team that shows dignity and respect to colleagues or patients.

#### Quality category

Awarded to the individual or team that can demonstrate quality outcomes in service delivery.

#### Responsive category

Awarded to the individual or team that can demonstrate an improvement in staff or patient experience of our organisation through listening to their views and responding positively.

#### Commitment category

Awarded to the individual or team that can demonstrate an unswerving passion to drive forward improvements for service users or colleagues.
Spring and Autumn Awards Winners

Accessible

Spring
The North Staffordshire special schools nursing service
“They have continued to ensure children and families have the best possible outcomes and have received consistently good feedback from parents, head teachers and professionals“.

Autumn
The Diabetes Team and Patient Educators
The team tries very hard to tailor their teaching methods to different groups of patients. They have restructured the courses to include education on self-management and lifestyle choices.

Caring

Spring
Harborne integrated multidisciplinary team
“My father, who recently passed away, had a history of Parkinson’s disease. His passing would have been so much more difficult had it not been for the team’s professionalism and human kindness”

Autumn
Chloe Adams, Community Gastroenterology Dietitian
“Chloe is the reason I still have a sister. She was there for Lorna when she felt she had no one to talk to and has supported her to find the care she needs”.
Ethical

Spring
Joanne Toovey, school nurse practice teacher
“Her natural empathy and caring nature, together with her skilful use of experiential learning, academia, and common sense, enable her to be a most able mentor to students”.

Autumn
Michelle Burton and Alicia Phillips, Young People’s Health Advisors
“I have been blown away by the number of compliments I have received about them. Having observed them in schools, it was a pleasure to watch them teach with great skill, passion and enthusiasm”.

Quality

Spring
Brays Special School nurses
“A pupil became unresponsive while at school - the team carried out cardiac resuscitation until the emergency services arrived 18 minutes later. The hospital credited the nursing team with saving the child’s life”.

Autumn
Birmingham Child Development Centres
They are knowledgeable, committed and passionate about delivering the best possible care to all referred families.

Commitment

Spring
Soho health visiting team
“The team is hugely committed to the families they serve, and to delivering the best quality service”.

Autumn
Sheldon Palliative Care Unit Team with special mention for Staff Nurse Katie Colbert
“The staff only have one chance to get it right - but their commitment to ensure patients receive the highest quality of care is evident. Katie is one of the most committed, caring and compassionate nurses I have worked with”.
Responsive

Spring
The BCHC healthcare staff at HMP Birmingham
“Following a 12-hour-long disturbance at the prison in December 2016, staff resumed a quality service under very difficult circumstances and in poor surroundings”.

Autumn
Rapid Response Fort Dunlop, with special mention for Debbie Evans, Senior Administrator, Rapid Response Team
“None of the family wanted him to spend his last days in hospital and the rapid response team ensured that his last wishes were honoured. Debbie’s ability and proficiency at helping is a breath of fresh air, and gives the clinical staff more time to care for patients”.

Annual Board Award

Individual Award Winner:
Joanna Jacobs, health visiting clinical team leader
Nominated for her ‘health visitor in your pocket’ app.

Team Award Winner:
The Healthcare Team at HMP Birmingham.
Yvette Carroll from the team
Nominated for their response after December 2016 prison riots.
# Section 2

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Last year we consulted widely and the Trust Board chose to extend the six 2016-17 quality priorities which served as areas of focus for 2017-18. We have achieved or exceeded many of our objectives under these priorities in the last year and have worked to ensure the quality improvement initiatives are embedded in our practice.

All quality priorities were monitored through the Trust Clinical Governance Committee, Quality Governance and Risk Committee, and the Trust Board Assurance Framework.

The following section of the Quality Report describes in detail how we performed against each of those goals set.

### Quality Priority 1 - Patient Safety Programme

<table>
<thead>
<tr>
<th>Goals</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Continue to work with patients, carers and their families to improve harm free care.</td>
<td>Met</td>
</tr>
<tr>
<td>Deliver Measurement for Improvement at all levels within the Trust and respond, learn and instigate improvement.</td>
<td>Met</td>
</tr>
<tr>
<td>Promote a positive and transparent safety culture through Patient Safety Ambassadors to deliver quality and safety improvement.</td>
<td>Met</td>
</tr>
<tr>
<td>Raise patient safety through awareness, education, learning and sharing excellence to support staff to continuously improve their practice.</td>
<td>Met</td>
</tr>
<tr>
<td>Continue to review mortality and patient deterioration to reduce preventable deaths, avoidable harm and identify and share learning to improve practice and learning for excellence.</td>
<td>Met</td>
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**Achievements:**

**Continue to work with patients, carers and their families to improve harm free care.**

- Greater patient, family and carer engagement is an intervention of the Safety Express programme.
- Falls prevention, a key priority, has been used to target the work and two falls films have been produced to be used as educational packages. Listening to a patient’s story and their experience following a fall whilst a patient on one of our wards gives more of an insight into the factors to be considered pre and post fall.
Respond, learn and instigate improvement

Workshops have been held throughout the year with staff to learn how to improve their use and understanding of data and information to measure and monitor how safe they are on a day to day basis. A team huddle is an example of where teams have taken this forward. Other examples of progress includes two modules (Patient Safety Ambassadors Campaign) where staff are shown the tools and techniques for measuring improvement as part of building capability for Quality Improvement (QI).

Patient Safety Ambassadors

- Four Cohorts of staff have attended the 5 modules and as a result staff have gained Quality Improvement skills enabling them to learn and improve care everyday using the methodology. Staff have presented their QI projects, corporately and within their divisions, and instigated a spread of changes and improvements in care, across the Trust and within divisions and services. Staff are being encouraged to share and showcase their work locally and nationally. Two QI projects have been shortlisted for awards at the 2018 Patient Safety Congress.

Awareness, education, learning and sharing excellence

- Learning identified from themes from case note reviews, management of incidents, responding to alerts and educational needs identified the need for educational resources to focus on top patient safety issues taken from these sources of information.

- The Children and Families Electronic Interactive Clinical Handbook, is an example of a patient safety resource developed with service leads.

- Sepsis awareness sessions for adults and children’s services have been well attended and received positive feedback. Their success means that these sessions will need to continue as more staff across all services want to understand the early signs and symptoms of sepsis. Learning from Excellence has also been another positive influence for raising staff awareness of good care and for appreciating it. All of this is shared and spread through journal clubs, staff training days, clinical training days, workshops and events.

Mortality and patient deterioration to reduce preventable deaths

National Guidance on Learning from Deaths, published in March 2017 required Trusts to adopt a standardised approach to review and learn from deaths.

Trigger tool case note review, already in place for inpatients, has enabled the Trust to spread the practice to community and the Learning Disability services to ensure that the Trust is compliant with the national guidance. Improvement work streams enable improvement and learning to be progressed and shared in a coordinated way. Examples of these include; Diabetes management, Sepsis Group, Hydration and Fluid Management, End of Life and Bereavement based on the “Dying Phase” of care and the monthly case note review group. From these Quality Improvement projects evolve to address improvements in practice required for mortality and patient deterioration.

During the year progress in data analysis and Trust reporting requirements have been met, including the reports to the Trust Board and the public facing report.
Quality Priority 2 – Safe Staffing

Goals

The Trust must ensure effective use of systems and rostering tools to provide assurance on safe nurse staffing levels

Progress

Achievements:

Children and Families Division

• Divisional safe staffing guidance is ratified and on intranet
• Health Visitor transformation programme includes monitoring of incidents reported relating to staffing as quality indicators.

Urgent Care Services

• Bespoke set of clinical training and competency frameworks to further support nursing staff in having the right skills.
• Competency framework developed for:
  • Band 5 and 6 staff working at the prison
  • Band 6 staff working on CU27 (Good Hope Hospital site)

Adult Communities Division

• Development of Electronic Tool for safe staffing, including escalation
The electronic management system developed to support safe staffing analysis in district nursing teams is fully implemented.
• Development of safe staffing report
The Division continue to review the accuracy of the data feed so that it is consistent across the service. The division are using it for local reporting and monitoring.

Learning Disabilities Service

• Clinical training development programme, Band 6 and 7 inpatient competency framework and Band 5 community development program have been developed and are underway.
Goals | Progress
--- | ---
Hear the voice of the child/young person in shaping how services are delivered | 🟢
Improve engagement and consultation with patients, carers and the public for any changes in how and where services are delivered | 🟢

**Achievements:**

**Hear the voice of the child/young person in shaping how services are delivered**

Plans for service development and changes have included making sure designs are developed with patients, their carers and the public where appropriate.

Examples include the School Ambassador programme and the events organised with and for the ambassadors. One such event attended by ambassadors from 13 schools was held and looked at Emotional Wellbeing.

At Edgewood Road (children’s respite care service) an event was held for young people to speak about their experiences and expectations of a health respite service.

The Early Years Services Partnership invited parents and young people from across the city to help with the branding of the new service. They were invited to a stay and play session in Springfield Children Centre and were asked for their thoughts and ideas for the new service name and logo.

Birmingham Special School Nurses visited five special schools and spoke to over 60 children and their staff about the service, whether they want their school nurse to wear uniforms and asking them to complete the new card designed to make sure they are easy to understand and fit for purpose. The majority of children voted for the nurses to wear a uniform.

**NHS education and health care career planning event**

The Education and Development Department held a careers event for 14 to 17-year-olds from local schools in September 2017 and around 400 students came along to speak to us about their career aspirations. Using a graffiti wall, young people shared their thoughts about the future of the NHS and placed their wishes for the future in a wishing well. There was a lot of interest by young people who want to get involved with Trust charitable events and some young people signed up to become members of BCHC.

At a different School Nurse Ambassador day the schools redesigned posters for the new school adviser’s texting service ‘Chat health’. They also made plans for how they would continue to be the ambassadors for their schools and the projects they want to implement locally to ensure they are involved in influencing the service they receive.

A group of young Umbrella Champions designed new leaflets for children who have to use the Paediatric Sexual Assault Service and helped us understand where and what information young people in their teens need to access our services and what should be included in the information we provide.

The School Nurse Ambassador programme was a finalist for the Patient Experience Network National Awards held on the 1st March at the Birmingham Repertory Theatre.
Engagement and consultation with patients, carers and the public

Examples include:

- **Birmingham Special School Nursing** - An interactive lesson plan has been developed and is being taken into school classrooms to show young people new designs for feedback cards and to take feedback on nurses wearing uniform.

  Four special schools in Birmingham, working with both older and younger groups of children and young people, asking for their advice on the best way of communicating with people with physical and learning needs.

- **Sheldon Unit** – As part of the Estates Strategy plans, and following a period of engagement with patients and families, information was produced to support the move of patients from the Sheldon Unit to West Heath Hospital.

  Moseley Hall Hospital patients were asked to give their thoughts about changes to the District Nurse contract, which had been introduced in July. Patients were also asked to comment upon a new patient leaflet being introduced to support this.

  Patients were also asked to give their feedback about cleanliness and food provision on a Moseley Hall Hospital ward.

  Patients and carers were involved in the plans to move patients of Ward 14 West Heath Hospital to Ward 5 Moseley Hall Hospital, and the planned move of Ward 7 from Moseley Hall Hospital to West Heath Hospital.

  The Early Years Services Partnership; Public information sessions about the new service - 28 public events ran from 11 to 22 September in existing ‘early years’ settings across the city. The sessions offered:

  - information about the plans for the new service
  - an opportunity for anyone interested to ask questions
  - the chance to discuss local needs with members of the delivery team
  - details about getting involved in services in each area

  At each of the sessions feedback was received on the model, details of people interested in being involved in parent forums in each of the districts gave another opportunity to ask for their ideas for the future. All of this information is being used to continue to build and shape the new way of delivering early years services across Birmingham.

- **District Parent Forums**

  As part of the early years’ service plans are in place to design a network of parent forums across Birmingham. Each of the 10 districts will have their own forum and over the year representatives from the district forums will meet to share ideas and information in a city wide forum. This will form a strong network of groups and representatives which will in turn ensure there is a structured way of hearing the voice of our children and families on an ongoing basis to help shape service delivery.

- **Dental Services**

  A new User Forum inaugural meeting held on the 18th September.

  Specialist Services: User Forums held for patients and carers in Birmingham Wheelchair service, Stroke Services and Amputee Rehabilitation Service. The client steering group for Moor Green and Ward 9 are also continuing.

  The Trust has plans to introduce free patient and public wifi in 2018-19 and has drawn up plans based on feedback received for patients and carers over the last 2 years to prioritise key sites.
**Quality Priority 4 – Measuring Patient outcomes**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and monitor clinical outcomes to assess and improve the quality of care delivered by our services.</td>
<td>![Thumbs Up]</td>
</tr>
<tr>
<td>Promote and review the current range of outcomes on a structured basis across the Trust</td>
<td>![Thumb Down] ![Thumb Up]</td>
</tr>
<tr>
<td>Develop the impact of outcomes collated, at a local and wider level</td>
<td>![Thumbs Up]</td>
</tr>
</tbody>
</table>

**Achievements:**

**Develop and monitor clinical outcomes to assess and improve the quality of care delivered by our services.**

Clinical teams continue to develop and record clinical outcomes, although the majority continue to record their results in paper records which make collation of the results at a service level more difficult. As more services begin to use an electronic patient record, the Informatics team will be able to extract the data automatically and present it in an already established section of the 1Vision data visualisation platform. This will allow clinicians to review service level data on a regular basis, and where necessary make improvements or change focus.

New outcomes identified this year include two for paediatric occupational therapy as part of the Traded Services programme, the collation of Functional Independence Measure (FIM) and Functional Assessment Measure (FAM) data for Stroke patients on Ward 8, and the use of a nationally developed patient reported outcome measure (PROM) for dental Oral Surgery. To improve the response rate for the dental outcome the service changed the process mid-year to use a text message to circulate the questions on Smart Survey, and significantly increased the number of replies. This process will now be recommended to other services seeking responses from patients weeks or months after treatment.

**Promote and review the current range of outcomes on a structured basis across the Trust.**

There is a regular reporting process for clinical outcomes through the committee structure with monthly reports to Clinical Effectiveness Committee and Quality Governance and Risk Committee (QGRC). A number of services presented their outcomes data at Clinical Effectiveness Committee (CEC) including Pulmonary Rehabilitation, Special Care Dental team.

Divisions provide feedback on their outcomes to their own governance committees, and then corporately.

A Clinical Outcomes Section was again a key part of the annual Clinical Audit and Effectiveness Report which was approved at CGC in December and QGRC in January. Examples of clinical outcomes are also presented at the annual Clinical Effectiveness Day, which this year was at Edgbaston Cricket Ground, and included the use of a FODMAP diet to treat Irritable Bowel Syndrome (IBS).

**Develop the impact of outcomes collated, at a local and wider level**

The Trust has looked to work with others to improve outcomes, and to share good practice. The Special Care Dental team worked with Healthwatch Dudley to review the impact of their work with adults and adolescents who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or a combination of these factors.

A member of the Dietetics team presented her work on treating IBS to the Midland Gastroenterological Society Autumn Conference, and the Head of Paediatric Occupational Therapy (OT) presented her work on Sensory Workshops for parents of children with autism at a workshop during a national OT conference.

Paediatric Therapy Services are developing generic outcomes measure for physio, OT and SLT practitioners, based on national guidance, to standardise collection across the services.

A draft Clinical Outcomes Framework has been developed to support services who wish to develop outcomes in the future, to support existing delivery, and bids for future activity.
Achievements:

Staff engagement score

BCHC achieved an overall staff engagement score of 3.78 out of 5 which was a marginal improvement on the 2016 overall engagement score of 3.75. The focus in year was on adopting a listening in to action ‘You said, together we did approach’. The staff survey data demonstrates that whilst we haven’t made a statistically significant positive or negative shift we continue to score lower than sector average. The 2018 priority for action will be to work with the Divisions and Support services to increase the percentage reporting effective two way communication between senior management and staff members to achieve 5% increase in the 2018 Staff Survey overall engagement score.

Visibility of and methods for staff to contribute towards improvements at work

70% of staff members who completed the 2017 staff survey reported they are able to contribute towards improvements at work. There was a 3% increase from BCHC 2016 staff survey results, however a statistically significant improvement is 5% and above. BCHC score is in line with the 2017 national average score for community trusts which is 71%.

The 2017-18 Staff Engagement Strategy and implementation plan focused on embedding a range of communication and engagement tools and techniques in order to enable staff members to pro-actively contribute towards generating ideas for improvements at work. We continue to develop our staff engagement approach and are working with Divisions and Support Services to generate a 5% increase in the 2018 staff survey score.

For more information on the staff survey see page 52-62.
Quality priority 6 – Using information technology to improve patient care

<table>
<thead>
<tr>
<th>Goals</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved network connectivity</td>
<td></td>
</tr>
<tr>
<td>Improved cyber security</td>
<td>🟢</td>
</tr>
<tr>
<td>Improving access to services by telephone and offer alternative means of communication to ensure patients can contact services and be responded to in a timely manner</td>
<td>🟢</td>
</tr>
<tr>
<td>Unified Communications</td>
<td></td>
</tr>
<tr>
<td>Reduce patient DNA through the use of SMS</td>
<td>🟢</td>
</tr>
<tr>
<td>Upgraded Helpdesk system</td>
<td>🟢</td>
</tr>
<tr>
<td>NHS Mail 2</td>
<td></td>
</tr>
</tbody>
</table>

Achievements

**Network connectivity**
- Core networks have been upgraded to increase network speed and resilience
- New wireless network equipment to support free Patient and Public Wi-Fi has been purchased.
- The tender for the new wide area network has been scored and a preferred supplier identified – this is now going through the Board approvals route

**Cyber security**
The Trust received a limited assurance report on cyber security in August 2017 from Internal Audit. As a result of this, and following the May 2017 global cyber-attack, the Trust put a significant number of additional measures in place, which are listed below. These actions indicate how the Trust is improving cyber security. Internal audit are due to perform additional procedures in 2018/19 to assess how changes have benefitted the Trust’s cyber security.
- 6 new “Next Generation” firewalls are now in place to protect the Trust networks against viruses, suspicious traffic, and malicious software threats
- The Trust is mid-way through a new anti-virus solution deployment which will improve the security of desktops, laptops, tablets and smartphones
- Installation will commence on additional cyber-security equipment purchased in March.

The BDH Booking team will handle around 115,000 answered telephone calls every year spending 6,488 hours talking to patients
**Access to services**

- Migration of Central Booking Service from a simple dial tone and call routing solution to an Industry standard Contact Centre solution with full call management and reporting, including dedicated call queuing and live statistics (among many other features)
- The Dietetic and Heart Failure/Cardiac Rehab have been migrated to new IP-based telephony (voice over the network rather than older dedicated telephone lines)
- Redesign and reconfiguration of the Birmingham Dental Hospitals (BDH) phone system - consisting of a full contact centre solution enhance with the rich functionality of IP Telephony
  - Patients now have a Single Point of Contact to dial for BDH appointments (prior to changes there were 19 patient facing numbers which have now been consolidated into 1)
  - The hospital’s DNA rates have dropped significantly, which are further enhanced by the introduction of an SMS Text appointment reminder.

**Unified Communications**

- The core telephony platform has been upgraded to the latest supported version which will introduce opportunities for future enhancements.
  - We achieved the enablement of Conference Now which allows Trust staff to use internally hosted audio and video conferencing facilities
  - The Trust is approaching the completion/enablement of Cisco Jabber, which offers secure communication, point to point video conferencing, Instant Messaging, Soft Phones (no need to be restricted to a desk phone), Desktop collaboration and Presence (indicator to show whether a colleague is free, busy, away, in a meeting etc.)

**Reduce patient DNA through the use of SMS**

- SMS Text integration with RiO
  - Current usage indicates over five thousand appointment reminders are sent to patients every 48 hours.
  - Services across Adult & Communities and the Dental Hospital have seen a 4.5% reduction in DNAs since the technology was introduced, offering a dramatic improvement in clinic utilisation.

**Upgraded Helpdesk system**

- The Sunrise Information Technology Service Management was configured in May 17
  - Over 6000 staff members have been registered on to the solution, with over 4500 incidents are service requests recorded on the platforms.
  - Enhancements continue on the platform monthly, with User Self- Service functionality, Service Catalogues and Asset Management all planned for implementation

**NHS Mail 2**

- Approximately 4,500 email accounts will be migrated to NHS Mail together with over 150 generic accounts
- The technical infrastructure is in place and ready for the technical handover to Accenture in May
- Podiatry and IT services as pilot (95 staff) ready to go as the NHS Mail pilot groups.
Quality priority 7 – Care Planning and Assessment

<table>
<thead>
<tr>
<th>Goals</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure the assessment process leads to individual care plans that are person centred and based on holistic needs.</td>
<td>✔️</td>
</tr>
<tr>
<td>To implement and imbed clinical supervision as a formal way of reflection for clinical staff and to up skill and increase the knowledge of nurses in relation to assessment and care planning.</td>
<td>✔️</td>
</tr>
<tr>
<td>To monitor and review clinical education of care planning and assessment within urgent care, following the programme update in 2016-17</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Achievements:

**Care plans**
The Divisional Directors of Nursing and Therapies are leading the process across their areas of responsibility. The completion of care plans continues to be monitored monthly by Essential Care indicators (ECI) across all areas.

**Urgent care/Inpatient Neuro-rehabilitation Unit (INRU)**
*(Ward 9 and ward 8 now part of Adults and Specialist Rehabilitation Division)*
Matrons continue to monitor care planning through ECIs. Training programme continues across staff groups. Admission documentation has steadily improved and was at 95.1% at end of February. Bespoke Care planning training has been delivered throughout the year as per divisional requirements. ECIs now include hydration assessment.

**Community Integrated Multidisciplinary Teams (IMTs)**
Themed ECI audit results continue to be used as a helpful benchmark for areas of good practice and improvement.

The division met the overall compliance of 90% in the Trust record keeping audit.
The clinical record keeping group will commence from the 25th April 2018 and has a focus on the key areas for improvement as identified in the clinical record keeping audit, Root cause analysis and Essential Care Indicator (ECI) within the division.
Coroner’s action plan audit results show an improvement in patient’s assessment and care planning and results to be shared at Divisional Quality Governance and Risk Committee.

**Clinical supervision**
Clinical supervision sessions are in place for staff to access.

**Specialist Services - Learning Disability Service**
Clinical supervision monitoring systems continue to be developed within the division to ensure review of uptake and appropriate electronic staff record recording.

**Urgent care**
An additional project has been commenced within the division with the Trust Patient Safety Team around improving assessment and care planning.
Matrons continue to monitor the effects of the care planning training when undertaking the audits each month and supervision takes place with individual members of staff following the ECI audits where it is identified that care planning is not of a high standard.
Clinical education

To support urgent care division, there have been bespoke care planning sessions delivered with further sessions available as required. Feedback from bespoke training sessions has been rated as very good and covers the elements identified by the division.

This has been extended to Learning Disability services who have a Band 5 Development programme which is being monitored by Professional Development team. A review of the programme and evaluation feedback from the band 5 nurses has been positive. A draft development programme for band 6 and 7 nurses working within the bedded areas has been constructed and is currently under review by the divisional nursing leads. Building on the success of the band 5 nurse bedded area development programme, a band 5 clinical development programme has been running for the last few years led by the Practice Teachers for District Nursing. It is for all new staff nurses joining District Nursing teams, it is a week long programme which gives new nurses a grounding and introduction into the core clinical areas of district nursing eg: palliative, continence, tissue viability. Staff are then given a competency book to complete in practice.

A review of care planning in Riverside Lodge Short breaks utilising an electronic tool has been developed as a result of the pilot work of the University of Wolverhampton.
This section contains statutory statements concerning the quality of services provided by Birmingham Community Healthcare NHS Foundation Trust. These are common to all NHS trust Quality Reports and can be used to compare us with other organisations. Our Board is ultimately responsible for the delivery and quality of services delivered throughout the organisation. It is therefore also responsible for the accuracy of information that is presented within our Quality Report.

Review of services

During 2017-18 the Birmingham Community Healthcare NHS Foundation Trust provided and/or sub-contracted 107 relevant health services.

The Birmingham Community Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in 107 of these relevant health services. The income generated by the relevant health services reviewed in 2017-18 represents 91% of the total income generated from the provision of relevant health services by the Birmingham Community Healthcare NHS Foundation Trust for 2017-18.

Participation in Clinical Audit

During 2017-18 six national clinical audits and one national confidential enquiry covered NHS services that Birmingham Community Healthcare NHS Foundation Trust provides.

During that period Birmingham Community Healthcare NHS Foundation Trust participated in 100 per cent national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust was eligible to participate in during 2017-18 are as follows:

- Head and Neck Cancer Audit
- Learning Disability Mortality Review (LeDeR)
- National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)
- National Audit of Intermediate Care (NAIC) (RCP)
- National Diabetes Audit - Adults National Footcare Audit (HSCIC)
- Sentinel Stroke National Audit Programme (SSNAP) (RCP)
- UK Parkinsons Audit (Parkinsons UK)
The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust participated in during 2017-18 are as follows:

- Head and Neck Cancer Audit
- Learning Disability Mortality Review (LeDeR)
- National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)
- National Audit of Intermediate Care (NAIC) (RCP)
- National Diabetes Audit - Adults National Footcare Audit (HSCIC)
- Sentinel Stroke National Audit Programme (SSNAP) (RCP)
- UK Parkinsons Audit (Parkinsons UK)

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2017-18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

*% - Number of cases submitted by Birmingham Community Healthcare NHS Foundation Trust expressed as a % of the number of registered cases required by the terms of the audit or enquiry.

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Participated</th>
<th>*%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and Neck Cancer Audit</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Host: Saving Faces – The Facial Surgery Research Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability Mortality Review</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Hosted by: University of Bristol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Audit of Intermediate Care (NAIC) (RCP)</td>
<td>Yes</td>
<td>See Appendix 1</td>
</tr>
<tr>
<td>Hosted by: NHS Benchmarking Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)</td>
<td>Yes</td>
<td>Ascertainment not known (18 cases submitted)</td>
</tr>
<tr>
<td>Hosted by: Royal College of Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Diabetes Audit – Adults National Footcare Audit</td>
<td>Yes</td>
<td>No min ascertainment required for this audit</td>
</tr>
<tr>
<td>Hosted by: HSCIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP) (RCP)</td>
<td>Yes</td>
<td>Band B</td>
</tr>
<tr>
<td>Hosted by: Royal College of Physicians</td>
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<td></td>
</tr>
<tr>
<td>UK Parkinsons Audit</td>
<td>Yes</td>
<td>100% (40 cases submitted)</td>
</tr>
<tr>
<td>Hosted by: Parkinsons UK</td>
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</tr>
</tbody>
</table>

1 Ascertainment rate would apply to participating acute Trust, please see corresponding Trust Quality Report for University Hospital Birmingham NHS Trust for this information.

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

The reports of 22 national clinical audits were reviewed by the provider in 2017-18 and Birmingham Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>Audit</th>
<th>National Intermediate Care Audit (NAIC)</th>
</tr>
</thead>
</table>
| Action Taken | Report reviewed: The NAIC 2017 England Summary Report  
Report published as planned and highlights presented at Trust Clinical Effectiveness Committee and Urgent Care and Adult Community Services Divisional Management Boards.  
Development of Divisional Action Plans in progress in response to the findings.  
Key highlights/successes from NAIC 2017  
• Crisis Response shows as low cost per service user assessed  
• Low cost per occupied bed day for intermediate care  
• Key Concerns from NAIC 2017  
Overall costs per Service User Accepted - especially in geriatric medicine (although this is also associated with higher dependency and higher than average medical cover).  
• Delayed transfers of Care in geriatric medicine  
• Incomplete data regarding patient frailty  
• From a performance and business intelligence perspective the Trust is reviewing data quality concerns to understand benchmarks fully and to ensure better data quality next year. The divisions are reviewing performance based on positives and concerns and will develop an action plan which is due to be presented to the Trustwide Clinical Effectiveness Committee June 2018. |

<table>
<thead>
<tr>
<th>Audit</th>
<th>UK Parkinsons Audit National Parkinsons Disease Audit 2015 national report</th>
</tr>
</thead>
</table>
| Action Taken | • The service has continued routine weighing of all patients on their initial appointment which was introduced following review of the 2015 UK Parkinsons Audit.  
• During 2017 the service has participated in the re-audit and service level results and national report are awaited. The results will be reviewed and shared with the service and with Clinical Effectiveness Committee by the Parkinsons Disease Nurse who is leading on the audit. |
**Sentinel Stroke National Audit Programme (SSNAP)**

SSNAP requires all services admitting patients with stroke to complete a minimum data set for all patients. The core data set includes acute care, inpatient rehabilitation, early supported discharge, community follow up and six month reviews.

- BCHC NHS FT has been submitting data for its inpatient service since January 2014 and receives site specific reports on clinical care of patients with stroke.
- Early Supported Discharge, Community Stroke Team and Birmingham Neuro-Rehabilitation Team (community follow up provider) are submitting data for SSNAP with the aim of generating frequent reports.

Reports reviewed:
- 4th SSNAP Annual Report for 2016-17 titled “Rising to the Challenge”
- SSNAP 4 years changes over time summary report
- Site specific SSNAP reports generated by SSNAP for the Trust during 2016-17.

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**Audit**

**Action Taken**

- Project to review access to therapy times is ongoing.
- Multidisciplinary team meeting covers assessment of continence, mood and cognition.
- Regular meetings with University Hospital Birmingham (main referring team) to improve quality of data are on-going.
- Project plan to improve standardised assessment of patient mood.
- One off audit to evaluate performance in completing mood and cognitive assessments attributed to Birmingham Community Healthcare NHS Foundation Trust.

**Key Successes**

Maintenace of therapy performance over last year. Overall score of B. Achievement of all services participating. Initiation of new practices to improve access to therapy such as therapy supported mealtime assessments

**Key concerns**

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

### National Chronic Obstructive Pulmonary Disease Audit (COPD)

The publication of the national report has been delayed therefore comments below relate to service level data received only.

- The service has reviewed their results and presented key findings at Trust-wide Clinical Effectiveness committee in April 2018.
- Some actions taken focus on the following key areas:
  - BCHC are working in partnership with acute services at Birmingham Heartlands Hospital and Sandwell and West Birmingham Hospital and pulmonary rehabilitation is offered to all patients as part of a Chronic Obstructive Pulmonary Disease discharge care bundle.
  - A home exercise programme to be prescribed on discharge to be completed
  - All patients (meeting inclusion criteria) that are treated for an acute exacerbation in the community setting are offered pulmonary rehabilitation from BCHC clinicians in admission avoidance/assisted discharge service
  - All referred patients now receive an initial assessment and start date for pulmonary rehabilitation within 28 days.
  - To work with BCHC Communications team to create information packs, a short film of a pulmonary rehabilitation session on DVD and a list of education resources and patient stories.

### NCEPOD: Care of Children with Chronic Neurodisability

- The national report was published 8th March 2018 and has been shared with the divisions involved with a request for forward actions taken in response to the report findings to be shared at Trust-wide Clinical Effectiveness Committee.

### National Confidential Inquiry into Suicide and Homicide: Annual Report 2017

- A short life working group to review the policy, assessment, and training will be established July 2018 which will be led by the Associate Director of Clinical Governance.
- Initial reviews of the training have been positive but it will need to be assessed further before a decision is made as to the next steps.
Local Clinical Audits

The reports of 166 local clinical audits were reviewed by the provider in 2017-18 and Birmingham Community Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Title: Malnutrition Universal Screening Tool Audit (MUST)

Audit aim: The purpose of the ‘MUST’ audit was to assess the accuracy of the ‘MUST’ score calculation and implementation of correct care plan. If nutritional screening is done incorrectly, individual patients who are either already malnourished or at risk of malnutrition can be missed, which in turn can result in harm to that patient. In addition, by auditing the accuracy of the ‘MUST’ score calculation, staff training requirements may be highlighted, and acted on.

Overall identified:

• Quality of completion of MUST - required further improvement.
• Frequency of re-screening - While initially performance in re-screening patients on a weekly basis appeared to fall from 2013 – 2015, in recent years there has been a marked improvement in compliance with re-screening on a weekly basis.
• Implementation of nutritional care plans - Where patient’s have been identified as being malnourished or at risk of malnutrition, performance in implementing a nutritional care plan has been consistently good since 2014.

Changes to Practice:

Since the ‘MUST’ audit began in 2013, several changes have taken place. In 2014 the ‘MUST’ tool was re-designed and in September 2017 the ‘Nutrition and Hydration Care Plan was launched. This new care plan incorporates ‘MUST’ and a hydration screening tool, as well as clear prompts for staff to explore whether or not a patient has lost weight prior to admission, so as to implement a care plan in a timely manner.

In addition to this, competency based training has been delivered to 218 staff across bedded units on identifying and managing malnutrition, as well as completing the ‘MUST’ tool.

Future Plans:

The audit is a helpful tool to monitor trends and improvements in completing ‘MUST’ and will continue to be carried out on an annual basis.
Title: Venous thromboembolism (VTE) audit

Venous thromboembolism (VTE) is a common complication amongst hospital patients with potential to cause significant morbidity and mortality. VTE is preventable in many cases if appropriate thromboprophylaxis is given.

Audit aim: The Trust’s VTE Policy provides guidance on identification and management of VTE risk for patients. A matron led the audit to assess if VTE guidelines had been adhered to for all patients during their stay in intermediate care, Moseley Hall Hospital (MHH) and West Heath Hospital (WHH). The audit standards focused on identification and management of VTE risk in accordance with Trust policy.

Good Practice:

- VTE risk assessments completed within 24 hours of admission.
- Weekly review of assessment during ward rounds on Perry trees.

Recommendations/actions included:

- Perry Trees need to share best practice at clinical effectiveness meeting and doctors forum.
- All qualified nurses to do initial assessment within Urgent Care for consistency.
- Doctors are to continue to review patients VTE risk assessment on a weekly basis unless the patient’s condition changes (as per policy).
- There also needs to be clear documentation in the patient’s medical notes by the medics or Advanced Nurse Practitioner that the assessment has been completed and why the patients are not on prophylaxis.
- Patient/carer leaflet to be available.

Please note a number of local clinical audits for the 2017-18 reporting period had data collection which spanned quarter 4 (Jan-March 2018) and quarter 1 of the 2018-19 reporting period (Apr-June 2018). The Trust anticipates the reports associated with these audits will be completed during Quarter 1 2018-19 following data verification and analysis.

Examples of further audits completed in 2017-18 are included in the Quality Report and will also be detailed in the Trust’s clinical audit annual report (anticipated completion date July 2018). To request a copy of the report please contact tracy.millar3@nhs.net.
Participation in Clinical Research and Innovation

Over 1000 people within Birmingham were given the choice to participate in research.

The number of patients receiving relevant health services provided or subcontracted by BCHC in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee and adopted by the National Institute for Health Research (NIHR) was over 1000.

BCHC continues to identify research opportunities for our patients, carers, service users and staff. Research and Innovation is important to BCHC as it builds research capability, brings BCHC staff together and builds partnership with Universities to improve our understanding of patient conditions and inform how we should improve services for them.

During 2017-2018 BCHC opened 41 new studies and received 3 awards from the local Clinical Research Network: West Midlands.

BCHC Research Certificates Awarded

- Highly Commended Best Overall Performance Award 2017
  - Awarded to BCHC R&I Team

Highly Commended Best Overall Performance Award 2017 (R&I Team) received by Research Director, Dr Clive Thursfield (right)

- Investigator of the Year 2017
  - Awarded to Professor Thomas Dietrich, Head of Oral Surgery Department, Birmingham Dental Hospital, University of Birmingham

- Being Research Active - Supporting the CRN: West Midlands Ageing Speciality
  - Acknowledges 3 studies fully supported by BCHC:
    1. “Reducing misdiagnosis of urinary tract infection in older adults (UTI 1)” by Dr Beryl Oppenheim, BCHC
    2. “Asymptomatic bacteriuria in the elderly (UTI 2)” by Dr Beryl Oppenheim
    3. “A framework to improve medication management with older people (Memorable)” by Dr Ian Maidment, Aston University
Examples of research opportunities

1. The “BOOST” study is a lower back pain trial for older people designed by Oxford University. One of our patients has benefited from their involvement in this study and has shared their experience.

   “It was a BOOST to my confidence, (something we all need at times) letting me see I was capable of doing things that other younger people take for granted. Before I started the programme I couldn’t walk upright up a flight of stairs…but now I can. For this I must give credit where it is due, and say a great big THANK YOU to Lauren and Joe my encouraging tutors.”

2. The Centre of Precision Rehabilitation for Spinal Pain (CPR) Spine Register aims to create a database of individuals 18+ years of age who have neck, mid-spine and low back pain. Registered individuals can participate or help inform new research which will raise public awareness. CRP is part of the University of Birmingham and our services are working in partnership with them.

3. “Asymptomatic bacteriuria in the elderly (UTI 2)” explored how we can reduce antibiotic prescribing practices and misdiagnosis of urinary tract infections in older people. The findings of this research will inform future diagnostic practices.

4. The “Memorable” study investigates how we can support older people to manage a complex medication regime. This Aston University led research provides opportunities for our staff, patients and carers to share experiences and inform future research in this area.

5. The “PLAY” study helps children with disabilities undertake physical activity. The research involved focus groups to explore:
   i. Children’s experiences of using a walking aid, at school, in sports and leisure activities.
   ii. How physiotherapists choose walking aids and decide how to set them up and when to adjust them.
   iii. How walking aids can be improved.
   iv. The views of walking aid users, parents, carers and therapists on what information should be collected and if there would be an objection to the digital collection of information to help increase physical activity levels among children with disabilities.

The research findings will support a larger study and the lead researcher’s professional development.
6. Collaboration with Birmingham City University

BCHC commissioned Birmingham City University to train and support BCHC staff in all aspects of the research cycle including, applying for research funding, designing the study protocol, applying for research governance approval (including ethical approval), recruiting patients, undertaking research risk assessments and interviews and analysing and reporting the research findings.

Examples include:

1. Delivering The Walker Study which explores how the use of an elastic band called “The Step Right Buddy” (designed by a BCHC Rehabilitation Assistant), attached to walking frames can reduce the risk of falls amongst the frail elderly patients.

2. Supporting a rehabilitation physiotherapist to apply for funding to undertake a study which will determine the predictive capabilities of cough peak expiratory flow in decannulation of patients with brain injury in the neuro-rehabilitation setting.

3. Setting up a larger study to enable a group of BCHC staff to assess the impact of the Patient Safety Ambassador’s programme on the Trust and our patients.
BCHC continues to identify innovation opportunities for our patients, cares, service users and staff. Examples include:

1. **100,000 Genomes Project**: BCHC has successfully recruited patients with rare diseases for this national project. This national project aims to sequence 100,000 genomes NHS patients with a rare disease, plus their families, and patients with cancer. The aim is to create a new genomic medicine service for the NHS - transforming the way people are cared for. We are the first community healthcare trust to join this project. This was only possible with the support from the clinicians at the Children and Families division, and the genetics core team at University Hospitals Birmingham.

2. **Virtual Innovation Forum**: A virtual forum was set up for innovation where Technologies relevant to Community healthcare are showcased and for staff to submit their challenges and innovation ideas. These ideas are discussed at BCHC Committees to agree on whether they can be implemented. For example:
   - A challenge submitted by a staff nurse around the issue of inability to use lights for taking notes at night in the wards as to not to disturb patients, but increasing the risk of errors such as medication errors. A couple of clip-on USB-rechargeable lights were purchased and delivered to the ward for testing and if successful, this solution will be rolled out across all wards.

3. **Innovation Engine 2**: This European funded project which aims to facilitate collaborations with companies on innovative healthcare solutions/ products/processes. It acts as a vehicle to facilitate involvement of BCHC in healthcare innovative solution development and trialling of novel technologies.

4. **Health Technology Newsletter**: This is a brief email listing innovative technologies relevant to community healthcare and news updates in this area. We are looking to expand the audience of the newsletter to a wider audience over time.

5. **Rex Bionics Evaluation**: Funded by Healthcare Technology Cooperative at University Hospitals Birmingham, this exoskeleton designed for rehabilitation, was tested by our staff and patient. Their feedback will be made available in publications.

**Innovation at BCHC**

**Next steps**

- Investigating the establishment of a partnership arrangement with a Commercial Research Trials Organisation to establish a Clinical Trials Unit in Birmingham.
- Investigation of BCHC becoming a member of the Birmingham Health Partners.
- To raise the levels of awareness of research and increase the number of clinical staff engaged in NIHR portfolio research and to embed a research training programme into the Trust.

- To focus our innovation towards the testing and implementation of ‘game changing’ technologies which address, inform and shape the BCHC forward plan.
- To develop a series of ‘Road Show’ events throughout the Trust which will increase the level of engagement and understanding of the potential of innovation to improve quality of delivery for the patient.
Commissioning for Quality and Innovation (CQUIN): 2017-18

What are CQUINS?

CQUINS (Commissioning for Quality and Innovation) projects are agreed between the Trust and Commissioners (who buy our services) on a yearly basis and comprise 2.5% of the contractual value. The projects are set to improve quality standards in key areas.

A proportion of Birmingham Community Healthcare NHS Foundation Trust’s income in 2017-18 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body it entered into a contract, agreement, or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017-18 are available from our website www.bhamcommunity.nhs.uk/about-us/publications/cquin or by calling 0121 466 7267.

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>CQUIN Scheme</th>
<th>CQUIN Weighting</th>
<th>Value of CQUIN</th>
<th>Projected Year End Performance</th>
<th>Projected Lost Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCGs</td>
<td>Improvement of health and wellbeing of NHS staff</td>
<td>0.10%</td>
<td>£127,901</td>
<td>No Targets Met</td>
<td>£127,901</td>
</tr>
<tr>
<td>CCGs</td>
<td>Healthy food for NHS Staff visitors and patients</td>
<td>0.10%</td>
<td>£127,901</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Improving uptake of flu vaccinations for frontline clinical staff</td>
<td>0.10%</td>
<td>£127,901</td>
<td>Partially Met</td>
<td>£12,790</td>
</tr>
<tr>
<td>CCGs</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening</td>
<td>0.02%</td>
<td>£19,185</td>
<td>Partially Met</td>
<td>£4,796</td>
</tr>
<tr>
<td>CCGs</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice</td>
<td>0.06%</td>
<td>£76,741</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication</td>
<td>0.08%</td>
<td>£95,926</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening</td>
<td>0.08%</td>
<td>£95,926</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral</td>
<td>0.08%</td>
<td>£95,926</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Improving the assessment of wounds</td>
<td>0.30%</td>
<td>£383,704</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Nutrition and Hydration</td>
<td>0.30%</td>
<td>£383,704</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs</td>
<td>Personalised care and support planning</td>
<td>0.30%</td>
<td>£383,704</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
</tbody>
</table>

CCGs sub total | 1.5% | £1,918,519 | £145,487
<table>
<thead>
<tr>
<th>Commissioner</th>
<th>CQUIN Scheme</th>
<th>CQUIN Weighting</th>
<th>Value of CQUIN</th>
<th>Projected Year End Performance</th>
<th>Projected Lost Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSE</td>
<td>Audit of Day Case Activity</td>
<td>0.75%</td>
<td>£88,297</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>NHSE</td>
<td>Audit of Paediatric Day Case Activity</td>
<td>0.75%</td>
<td>£88,297</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>NHSE</td>
<td>Secondary Care Clinical Attachment in Oral Surgery</td>
<td>1%</td>
<td>£117,729</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>NHSE sub total</td>
<td></td>
<td>2.50%</td>
<td>£294,322</td>
<td></td>
<td>£0</td>
</tr>
<tr>
<td>NHSE Specialised Services</td>
<td>INRU - Case Management to support rehabilitation</td>
<td>1%</td>
<td>£208,695</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>NHSE Specialised Services</td>
<td>Demonstrating quality in ACT</td>
<td>1%</td>
<td>£208,695</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>NHSE Specialised Services sub total</td>
<td></td>
<td>2.00%</td>
<td>£417,390</td>
<td></td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening</td>
<td>0.04%</td>
<td>£5,422</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice</td>
<td>0.15%</td>
<td>£21,689</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication</td>
<td>0.19%</td>
<td>£27,111</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening</td>
<td>0.19%</td>
<td>£27,111</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC</td>
<td>Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral</td>
<td>0.19%</td>
<td>£27,111</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC</td>
<td>Personalised care and support planning</td>
<td>0.75%</td>
<td>£108,445</td>
<td>All YTD Targets Met</td>
<td>£0</td>
</tr>
<tr>
<td>CCGs and BCC sub total</td>
<td></td>
<td>1.50%</td>
<td>£216,890</td>
<td></td>
<td>£0</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td>£2,847,121</td>
<td></td>
<td>£145,487</td>
</tr>
</tbody>
</table>
Birmingham Community Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional.

The Care Quality Commission has not taken enforcement action against Birmingham Community Healthcare NHS Foundation Trust during 2017-18.

During 2017-18, Birmingham Community Healthcare NHS Foundation Trust has participated in a special review by the Care Quality Commission which undertook Birmingham’s Local System Review between 22 January and 26 January 2018. The purpose of the review was to look at how well people move through the health and social care system, with a particular focus on the interface, and what improvements could be made, focusing on the needs of people over 65.

This review was carried out under Section 48 of the Health and Social Care Act 2008 and encompassed providers and commissioners of social and health care across Birmingham such as hospital services and Local Authority managed facilities in addition to Birmingham Community Healthcare NHS Foundation Trust. The CQC published the report on 11 May 2018. The Trust is reviewing the report the final CQC report and our response to any recommendations will be reported in the next Quality Report.

The below table relates to an inspection carried out in 2014. Trust addressed the issues which the CQC rated as ‘requires improvement’, the details can be found in our Quality Account for 2015-16.

| Section 2 | QR 48 |

| **Statements from the Care Quality Commission (CQC)** |

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<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults - long term conditions</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Children’s and Families services</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>In-patient services</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Other service: Dental</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Other service: Learning Disability</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>
NHS Number and General Medical Practice Code Validity

Birmingham Community Healthcare NHS Foundation Trust submitted records during 2017-18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient’s valid NHS number was:
- 100% for admitted patient care;
- 100% for outpatient care; and

The percentage of records in the published data which included patients’ valid General Medical Practice Code was:
- 99.9% for admitted patient care;
- 99.8% for outpatient care.

Our Information Governance (IG) toolkit attainment level

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

The Information Governance toolkit measures our performance against 39 requirements. The Information Governance Assessment Report overall score for 2017-18 was 67% and was graded ‘Green’.
Clinical Coding error rate

Clinical Coding is “the translation of medical terminology as written by the clinician to describe a patient’s complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format” which is nationally and internationally recognised.

Birmingham Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017-18.

Data Quality

Reliable information is a fundamental requirement for the Trust to conduct its business efficiently and effectively. This applies in all areas of activity including the delivery of care to service users, service management, contract and performance management, corporate governance, internal and external accountability and communication. This commitment includes governance, policy, process, training and monitoring.

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

• Managing Data Quality is about creating a culture of commitment to improving the quality of data.
• Accuracy - Data should represent what actually happened in the real world. It should do so sufficiently closely to meet the reasons for which it is collected and maintained.
• Completeness - Data should be complete – should not contain extra, invalid or missing data
• Validity - Data should be recorded and maintained in compliance with relevant rules and definitions.
• Reliability - Data should be collected and processed consistently
• Timeliness - Data collection should be captured as quickly as necessary to support processes for which it is collected.
• Relevance / consistence - Data captured should be relevant and be maintained consistently to the purpose for which it is used

Data Quality is the responsibility of all staff who record information whether on paper or by electronic means have a responsibility to take care and ensure that the data is accurate, as complete as possible and up to date.

The Information Board ensures the Information Programme objectives are delivered including, creating intelligence and good quality Trust data to realise the benefits of information improving in health and care outcomes.

Every Key Performance Indicator (KPI) in the Trust Performance Scorecard is supported by three quality assurance indicators. This has been added to the information programme for 2018 as part of an improvement lifecycle.
Reporting against core indicators

Care Programme Approach

**Indicator:** the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period. BCHC has achieved 100 per cent compliance on 7 day follow-up of individuals discharged from hospital. This is based on 6 patients who were discharged during the reporting period.

<table>
<thead>
<tr>
<th>Care Programme Approach (CPA) patients, comprising: receiving follow-up contact within seven days of discharge</th>
<th>Apr 17</th>
<th>May 17</th>
<th>Jun 17</th>
<th>Jul 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients on CPA who were followed up within 7 days of discharge</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Compliance</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

BCHC continues partnership working with providers and commissioners. This ensures that BCHC are fully involved with the pre-discharge process and can be proactive in planning follow up, which leads to both quality for patients and compliance internally and externally. Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described as clinical records evidence this with documented records of visits and meetings and will continue to maintain the high standard set.

Readmission

**Indicator:** The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Discharges</th>
<th>% readmitted within 28 days of discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16+</td>
<td>327</td>
<td>56.88</td>
</tr>
</tbody>
</table>

This indicator forms part of Domain 3 (Helping people to recover from episodes of ill health or following injury) and indicates the likelihood of the patient not recovering well due to requiring further medical treatment. This is a useful indicator for an acute hospital environment but less so for community beds. Birmingham Community Healthcare NHS Foundation Trust operates a step up and step down facility in partnership with local acute hospitals. In terms of emergency readmissions, almost two thirds are as a result of non-elective transfers to our bedded units from acute trusts within the local health economy. Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is sourced and processed from a nationally defined clinical data system and has been internally verified.

Birmingham Community Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by producing regular reports to monitor compliance to support service improvement.
The 2017 Staff Survey was the 15th annual national survey of NHS staff and ran from 14th September 2017 until 1st December 2017. BCHCFT commissioned Quality Health to carry out the survey. The sector average derives from the 12 community trust organisations, contracted to Quality Health. The national comparator group consists of 17 community trust organisations, including BCHCFT.

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

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

<table>
<thead>
<tr>
<th>2017-2018 Ranking</th>
<th>Community Trust name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cambridgeshire Community Services</td>
</tr>
<tr>
<td>2</td>
<td>Derbyshire Community Health Services FT</td>
</tr>
<tr>
<td>3</td>
<td>Sussex Community FT</td>
</tr>
<tr>
<td>4</td>
<td>Central London Community Healthcare</td>
</tr>
<tr>
<td>5</td>
<td>Hounslow and Richmond Community Healthcare</td>
</tr>
<tr>
<td>6</td>
<td>Lincolnshire Community Health Services</td>
</tr>
<tr>
<td>7</td>
<td>Kent Community FT</td>
</tr>
<tr>
<td>8</td>
<td>Shropshire Community Health</td>
</tr>
<tr>
<td>9</td>
<td>Hertfordshire Community</td>
</tr>
<tr>
<td>10</td>
<td>Leeds Community Healthcare</td>
</tr>
<tr>
<td>11</td>
<td>Wirral Community FT</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td><strong>Birmingham Community Healthcare FT</strong></td>
</tr>
<tr>
<td>13</td>
<td>Norfolk Community Health and Care</td>
</tr>
<tr>
<td>14</td>
<td>Liverpool Community Health</td>
</tr>
<tr>
<td>15</td>
<td>Bridgewater Community Healthcare FT</td>
</tr>
<tr>
<td>16</td>
<td>Staffordshire and Stoke on Trent Partnership</td>
</tr>
<tr>
<td>17</td>
<td>Gloucestershire Care Services</td>
</tr>
</tbody>
</table>
Acting on advice from Quality Health, the Trust has considered the overall staff engagement score as a key indicator to benchmark against other organisations. The Trusts score of 3.78 was average when compared to trusts of a similar type. The overall staff engagement score has remained static over the last four years.

The results demonstrate a marginal improvement over the last three years.

This year the Trust opted for a mixed mode approach inviting email users to complete the survey online and those who do not regularly access email being given a paper survey. 1181 of staff used the online approach and 686 used the hard copy method.
3 of these yielded a positive improvement in comparison against the 2016 results:
- quality of appraisal,
- staff satisfaction with resourcing and support
- effective use of patient feedback.

2 yielded negative shifts since 2016:
- percentage of staff reporting errors, near misses or incidents witnessed in the last month
- percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months.

The remaining 27 Key Findings reported no change.

Five priorities for action were identified in the 2016 Staff Survey Action Plan including:
1. Reducing workplace related stress through proactive Health & Wellbeing approaches and implementing an inclusive leadership approach
2. Improving the quality and leadership of ‘Values based’ Personal Development Reviews (PDR’s)
3. Staff engagement - Adopting a Listening in action “you said, together we did” approach
4. Patient experience - identifying actions for improving the communication of patient feedback to staff delivering care
5. Leading a ‘deep dive’ and acting upon the evidence of staff experience of bullying and harassment.

Improvements were seen against priorities 2 and 4 with no significant change against the remaining three priority areas. Of particular note is the communication of patient feedback to staff which has seen the largest change since 2016.

<table>
<thead>
<tr>
<th>Question</th>
<th>2016 response</th>
<th>2017 response</th>
<th>Improvement since 2016</th>
<th>Median score 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>I receive regular updates on patient/service user experience feedback in my directorate/department (through line managers or communications teams)</td>
<td>52%</td>
<td>64%</td>
<td>+12%</td>
<td>62%</td>
</tr>
<tr>
<td>Feedback from patients/service users is used to make informed decisions within my directorate or department</td>
<td>51%</td>
<td>54%</td>
<td>+3%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Following the 2017 Staff Survey results, the Board has endorsed an ambitious programme of work to enhance staff experience. The Staff Survey Working Group have analysed the findings and are currently engaging with staff members across the organisation to agree priorities for action against the 9 themes within the staff survey.

This year the action plans will identify organisational wide priorities with specific target and outcome measures to achieve and divisional priorities to target areas identified within the report that are outliers.
1. Appraisal and support for development
The focus during 2018 will be to support the divisions to improve the uptake and quality of appraisals so that all divisions are able to reach at least the national average comparator score.

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

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

4. Health and Wellbeing
Reducing work related stress would remain an organisational priority. Focus will be on introducing new interventions to support the physical and mental health and wellbeing of our staff including the implementation of a Recovery College model in a health and wellbeing hub and working as a system partner to deliver the Birmingham and Solihull Sustainability and Transformation Plan.

5. Working patterns
Whilst the Trusts overall score have improved additional support will be provided for the two divisions that have scored above the national comparator average for percentage of staff working extra hours.

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

A Task force approach and structure is being implemented to deliver the priorities for action, led by the Director of Strategy and Transformation, Human Resources Director and Executive Director of Nursing and Therapies. Progress will be reported on a quarterly basis to Quality, Governance and Risk Committee (QGRC) and Management Board and will be shared regularly with staff through the current ‘You Said, We Did’ staff engagement campaign.
6. **Job satisfaction**  
The organisational priority for action will be to increase effective team working and staff motivation levels to at least the national average comparator score in the 2018 staff survey results.

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

8. **Patient care and experience**  
The organisational focus will be on increasing the percentage of staff members who feel their role makes a difference to patients and service users to above the national average. We will also be undertaking a staff cultural temperature check throughout the year to enable ongoing staff engagement in the improvement of patient care and experience.

9. **Violence, harassment and bullying**  
Reducing violence, harassment and bullying will remain an organisational priority. Focus will be on undertaking a deep dive against the six key findings and to engage a range of stakeholders in the development and delivery of a priority action plan.
Venous thromboembolism (VTE) forms part of the work programme for patient safety, which is one of the Trust’s quality priorities. Deaths from hospital acquired blood clots are preventable and, for this reason, all patients admitted to hospital should be assessed for their risk of developing blood clots and, if necessary, protection in the form of prophylactic treatment provided.

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

Throughout 2017-18 the Trust has continued to monitor the delivery of proactive risk assessments for VTE for patients admitted to the Trust. We began the year basing the reported compliance on an audit delivered each month as part of the Essential Care Indicators. Performance for those months is as shown in the graph below and was based on audits conducted in each ward of the Trust each month on a sample of patient records.

![Graph showing percentage of patients assessed for VTE](image)

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

- Venous thromboembolism (VTE) data is available, measured and monitored monthly using the NHS Safety Thermometer, monitoring the percentage of patients who were admitted to BCHC bedded areas.

Birmingham Community Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the following: The on-going development of our RIO patient information system meant that during the year we were able to move the recording of VTE assessments from a paper record to the electronic patient record (EPR). As a result from November 2017 we were able to report a full census of all patients admitted in the previous month and check for each patient whether a VTE assessment was recorded in their EPR. With this increased coverage it is pleasing to report that we have continued to achieve the 95% target and are now better able to identify areas where patients have been admitted but still require an assessment.

![Graph showing percentage of patients assessed for VTE](image)

**Clostridium difficile**

**Indicator:** the rate per 100,000 bed days of cases of Clostridium difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

The Trust had 7 cases of Clostridium difficile infections in 2017-2018. All cases have a detailed route cause analysis completed which is reviewed by the commissioners all cases reviewed in 2017-2018 has been classed as unavoidable. This means that there was nothing the Trust could have done to prevent these cases. Two cases have not yet been reviewed this is due to take place in May 2018.
Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

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

Birmingham Community Healthcare NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services, by ensuring that When a case of Clostridium difficile occurs on a ward an enhanced Clostridium difficile audit is completed by the infection, prevention and control team every week until the unit achieves a compliance score of 95% or above for 3 consecutive audits to ensure that good practice is imbedded into the unit. This tool gives us greater quality and assurance of control of infection in the unit.

**Incomplete pathways**

**Indicator:** Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

NHS guidance state that 92% of patients on a consultant led pathway need to start treatment within 18 weeks of referral. Our current performance is below.

Patient waits under the 18 week referral to treatment targets are monitored under the Quality domain and are reported both nationally and to our local Commissioners. During 2017-18 it is positive therefore to report that the Trust has managed to achieve this target every month as shown in the graph and table below.

<table>
<thead>
<tr>
<th>Apr 17</th>
<th>May 17</th>
<th>Jun 17</th>
<th>Jul 17</th>
<th>Aug 17</th>
<th>Sept 17</th>
<th>Oct 17</th>
<th>Nov 17</th>
<th>Dec 17</th>
<th>Jan 18</th>
<th>Feb 18</th>
<th>Mar 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.04</td>
<td>94.59</td>
<td>94.34</td>
<td>94.38</td>
<td>94.07</td>
<td>94.1</td>
<td>94.68</td>
<td>94.79</td>
<td>94.21</td>
<td>94.38</td>
<td>95.13</td>
<td>94.74</td>
</tr>
</tbody>
</table>

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

- daily Referral to Treatment (RTT) update reports accessible through the 1Vision online reporting tool
- A monthly RTT working group
- Establishment of additional clinical sessions where patient lists are growing
  - The use of Service Standard Operating Procedures which were reviewed and updated in 2017
- Annual Audits of RTT processes by our Internal Auditor and Business Intelligence functions
- monthly RTT teleconference with services
- monthly service validation and sign off

In addition the Trust monitors closely associated indicators of performance such as Urgent Referrals under Cancer 2 week waits.

An incomplete pathway describes a patient who is waiting for treatment following referral to one of our services.

*not a core indicator in line with guidance
**Patient Safety Incidents**

An incident is any event which has given rise to actual harm or injury or damage to/loss of property. This definition includes patient or client injury, fire, theft, vandalism, assault and employee accident. It also includes incidents resulting from negligent acts, deliberate or unforeseen.

**Indicator:** The number and, where available, rate of patient safety incidents reported within the Trust during 2017-18, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Incidents</th>
<th>Severe Harm/Death</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>7450</td>
<td>86 (45 Severe Harm/41 Death)</td>
<td>1.15</td>
</tr>
<tr>
<td>2016/17</td>
<td>7044</td>
<td>26</td>
<td>0.4</td>
</tr>
<tr>
<td>2015/16</td>
<td>7647</td>
<td>27</td>
<td>0.5</td>
</tr>
<tr>
<td>2014/15</td>
<td>8413</td>
<td>96</td>
<td>1.14</td>
</tr>
</tbody>
</table>

It is worthy of note that in October 2017, the Trust began reporting ‘Unstageable’ Pressure Ulcers through the datix system. This was not previously the case, with pressure ulcers being reported through datix when they had been confirmed as Grade 4 - categorised as severe harm. This explains the increase in incidents reported where ‘Severe harm’ was the result.

Furthermore, the Trust also began to report all patient deaths in compliance with the National Quality Board ‘National Guidance on Learning from Deaths’ March 2017, which was reinforced by the findings of the Care Quality Commission (CQC) report Learning, candour and accountability:

A review of the way NHS trusts review and investigate the deaths of patients in England. Previously all in-patient deaths were subject to review, however, during 2017-18, all patient deaths notified to or noted by BCHC were reported. This included community patients with a Learning Disability, or adults who were visited by the Adult Community Services District Nursing teams, even if the death was not linked to BCHC care. The data above includes incidents reported under these criteria.

Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described because the Trust has a single incident reporting system (Datix) which can be accessed by all staff. Each incident is assigned a ‘handler’ who manages the incident to ensure that all information is accurate.

Birmingham Community Healthcare NHS Foundation Trust continues to introduce initiatives to ensure that the quality of its services remains high and that we learn from incidents.

It is important, however, to emphasise that incident reporting is encouraged to ensure that the Trust is open and transparent.
Reported incidents

All incident data correct at 6 April 2018.

During the period 1 April 2017 and 31 March 2018 a total of 7,450 incidents have been reported. This figure includes 93 Serious Incidents (SIs)

Incident by type

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Total 2017-18</th>
<th>Total 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Governance</td>
<td>292</td>
<td>299</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>308</td>
<td>402</td>
</tr>
<tr>
<td>Medication, Medical Gas, Medication Delivery System</td>
<td>617</td>
<td>589</td>
</tr>
<tr>
<td>Patient Incident</td>
<td>4669</td>
<td>4122</td>
</tr>
<tr>
<td>Security</td>
<td>310</td>
<td>319</td>
</tr>
<tr>
<td>Staff, Visitor, Contractor Incident</td>
<td>1218</td>
<td>1281</td>
</tr>
<tr>
<td>Total</td>
<td>7450</td>
<td>7044</td>
</tr>
</tbody>
</table>

Top 3 incidents

It is worthy of note that since 1 May 2017, non-emergency patient transport (NEPT) has been provided by West Midlands Ambulance Service under a contract managed by the Clinical Commissioning Group. This resulted in BCHC patient transport services being closed. Since the start of the Non Emergency Patient Transport (NEPT) contract, there has been a significant increase in admission, transfer, discharge, access to services reported incidents. The issues are subject to contract review.

<table>
<thead>
<tr>
<th>Top 3 Incidents</th>
<th>Incident by type</th>
<th>2017-18 total</th>
<th>2016-17 total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Incident</td>
<td>Care delivery (inc. pressure ulcers)</td>
<td>1606</td>
<td>1130</td>
</tr>
<tr>
<td></td>
<td>Slips, trips, falls</td>
<td>730</td>
<td>951</td>
</tr>
<tr>
<td></td>
<td>Admission, transfer, discharge, access to services</td>
<td>822</td>
<td>533</td>
</tr>
<tr>
<td>Staff, visitor, contractor incident</td>
<td>Violence, abuse, assault</td>
<td>500</td>
<td>460</td>
</tr>
<tr>
<td></td>
<td>Staffing issues</td>
<td>277</td>
<td>339</td>
</tr>
<tr>
<td></td>
<td>Contact injury</td>
<td>70</td>
<td>98</td>
</tr>
<tr>
<td>Medication</td>
<td>Administration</td>
<td>288</td>
<td>302</td>
</tr>
<tr>
<td></td>
<td>Prescribing</td>
<td>86</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>Preparation/dispensing</td>
<td>83</td>
<td>64</td>
</tr>
</tbody>
</table>
Learning from deaths

During 2017-18, 207 of Birmingham Community Healthcare NHS Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 51 in the first quarter
- 55 in the second quarter
- 51 in the third quarter
- 50* in the fourth quarter.

By 31st March 2018, 130 case record reviews and investigations have been carried out in relation to the 207 of the deaths.

In 130 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 31 in the first quarter
- 32 in the second quarter
- 36 in the third quarter
- 31* in the fourth quarter.

Zero (0) representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers are exact using the Trigger Tool Case Note Review method applying the Hogan and Black scale.

Risk Assessments:
- Care planning is not patient centred, e.g. falls, nutrition and Hydration, including fluid management is inconsistent.

On-going Care:
- Sepsis screening tool is not used routinely as a prompt to recognise and treat sepsis within the hour; National Early Warning Score (NEWS) not always routinely completed and to include the escalation effectively documented in the patient notes; timely monitoring and escalation of the diabetic patient.

End of Life Care:
- The earlier recognition of the dying patient to include the commencement of the Supportive Care Plan; supporting relatives and carers in achieving a dignified death; understanding the needs of the complex patient and the roles of medical and nursing staff in end of life care; improving communication between primary and secondary care.

Actions

The actions from case record reviews is in relation to the deaths during the period 1st April 2017 to 28th February 2018. They are as follows:

Admission and Initial management:
- Documentation Issues reviewed at the junior doctors journal club and the clinical effectiveness committee;
- Quality Improvement project for Lying and Standing Blood Pressure commenced;
- Care Planning and documentation quality improvement project commenced.
Risk Assessments:
- Nutrition and Hydration and Fluid management is a key work stream and a quality improvement project.

On-going Care:
- Sepsis is a key work stream with a sepsis plan and sepsis boxes have been implemented and Sepsis training is on-going;
- Patient deterioration training is on-going.
- Diabetes management is a key work stream with plan; diabetes training is on-going.

End of Life Care:
- The Care of the Dying Patient and Bereavement is a work stream with plan.

End of life and Bereavement is reviewed at the junior doctors’ journal club and the divisional end of life group.

Impact

The impact from case record reviews is in relation to the deaths during the period 1st April 2017 to 28th February 2018. They are as follows:

Admission and Initial management:
- Documentation audit, Essential Care Indicators used to monitor the impact;
- Lying and Standing Blood Pressure at Safety Express;
- Care Planning and nursing hand over to wards at the Clinical Effectiveness Committee.

Risk Assessments:
- Care Planning and documentation quality Improvement Project; Nutrition and Hydration and Fluid management - impact is monitored at the inpatient Clinical Effectiveness Committee, the Hydration Group and Safety Express.

On-going Care:
- The Sepsis plan and work programme is monitored at the Sepsis Group and to the Mortality and Deteriorating Patients Committee;
- Patient deterioration incidents are reviewed at the Mortality and Deteriorating Patients Committee;
- The Diabetes plan and work programme is monitored at the Diabetes Group and includes a review of incidents and training.

End of Life Care:
- End of life and Bereavement plan monitored through the Mortality and Deteriorating Patients Committee.

10 case record reviews and 10 investigations completed after 31 March 2017 which related to deaths which took place before 31 March 2017. These reviews were undertaken in the month of April 2017 and wholly related to patient deaths that occurred in March 2017.

Zero (0) representing 0% of the patient deaths before 31 March 2018, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number is exact using the Trigger Tool Case Note Review method applying the Hogan and Black scale.

Zero (0) representing 0% of the patient deaths during 2016-17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

*Data is recorded a month in arrears.

Section 3

Quality Indicators

Essential Care Indicators (ECIs)
## Quality Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>17-18 target</th>
<th>End of year position 17-18</th>
<th>End of year position 16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Meticillin-resistant Staphylococcus aureus (MRSA) new bacteraemia cases†</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Clostridium difficile avoidable cases†</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of falls resulting in severe injury or death</td>
<td>18</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>Number of Grade 3 or 4 avoidable pressure ulcers (PUs) Community *</td>
<td>18</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Number of Grade 3 or 4 avoidable PUs Inpatients *</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of Serious Incidents†</td>
<td>N/A</td>
<td>104</td>
<td>78</td>
</tr>
<tr>
<td>Number of Never Events†</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Patient NHS Safety Thermometer (Harm FREE Care - new and old harms)†</td>
<td>95%</td>
<td>97.33%</td>
<td>97.81%</td>
</tr>
<tr>
<td>Essential Care Indicators - Inpatients (aggregated measure)</td>
<td>95%</td>
<td>96.70%</td>
<td>95.70%</td>
</tr>
<tr>
<td>Essential Care Indicators - community (aggregated measure)</td>
<td>95%</td>
<td>97.50%</td>
<td>97.30%</td>
</tr>
<tr>
<td>Essential Care Indicators – Learning Disability Inpatients</td>
<td>95%</td>
<td>97.20%</td>
<td>96.10%</td>
</tr>
<tr>
<td>Essential Care Indicators – Learning Disability Community</td>
<td>95%</td>
<td>90.10%</td>
<td>86.50%</td>
</tr>
<tr>
<td>Percentage of Venous Thromboembolism (VTE) risk assessment on admission†</td>
<td>95%</td>
<td>95.49%</td>
<td>- **</td>
</tr>
<tr>
<td>Percentage of complaints responded to within ≤ six months or as agreed†</td>
<td>100%</td>
<td>100%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Friends and Family Test †</td>
<td>85%</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>Customer Experience - % patients reporting very good or excellent</td>
<td>85%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Number of complaints</td>
<td>N/A</td>
<td>178</td>
<td>194</td>
</tr>
<tr>
<td>Percentage of staff appraised (within 12 months)</td>
<td>90%</td>
<td>83.48%</td>
<td>85.03%</td>
</tr>
<tr>
<td>Medical revalidation</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of sickness absence</td>
<td>4.30%</td>
<td>6.09%</td>
<td>4.67%</td>
</tr>
<tr>
<td>Safe staffing†</td>
<td>100%</td>
<td>107.85</td>
<td>99.57%</td>
</tr>
<tr>
<td>Mandatory Training Compliance†</td>
<td>85%</td>
<td>91.78%</td>
<td>- **</td>
</tr>
</tbody>
</table>

Further details around the full range of indicators reported to the Board through the Trust Quality and Performance balanced scorecard can be found on our Trust website through the following link [www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/](http://www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/)

* Data 2 month is arrears † Nationally defined

** 2017-18 data not comparable with 2016-17 outturn
Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

During the period 2017-18, the Trust had two Never Events reported at the Birmingham Dental Hospital. The incidents were classified as ‘Wrong site surgery’ and related to the anaesthesia (block) being administered to the wrong side prior to a planned tooth extraction. In one case the planned extraction continued at the request of the patient after the error had been noted. No harm was caused to either patient. The incidents took place in October 2017 and January 2018.

Improving sickness absence levels

The Sickness Absence rate at 2017-18 year end was 6.09% against a target of 4.3%. Later updates to sickness records has resulted in a small reduction in March Sickness (5.91%). The 12 month average for the year was 5.66%, compared to last year’s results of 5.34%.

This represents a disappointing year in terms of sickness absence management. Inspite of a range of initiatives and programmes and careful application of policies the majority of Divisions have generally struggled to meet targets throughout the year.

Stress and Anxiety has continued to be the largest cause of absence followed by muskulo-skeletal (MSK) problems.

It is noted that winter flu, significant workforce change programmes and the impact on staff of meeting service capacity demands have been factors throughout the year.

An overall review of Sickness Absence Management and a focus on staff engagement and staff health and wellbeing will be key priorities for 2018-19.

The Trust continues to work with its occupational health provider to improve efficiencies and has been piloting a more effective method of managing appointments which had seen a reduction of staff not attending (DNAs).

David Holmes
Director of Human Resources
Staff appraisal

The Trust requires all employees to take part in an annual Personal Development Review (PDR) or appraisal discussion.

This investment in the workforce is key to achieving the Trust’s corporate objectives, supporting organisational values and service improvement. As can be seen from the figures on page 64, our position has worsened slightly this year, although results from the 2017 staff survey indicate that the quality of appraisal has improved. Focussed support is provided in areas of non-compliance, and the appraisal process is currently being refreshed to improve the quality of appraisal even further. Staff appraisals are recognised as a key component of good workforce planning and will continue to be an area of key focus.

Patient feedback

As a result of patient feedback here are some of the changes we have made at the Birmingham Dental Hospital

Car parking - Previously pay on entrance: Patients were being over charged not knowing how long to put on the parking meters, or having to return to the meters mid treatment to add more time. A new pay on exit system has been installed

Information on screens - Patients feedback regarding lengthy waiting times and little to keep them occupied: News and weather is now displayed in all waiting areas along with important patient information.

‘Are you a new patient’ leaflet - Feedback from new patients being seen for a consultation suggested that it was unclear why they should expect to be at the hospital for a minimum of three hours. The leaflet outlines what is involved at their appointment.

Outcome letters sent to patients - Routine correspondence was not previously copied to patients: Since November’s quality committee it has been agreed that from immediate effect all correspondence will now be copied. This provides patients with information being shared about them and prevents them having to make contact to request the information via an access to records request.
Safety Thermometer

It has been six years since the NHS Classic Safety Thermometer survey commenced in an effort to reduce avoidable harm in relation to four common harms, detailed below, experienced by patients. The implementation of Safety Express and embedding the NHS Classic Safety Thermometer survey as a measurement tool continued to work well this year as one of the Trust’s patient safety objectives and quality priority.

The Trust’s ambition of delivering 95% HarmFREE Care measured by the NHS Classic Safety Thermometer has been exceeded throughout the year and our objective is to eliminate avoidable harm and protect patients from four common conditions which are:

- Pressure Ulcers
- Harm from Falls
- Catheter associated Urinary Tract Infections (CaUTIs)
- New Venous Thromboembolism (blood clots: VTE/DVT/PE).

We said that we would continue to measure and monitor delivery of this objective. Table 1 below, illustrates that the Trust has achieved this and has exceeded 95% HarmFREE Care for all patient harms whether they are old harms or new harms. Old harms being those the patient experienced before coming into our care, and new harms being those the patient has experienced during our care. Table 1 further illustrates that 0.50% of patients surveyed over the course of the year experienced a new harm, as 99.50% of our patients were HarmFREE compared with the national figure of 94.25% This information is collected on a set day every month as a snapshot in time and represents an improvement over the year compared with last year.

<table>
<thead>
<tr>
<th>2017/18</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patient Harms - HarmFREE Care</td>
<td>97.80</td>
<td>97.70</td>
<td>98.52</td>
<td>98.39</td>
<td>98.46</td>
<td>98.72</td>
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</table>

<table>
<thead>
<tr>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Trust Overall</th>
<th>National Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.55</td>
<td>98.16</td>
<td>98.12</td>
<td>98.57</td>
<td>97.80</td>
<td>97.33</td>
<td><strong>98.18</strong></td>
<td><strong>94.25%</strong></td>
</tr>
</tbody>
</table>
Table 2 shows the sample size for 2017-18 and is split by divisions. The percentage of HarmFREE Care (All) is the prevalence and is measured once a month. The overall Trust achievement for the year is 98.18% HarmFREE compared with the national figure of 94.25%.

For the Children and Families Division the sample is restricted to the community nursing teams and the inpatient respite beds. Although no longer a CQUIN, the requirements to complete the NHS Classic Safety Thermometer survey remain the same. The NHS Safety Thermometer Programme Manager supports teams to ensure that we achieve 100% compliance and this year the Trust has sampled 26,132 patients and 25,656 were free of the four common harms.

<table>
<thead>
<tr>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
</tr>
<tr>
<td>Trust-wide</td>
</tr>
<tr>
<td>Adult Community Services</td>
</tr>
<tr>
<td>Urgent Care Services</td>
</tr>
<tr>
<td>- Inpatients</td>
</tr>
<tr>
<td>- Prison</td>
</tr>
<tr>
<td>Rehabilitation - Inpatient Neuro-rehabilitation Unit</td>
</tr>
<tr>
<td>Children and Families</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust-wide HarmFREE Care (All Harms)</td>
</tr>
<tr>
<td>2015/16</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18</td>
</tr>
</tbody>
</table>
Over the last six years there has been significant reduction in avoidable harm relating to the four common harms and the below tables illustrate this for the last three years.

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter associated Urinary Tract Infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter &amp; UTI ALL</td>
<td>604</td>
<td>518</td>
<td>425</td>
</tr>
<tr>
<td>Catheter &amp; UTI NEW</td>
<td>476</td>
<td>392</td>
<td>201</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of pressure ulcers ALL</td>
<td>523</td>
<td>527</td>
<td>425</td>
</tr>
<tr>
<td>No. of pressure ulcers NEW</td>
<td>116</td>
<td>116</td>
<td>83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls - ALL</td>
<td>120</td>
<td>142</td>
<td>92</td>
</tr>
<tr>
<td>Falls - with harm</td>
<td>40</td>
<td>42</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm Categories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls</td>
<td>599</td>
<td>604</td>
<td>476</td>
</tr>
<tr>
<td>Falls - with harm</td>
<td>158</td>
<td>178</td>
<td>131</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm Categories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>523</td>
<td>527</td>
<td>425</td>
</tr>
<tr>
<td>Pressure Ulcers - NEW</td>
<td>97</td>
<td>116</td>
<td>83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm Categories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Venous Thromboembolism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DVT new - Deep Vein Thrombosis</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>PE new - Pulmonary Embolism</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New other</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>VTE harm (new)</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

QR 69
The Trust NICE Implementation programme has continued to support services to evidence the quality of care provision and clinical effectiveness utilising the guidance and standards provided by National Institute for Health and Care Excellence (NICE).

The Trust NICE Review Group (sub-group to Trust the Clinical Effectiveness Committee) consists of a membership which represents and supports trust wide consultation of new and updated NICE guidelines and assessment of their relevance trust services.

This year (April 2017- March 2018) the NICE Review Group (NRG) reviewed a total of 322 clinical guidance or Quality standards as well as co-ordinating, receiving feedback and advising on existing work to evidence care locally within their areas of Expertise/Divisionally. 185 of these guidance’s and standards reviewed were identified by the NRG membership to have potential for relevance within clinical or corporate services and were subsequently forwarded as appropriate utilising the Risk Management Datix Alert system for either information or appraisal.

Evidence of compliance with NICE recommendations and standard statements must ultimately provide trust assurance and can therefore be a very involved and lengthy process. A total of 42 pieces of work which provided evidence of trust compliance in the form of completed worksheets were agreed and approved through the Trust committee process. A further 16 action plans were also agreed and approved through the Trust committee process which have identified key pieces of work currently being undertaken to ensure care provision is optimised and care outcomes maximised. This also supports services/clinicians to participate in quality improvement programmes under the umbrella of the NICE Implementation Programme.

Next Steps...
The programme is committed to increasing the total of completed evidence work sheets by 6 per cent for year 2018-2019.
Birmingham Community Healthcare NHS Foundation Trust is committed to providing every patient with same sex accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

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

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen when clinically necessary (for example, where patients need specialist equipment such as in the provision of specialist bathrooms which cannot be designated as single sex), or when patients actively choose to share.

This achievement is regularly monitored and if our care should fall short of the required standard, we will report it. We have also set up an audit mechanism to make sure that we do not misclassify any of our reports. There were no breaches of the standards in 2017-18. The review of compliance forms part of our annual audit programme and each bedded unit has had an assessment following the template developed by the NHS Institute for Innovation and Improvement. This audit has confirmed overall compliance and there were no breaches of the standards in 2017-18.
In 2017-18 the safeguarding Adults team completed four patient stories. This was identified by Commissioners as a key performance indicator. The requirement was for us to produce one adult patient story each quarter, directly from the perspective of the service user and in their own words and to demonstrate how the patient voice has been shared with relevant staff and used as a means of reflecting on their practice in addition to any wider learning disseminated across the organisation.

The patient stories demonstrated the voice of the adult being heard, and is integral to person centred safeguarding practice within BCHC. The patients identified needed to have capacity to consent, the cases included areas of abuse and concerns relating to neglect, financial abuse, physical abuse and psychological/emotional abuse.

During 2017-18 the safeguarding adult team reviewed and updated a number of policies to take into account changes in practice, guidance and legislation and also learning from high level external reports e.g Reports of the NHS investigations into Jimmy Savile.

These include:
- Safeguarding Adults Policy
- Mental Capacity Act Policy
- Deprivation of liberty safeguards policy
- Chaperones Policy,
- Safe and Therapeutic Responses to Distressed Behavior Including Physical Intervention Policy
- the Locked Door Policy
- Training Strategy for Safeguarding Adults
- Domestic Abuse Policy
- Safeguarding Adults Supervision Policy
- Persons in a Position of Trust Policy, ‘VIP’/Celebrity/Media Representative Access Policy.

The safeguarding adult team have contributed to other Trust polices as relevant.

During 2017-18 the safeguarding adult team have continued to provide training both as e-learning packages and face to face and the trust met its compliance targets for safeguarding adults, Mental capacity, Deprivation of liberty (DoLs) and Prevent training.

The Safeguarding team have also contributed to a number of internal quality reviews undertaken across the trust with a particular focus on safeguarding issues, implementation of the Mental Capacity Act (MCA) and the deprivation of liberty safeguards and the Care Act. The team undertook an number of audits across the trust including Customer Service Satisfaction Survey, Response Time Audit and the Safeguarding Adults, MCA and DoLS audit.
All patients should receive safe and high quality nutrition and hydration support when required, through the commissioning of person-centred and clinically effective integrated services.

In 2015 NHS England published a guidance document on commissioning excellent nutrition and hydration care. Providing good nutrition and hydration aligns with several Trust quality priorities and Trust values and therefore a CQUIN was commissioned for its second year in 2017-2018.

Individuals who have underlying health problems are at a greater risk of becoming malnourished or dehydrated. Factors which affect nutritional intake are complex and multifactorial, but in the simplest terms the result of reduced intake means that over time individuals are not getting sufficient nutrition to maintain a normal level of functioning. This in turn can result in frailty, which can lead to further complications such as increased risk of falls or the development of pressure ulcers.

Several work streams have taken place throughout the duration of the CQUIN. One key objective was to raise awareness within inpatient staff of the key role that nutrition and hydration plays in the wellbeing and recovery of our service users. This was achieved though the development of a ward based training programme. Due to the small group sizes, the workshop style sessions encouraged staff engagement and peer to peer learning, as staff discussed the challenges they face and were encouraged to consider solutions to which they could contribute within their role.

In addition to training, existing care plans were revised to create a holistic nutrition and hydration care plan to identify and act on the individual needs of each patient. A new hydration screening tool was developed and integrated within the care plan to help staff to recognise those patients who are not drinking sufficiently and have clear care plan actions to implement to support those individuals.

“Nutrition helps with healing and rehabilitation and to prevent pressure sores.”

“Using CQUIN to improve nutrition and hydration”

“I always try to encourage patients to drink more.”

“I feel that staff at the unit do well with nutrition and hydration, patients are given drinks regularly and during mealtimes. All staff participate and help to feed patients, also food diary documentation is done well.”
A patient information leaflet was developed to empower patients and their families to recognise the risks and indicators of malnutrition or dehydration, as well as providing tips for eating well or improving food and fluid intake if necessary.

Several audits have been carried out over the course of the CQUIN, and show a positive progression in how both malnutrition is recognised and managed at ward level. Staff have offered their own feedback on the training and care plans, which captured both the effectiveness of the training and also recognition of the importance of identifying malnutrition and dehydration, and how this impacts overall on patient care.

The CQUIN has been a fantastic opportunity to raise awareness of just how important it is to provide the right nutrition and adequate hydration for each of our patients. It has given us the chance to support staff in recognising that everyone has individual needs and to build their confidence to work with patients to ensure these needs are met. The CQUIN is due to come to a close in March 2018 and this will be marked with a Trust wide event to build on all of the work that has been done to acknowledge this important issue, with an aim that the focus and training that has been delivered will have long lasting benefit to individuals under the care of BCHC.

Next steps...

Building on the success of the Nutrition and Hydration Care CQUIN in 2016-17 and 2017-18, a comprehensive Nutrition and Hydration Improvement Programme will be rolled out to Community District Nursing teams throughout 2018-19 with nominated leads who will champion the CQUIN in each team.
In 2017 Urgent Care Services worked alongside WMQRS to develop a set of bespoke Quality Standards.

These Quality Standards were developed to support the implementation of the new bed model within Urgent Care Services division.

The Standards are based on existing WMQRS which were tailored for the division through a workshop involving a wide range of clinicians and through circulation to all services for comment.

**Aims of the Quality Standards:**

The Quality Standards aim to improve the quality of services and to help to answer the question: “For each service, how will I know that national guidance and evidence of best practice have been implemented?” They describe what services should be aiming to provide: All services should be moving towards meeting all applicable Quality Standards within the next two to five years.

The Standards also:

- Can support service improvement through self-assessment and internal review
- Can help services to share good practice
- Provide BCHC with a framework for assuring the quality of the new bed model
- Can help service users and carers to know more about the services they can expect
- And be used to provide on information on service quality for commissioners and the CQC

Quality Standards are also cross-referenced to British Standards Institute, Care Quality Commission and NHSLA Standards

**Scope of the Quality Standards**

The Standards for the Community Clinical Decisions Unit and Wards 5 and 6 are based on the Acute Medical Admissions Units section of the WMQRS Urgent Care Quality Standards (V3, 2016). Those for intermediate and palliative care are based on the WMQRS Quality Standards for Transfer from Acute Hospital Care and Intermediate Care (V1, 2016). The Standards also draw on those for Care of People Living with Frailty (V2, 2015).

Latest versions of WMQRS Quality Standards are available on the WMQRS website [www.wmqrs.nhs.uk](http://www.wmqrs.nhs.uk).
The customer service team supports BCHC in improving services for patients. It provides confidential impartial advice and support to patients and staff, helping to sort out concerns or queries people have about their care and treatment. The team also help enquirers navigate the services provided by the Trust and signpost them to appropriate points of contact within the Trust.

The customer service team is part of the wider patient experience team for the Trust. When concerns are raised with the Customer Service Team they work with the service to resolve the issue wherever possible. Where themes and trends emerge, these are escalated to the Associate Director of Patient Experience.

### Table

<table>
<thead>
<tr>
<th>Service</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total 2017-18</th>
<th>Total 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Community Services</td>
<td>197</td>
<td>217</td>
<td>228</td>
<td>238</td>
<td>880</td>
<td>892</td>
</tr>
<tr>
<td>Urgent care services</td>
<td>103</td>
<td>92</td>
<td>87</td>
<td>93</td>
<td>375</td>
<td>844</td>
</tr>
<tr>
<td>Children and families</td>
<td>138</td>
<td>151</td>
<td>142</td>
<td>177</td>
<td>608</td>
<td>599</td>
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<tr>
<td>Dental Services</td>
<td>123</td>
<td>119</td>
<td>85</td>
<td>89</td>
<td>416</td>
<td>1383</td>
</tr>
<tr>
<td>Learning disability services</td>
<td>28</td>
<td>21</td>
<td>26</td>
<td>11</td>
<td>86</td>
<td>33</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>34</td>
<td>22</td>
<td>48</td>
<td>32</td>
<td>136</td>
<td>235</td>
</tr>
<tr>
<td>Other</td>
<td>212</td>
<td>146</td>
<td>56</td>
<td>165</td>
<td>579</td>
<td>671</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>835</strong></td>
<td><strong>768</strong></td>
<td><strong>672</strong></td>
<td><strong>805</strong></td>
<td><strong>3080</strong></td>
<td><strong>4657</strong></td>
</tr>
</tbody>
</table>

### Responding to our callers and clinical services

- We have continued to work with services to gain better understanding of their provision, in order to give immediate information and support to callers. This has worked well and in turn has improved working relationships with the Customer service team and Community Paediatric Doctors and District Nursing service.
- Customer services have supported various clinical services in staff training in particular on how to manage difficult calls and coached staff on how best to respond and support the patients, one example being Central Booking service.

### Contact customer service team

**Telephone:** Freephone 0800 917 2855  
**Text:** 07540 702 477  
**Email:** contact.bchc@nhs.net  
You can write to us at:  
Moseley Hall Hospital, Alcester Road, Moseley, Birmingham, B13 8JLA
The ECIs are a set of metrics for assessing the quality of care plan and assessment tools used to manage fundamentals of care. They were initially developed as nursing metrics in Blackpool and Fylde NHS Trust and have been adapted by BCHC for use in adult inpatient units, district nursing teams and bedded units and community teams for people with learning disabilities.

The metric reports form a key part of the monthly quality reporting for the Board and are also fed back to teams and operational managers for rapid improvement. The metrics are collected monthly and are used as one of the early warning signs to tell us where teams need more support or further assessment of standards. The Trust has a dashboard tool for reporting the ECI results and available on our internal website for staff to access.

### Adult bedded units

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient observations</td>
<td>95%</td>
<td>96.91</td>
</tr>
<tr>
<td>Falls assessment</td>
<td>95%</td>
<td>97.81</td>
</tr>
<tr>
<td>Tissue viability</td>
<td>95%</td>
<td>97.72</td>
</tr>
<tr>
<td>Nutritional criteria</td>
<td>95%</td>
<td>95.89</td>
</tr>
<tr>
<td>Admission documentation</td>
<td>95%</td>
<td>91.85</td>
</tr>
<tr>
<td>Medicines management</td>
<td>95%</td>
<td>96.71</td>
</tr>
<tr>
<td>Environment</td>
<td>95%</td>
<td>98.98</td>
</tr>
</tbody>
</table>

### Learning Disability Services - in-patients

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>95%</td>
<td>96.92</td>
</tr>
<tr>
<td>Promotion of health</td>
<td>95%</td>
<td>96.39</td>
</tr>
<tr>
<td>Communication</td>
<td>95%</td>
<td>97.00</td>
</tr>
<tr>
<td>Nutritional criteria</td>
<td>95%</td>
<td>95.82</td>
</tr>
<tr>
<td>Patient Observations</td>
<td>95%</td>
<td>92.27</td>
</tr>
<tr>
<td>Falls assessment</td>
<td>95%</td>
<td>94.02</td>
</tr>
<tr>
<td>Environment</td>
<td>95%</td>
<td>98.83</td>
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<tr>
<td>Tissue viability</td>
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<tr>
<td>Mental health</td>
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<td>Medicines management</td>
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<tr>
<td>Record keeping</td>
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## District nursing teams

<table>
<thead>
<tr>
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<th>实现率</th>
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</thead>
<tbody>
<tr>
<td>Patient observations</td>
<td>95%</td>
<td>92.51</td>
</tr>
<tr>
<td>Tissue viability</td>
<td>95%</td>
<td>99.03</td>
</tr>
<tr>
<td>Pain management</td>
<td>95%</td>
<td>99.11</td>
</tr>
<tr>
<td>Falls assessment</td>
<td>95%</td>
<td>96.31</td>
</tr>
<tr>
<td>Wound management</td>
<td>95%</td>
<td>96.62</td>
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<tr>
<td>Nutritional criteria</td>
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<td>97.81</td>
</tr>
<tr>
<td>Medicines management</td>
<td>95%</td>
<td>99.37</td>
</tr>
</tbody>
</table>

QR 78
Birmingham Safeguarding Children Board describes Early Help as, “taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges”.

During 2017-2018 the Safeguarding Children Team successfully delivered a series of Early Help awareness training to Children’s and Families Division staff and additional Early Help Support to Health Visitors. The training was delivered in partnership with the Early Help Support Team from the Local Authority demonstrating a model of best practice and joint working.

The need for this training and support was driven following an OFSTED inspection of Birmingham Local Authority Children’s Services in October 2016 that encouraged partner agencies to be proactive in identifying, initiating, co-ordinating, and providing support for children and families in need of additional support. Serious Case Reviews have also highlighted the value of Early Help work with Families.

Professor Eileen Munro’s Review of Child Protection: Final Report – A child-centred system (2011). Recommended that Local Authorities should specify how they will identify children who are suffering or who are likely to suffer significant harm and where a child is identified as having needs that fall below the level at which statutory intervention from Children’s Social Care is required, that they should receive an ‘early help offer ‘of carefully tailored support to meet their needs.

The Safeguarding Children Team have embraced this approach and this is reflected within Safeguarding supervision, advice and support given to practitioners. The Local Safeguarding Boards also include Early Help as a priority.

It is important for practitioners to recognise that although they themselves may not always be able to provide the help needed, there are other agencies that can that families may not be aware of, and a discussion, advice, and signposting is often an effective and timely early help response - every contact counts.

The training delivered by BCHC Safeguarding Children Team aims to help the practitioner to understand their own agency response and obligations in Early Help and the process and tools available to them to support them doing this.

The training was delivered in partnership with the Early Help Support Team

Implementation of Early Help Approach to Safeguarding Children
To support the application of this into practice, innovative workshop style training has also been offered which included additional content around engagement, practical exercises using assessment tools, and practice conversations where they can practice having often difficult conversations where they need to engage families and gain consent in the Early Help process in order to stop concerns escalating to a point where they require statutory Children’s Social Care intervention, and to increase the likelihood of positive outcomes for children.

The training and workshops have evaluated very well.

A discussion, advice, and signposting is often an effective and timely early help response

Next steps...

The next steps are to continue to roll out the sessions into the coming year to the wider workforce within Children and Family’s Division to include School Nursing and Special School Nursing services.
The Friends and Family Test seeks to understand whether patients would recommend the service to friends and family if they needed similar care or treatment. It is an important opportunity for patients to provide feedback on the care and treatment they have received to improve services. This means patients give feedback on the quality of the care they receive, giving the Trust a better understanding of the needs of patients and enabling improvements. Patients are invited to respond to the question by choosing one of six options, ranging from ‘extremely likely’ to ‘extremely unlikely’. It is important that patients are given the opportunity to explain why they have given their answer, as these comments give us a rich source of information about where and how services can be improved.

Opposite is a summary of the FFT responses for 2017-18.
### Friends and Family Test %

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
</tr>
<tr>
<td>Friends and family test %</td>
<td>93%</td>
<td>90%</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>Total</td>
<td>1075</td>
<td>1697</td>
<td>2286</td>
<td>2115</td>
</tr>
<tr>
<td>Extremely likely</td>
<td>770</td>
<td>1103</td>
<td>1552</td>
<td>1489</td>
</tr>
<tr>
<td>Likely</td>
<td>225</td>
<td>426</td>
<td>552</td>
<td>453</td>
</tr>
<tr>
<td>Neither</td>
<td>38</td>
<td>89</td>
<td>130</td>
<td>121</td>
</tr>
<tr>
<td>Unlikely</td>
<td>11</td>
<td>15</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>17</td>
<td>27</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>Don’t know</td>
<td>14</td>
<td>34</td>
<td>43</td>
<td>28</td>
</tr>
</tbody>
</table>

### Overall Satisfaction %

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
</tr>
<tr>
<td>Overall Satisfaction %</td>
<td>93%</td>
<td>93%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Total</td>
<td>1059</td>
<td>1689</td>
<td>2274</td>
<td>2100</td>
</tr>
<tr>
<td>Extremely likely</td>
<td>758</td>
<td>1149</td>
<td>1628</td>
<td>1507</td>
</tr>
<tr>
<td>Likely</td>
<td>222</td>
<td>427</td>
<td>542</td>
<td>502</td>
</tr>
<tr>
<td>Neither</td>
<td>39</td>
<td>63</td>
<td>59</td>
<td>46</td>
</tr>
<tr>
<td>Unlikely</td>
<td>10</td>
<td>15</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td>14</td>
<td>18</td>
<td>7</td>
</tr>
</tbody>
</table>

Section 3
The strategic and operational aim of the Infection Prevention and Control Team (IPCT) is to increase organisational focus and collaborative working to effectively maintain standards to ensure BCHC meet the 10 criteria presented in The Health and Social Care Act 2008 (amended in 2015) Code of Practice on the Prevention and Control of Infections and Related Guidance. The objective is to engage staff at all levels, through effective leadership, in order to develop and embed a culture that supports infection prevention and control across the organisation.

Hand decontamination is a fundamental principle in preventing the spread of healthcare associated infections; in fact ‘hand washing’ is the single most effective measure to prevent cross infection.

Hand hygiene audit (the Lewisham tool) has continued across the Trust’s inpatient areas and a compliance target agreed at 95%. The Trust has achieved compliance each month during 2017-2018. The audit involved the IPCT observing practice in each inpatient area every month. The advantage of this approach is that the IPCT can provide ad hoc training to staff if non compliance is observed and real time feedback given to those involved.

<table>
<thead>
<tr>
<th>Month</th>
<th>Compliance Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2017</td>
<td>100%</td>
</tr>
<tr>
<td>May 2017</td>
<td>98%</td>
</tr>
<tr>
<td>June 2017</td>
<td>96%</td>
</tr>
<tr>
<td>July 2017</td>
<td>95%</td>
</tr>
<tr>
<td>August 2017</td>
<td>100%</td>
</tr>
<tr>
<td>September 2017</td>
<td>100%</td>
</tr>
<tr>
<td>October 2017</td>
<td>100%</td>
</tr>
<tr>
<td>November 2017</td>
<td>100%</td>
</tr>
<tr>
<td>December 2017</td>
<td>100%</td>
</tr>
<tr>
<td>January 2018</td>
<td>100%</td>
</tr>
<tr>
<td>February 2018</td>
<td>98%</td>
</tr>
<tr>
<td>March 2018</td>
<td>94%</td>
</tr>
</tbody>
</table>
Infection Prevention and Control Audits

Audits have been completed in line with the annual audit programme. The Infection Prevention and Control team audit clinical areas using national tools to enable benchmarking against other departments and organisations.

In 2017-2018 clinical practice observational audits were carried out by ward based link workers, these audits are designed to highlighted areas for improvement for clinical teams and the consistently achieved compliance demonstrates the high level of Infection Prevention and Control standards within the inpatient units.

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Apr 17</th>
<th>May 17</th>
<th>Jun 17</th>
<th>Jul 17</th>
<th>Aug 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with agreed infection prevention audit for PVC care</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
<td>97%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Compliance with agreed infection prevention audit for urinary catheter care</td>
<td>95%</td>
<td>99%</td>
<td>99%</td>
<td>98%</td>
<td>98%</td>
<td>99%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Target</th>
<th>Apr 17</th>
<th>May 17</th>
<th>Jun 17</th>
<th>Jul 17</th>
<th>Aug 17</th>
<th>Sept 17</th>
<th>Oct 17</th>
<th>Nov 17</th>
<th>Dec 17</th>
<th>Jan 18</th>
<th>Feb 18</th>
<th>Mar 18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
<td>100%</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Staff influenza vaccination programme

Frontline health and social care workers have a duty of care to protect their patients and service users from infection. This includes getting vaccinated against flu. The impact of flu on frail and vulnerable people in communities, care homes, and in hospitals can be fatal. In addition, immunisation against influenza should forms part of the organisations’ policy for the prevention of transmission of influenza to protect patients, residents, service users, staff and visitors.

An increase in vaccination rate of 4.3% compared to the 2016-17 uptake for clinical staff and equates to an additional 404 vaccines overall administered. The Trust has utilised 21 peer vaccinators this year, these staff have given vaccines at staff bases to increase uptake. The Trust is looking to recruit more staff this year to the programme.

Water Safety

The Trust has formed a Water safety group as a sub group to Infection Prevention and Control Committee, this group was formed to ensure appropriate safety measure are in place to manage water systems ensuring that any risk in the system is reduced.

Work completed by the group included the ratification of a Water safety Policy to support the management of water systems. The group is currently working on producing a water safety plan for the Trust based on local risk assessment and recommendations.
Birmingham Community Healthcare NHS Foundation Trust aims to provide consistently high quality services but recognises that patients, service users and carers may from time to time be concerned about, or dissatisfied with the care and treatment they have received.

All comments, concerns and complaints are taken seriously and handled in a timely and efficient manner and with empathy, and we ensure that complaints are used as an opportunity to make improvements to services for the benefit of patients.

**The Trust:**
- Accepts that we do not always get it right
- Responds to all complaints in an efficient, sympathetic and professional way
- Changes practices (where appropriate)
- Helps our staff to learn from complaints.

**Top 5 Complaints**
1. Poor care
2. Manner and attitude of staff
3. Poor communication/explanation about treatment
4. Discharge
5. Devices/equipment

**Number of Complaints by Division**

<table>
<thead>
<tr>
<th>Division</th>
<th>Number of Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-18</td>
</tr>
<tr>
<td>Dental</td>
<td>50</td>
</tr>
<tr>
<td>Adult Community Services</td>
<td>49</td>
</tr>
<tr>
<td>Children and Families</td>
<td>32</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>28</td>
</tr>
<tr>
<td>Corporate</td>
<td>2</td>
</tr>
<tr>
<td>Specialist</td>
<td>22</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>12</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total Activity and Number of Complaints per 10,000 contacts**

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>1,867,810</td>
<td>1,884,762</td>
<td>1,997,367</td>
</tr>
<tr>
<td>Number of complaints</td>
<td>178</td>
<td>194</td>
<td>239</td>
</tr>
<tr>
<td>Number of complaints per 10,000 contacts</td>
<td>0.95</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Actions and lessons learned from complaints:

1. Poor Care
Concerns were raised in regard to three missed visits to a patient. It was established that staff within the team had failed to reallocate a new visit schedule on the electronic system.

**Action**
A new process was implemented, whereby the administrator within the team now produces a daily report, prior to final allocation of visits to identify any patients who have not been allocated a visit or who are coming to the end of the current allocation. This is then submitted to clinical staff for review on a daily basis, prior to the allocation of patient visits to staff.

2. Manner and Attitude
Complaint raised in regard to the manner of a member of staff during a consultation.

**Action**
The member of staff has reviewed her methods of communication and has received support on ways to improve these. The Service Lead will monitor progress with the actions identified.

3. Poor Communication/Explanation about treatment
Concerns were raised about the way in which decisions about a patient’s care were communicated to the family.

**Action**
Staff were reminded to be mindful of how their conversations with patients may be understood and to ensure that all treatment plans are communicated clearly with the next of kin.

4. Discharge
Complaint raised in regard to a patient’s discharge assessment and plan.

**Action**
The staff will ensure they make it clear to every patient prior to discharge about how to manage their condition post discharge from the ward and how to seek advice if further assistance is needed.

5. Devices/Equipment
Concerns were raised about delays in providing repairs to a piece of equipment.

**Action**
A number of changes in practice were identified, resulting in a full audit of outstanding orders for repairs. The actions from the audit will be monitored by the service.
Patient-Led Assessment of the Care Environment (PLACE) are self-assessments of a range of non-clinical services which contribute to the environment in which healthcare is delivered in both the NHS and independent/private healthcare sector in England. PLACE assessments for Birmingham Community Healthcare NHS Foundation Trust, commenced in January 2017 until May 2017.

The assessments are led by local people (known as Patient Assessors) going into our inpatient buildings with 10 or more beds as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia.

The assessment does not cover clinical care provision or how well clinical staff are doing their job.

The Assessment is facilitated by the following members of staff:
- Head of Facilities
- Audit & Performance Officer
- Matrons
- Clinical Team Leaders
- Infection Prevention and Control Team

The organisation is given six week’s notice to conduct and assessment and report on the nominated site. The wards and departments are not aware of the inspections until the Team arrives. The Team always introduce themselves to the person in charge and will never impact on the care being given to patients.

<table>
<thead>
<tr>
<th>National Total Average 2017</th>
<th>98.53%</th>
<th>88.61%</th>
<th>86.69%</th>
<th>90.15%</th>
<th>85.79%</th>
<th>93.90%</th>
<th>75.81%</th>
<th>81.10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation Average</td>
<td>99.28%</td>
<td>86.74%</td>
<td>90.47%</td>
<td>83.58%</td>
<td>83.02%</td>
<td>92.42%</td>
<td>86.74%</td>
<td>88.63%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas assessed in 2017</th>
<th>Cleanliness</th>
<th>Food</th>
<th>Organisation Food</th>
<th>Ward Food</th>
<th>Privacy, Dignity and Wellbeing</th>
<th>Appearance and maintenance</th>
<th>Dementia</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perry Tree</td>
<td>100.00%</td>
<td>90.64%</td>
<td>88.76%</td>
<td>91.84%</td>
<td>92.59%</td>
<td>93.31%</td>
<td>89.67%</td>
<td>88.52%</td>
</tr>
<tr>
<td>Ann Marie</td>
<td>100.00%</td>
<td>95.35%</td>
<td>91.56%</td>
<td>98.82%</td>
<td>92.86%</td>
<td>96.80%</td>
<td>89.99%</td>
<td>93.11%</td>
</tr>
<tr>
<td>CU27 (Good Hope Hospital site)</td>
<td>99.55%</td>
<td>70.98%</td>
<td>84.14%</td>
<td>58.94%</td>
<td>54.81%</td>
<td>84.47%</td>
<td>71.35%</td>
<td>70.66%</td>
</tr>
<tr>
<td>Moseley Hall Hospital</td>
<td>100.00%</td>
<td>88.79%</td>
<td>92.25%</td>
<td>86.70%</td>
<td>85.14%</td>
<td>92.66%</td>
<td>88.38%</td>
<td>89.83%</td>
</tr>
<tr>
<td>Sheldon Unit</td>
<td>92.52%</td>
<td>80.33%</td>
<td>92.84%</td>
<td>67.29%</td>
<td>87.10%</td>
<td>84.21%</td>
<td>85.56%</td>
<td>90.94%</td>
</tr>
<tr>
<td>West Heath Hospital</td>
<td>100.00%</td>
<td>85.81%</td>
<td>88.08%</td>
<td>83.49%</td>
<td>78.85%</td>
<td>98.16%</td>
<td>88.13%</td>
<td>92.15%</td>
</tr>
</tbody>
</table>
Good Practice Improvements

The continued approach of a multi-disciplinary team conducting monthly audits of a selection sites in relation to the national cleaning standards.

Perry Tree scores have reduced for condition, appearance and maintenance, Dementia and disability from 2016 but are higher than last year’s national average apart from condition which is slightly below the national average.

Ann Marie just a slight reduction in condition scores from 2016 and is above the national average for 2016 in all categories.

Action for improvement
Estates and facilities are meeting with Birmingham City Council to discuss improving the condition, appearance and maintenance as they are Birmingham City Council buildings.

CU27 has had a significant reduction in scores (8 - 10%) since 2016 in ward food, privacy, dignity and wellbeing and dementia has also seen a slight reduction in cleanliness score. It is below the national average for 2016 in all categories apart from cleanliness.

Action for improvement
A meeting has been arranged for a multidisciplinary team to meet to discuss a way forward that will address this.

Moseley Hall has had a slight reduction in score for food but is still above the national average for 2016, ward food and condition, appearance and maintenance. It is slightly below the national average for ward food, privacy, dignity and wellbeing and condition, appearance and maintenance.

Action for improvement
There has been some investment in a plan to refurbish the wards in line with the national dementia standards. To improve the food, menus have been revised and meal audits have been implemented.

Sheldon overall there has been a significant reduction in all areas - this unit is closed and services have now moved to West Heath Hospital.

West Heath Hospital only a slight reduction in dementia score but is still below the national average for 2016 for food, ward food and privacy, dignity and wellbeing.

Action for improvement
The menu has been revised, meal audits have been implanted and the housekeeping structure has been implemented to include supervision.
BCHC is on a journey towards excellence in the way that we demonstrate, but more importantly, how our staff, patients, service users, carers and community experience equality in their dealings with the Trust.

**Raising the Bar on Equality**

The demand for transparent analysis, publication and improvement systems which respond to evidence of unwarranted variation in the employment and patient experience against the Protected Characteristics has increased exponentially. This increase has surpassed the ability of the organisations capacity and capability to respond in the timely and sophisticated manner in which the Equality Act 2010 demands.

The ‘standard’ approach to equality, which started with the Workforce Race Equality Standard (WRES) in 2015, and now includes the Workforce Disability Standard (WDES), Accessible Information Standard (AIS), is indicative of a policy shift intended to reprioritise equality and raise the bar on the levels of compliance to Equality legislation.

The Gender Equality Pay Duty sheds light not only on the pay disparity which exists between women and men but begins another conversation about gender inequalities and how we create gender friendly workforce cultures.

The scale and pace of change in equality is set to increase rapidly in the next year and in order to respond to this regulatory and contractual target a fresh approach is required to make equality everyone’s business.

**Workforce Race Equality Standard**

There is a clear business case for diversity within the workforce for BCHC as over 80 per cent of our services are delivered to the residents of Birmingham which is a City of Super-diversity in which over 103 languages are spoken. The need to reflect the local population at all levels of the organisation has been a key focus of activity which has taken place over the last year.

Alongside this the Trust Board engaged in a reverse mentoring process with staff from Black or Minority Ethnic (BME) background to better understand the experiences of BME staff.

This activity has served as meaningful engagement of a seldom heard group of staff whose experience continues to mean that they are less likely to believe that the organisation provides equal opportunities for career progression and are more likely to experience harassment bullying and abuse from staff. In terms of this year’s staff survey, we discovered that 46 per cent of staff who reported experiencing discrimination, felt that this was on the grounds of ethnicity.

Looking at the data for discrimination across the 9 Protected Characteristics, a significant number of staff reported ‘other’ as grounds for discrimination, followed by age, gender, disability, religion and sexual orientation at 3%. Across all of the Protected Characteristics, BME staff featured strongly which demonstrates the intersectionality of discrimination and that staff feel they are experiencing discrimination on multiple grounds.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2016</th>
<th>2017</th>
<th>% Improvement/deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>88%</td>
<td>85%</td>
<td>-3%</td>
</tr>
<tr>
<td>BME</td>
<td>68%</td>
<td>64%</td>
<td>-4%</td>
</tr>
<tr>
<td>White</td>
<td>25%</td>
<td>22%</td>
<td>-3%</td>
</tr>
<tr>
<td>BME</td>
<td>18%</td>
<td>29%</td>
<td>+11%</td>
</tr>
</tbody>
</table>
Gender Pay Equality Duty

For the first time this year public sector organisations were required to publish Gender Pay Equality data to identify any disparities in pay based on Gender. BCHC has a pay gap of 13% which in comparison with other NHS organisation placed us in an average position. However, as an organisation our ambitions to be an exemplar employer and service provider means that we commit to proactively identifying areas where gender inequality may prevent equal access and career progression. We will strive to create a culture where all our staff may flourish and thrive.

Equality Review

The Trust has recently commissioned a review of the equality function to obtain expert guidance and advice on the capacity and capability required to deliver on the growing equality portfolio.

The review will also inform the development of a broader culture and engagement strategy and provide an expert and evidence based approach which will sit within a governance framework which assures transparency, fairness and equality for staff and patients.

Next Steps...

Following the completion of the equality review, an equality transformation programme will seek to increase compliance and move towards aspirational targets which are systematically embedded across the organisation. Equality is everybody’s business and this ambition will be formalised in the next year to position the Trust to move beyond compliance and deliver excellence for all our staff and patients, regardless of background.
Section 4

Statement from Associate Director of Clinical Governance

Achievement Stories

BCHC Charity
This has been a testing year to deliver quality care in the NHS but I believe Birmingham Community Healthcare NHS Foundation Trust rose to the challenge and improved on the services delivered to patients.

The Trust was sad to lose the contract for school nursing in Staffordshire, but the move was marked with an event which celebrated the many achievements that we had shared in only two brief but productive years. The Trust retained the contract for the care of children under the age of 5 and is working with a number of partners to deliver the revised agreement.

A number of new clinical interventions were agreed this year, paediatric physiotherapy using constraint induced therapy for patients with a weakness in one arm, while other clinicians used video recording the support the diagnosis of children with autism.

There are now a calendar of events run by divisional and corporate teams to which staff and the public are invited to applaud the work that has been done to enhance the effectiveness of clinical treatment by teams and also to improve the safety of the care we provide.

This section provides us with a snapshot of some of the achievements and improvements we have made this year.

The Research and Innovation team have supported the work of the divisions to develop new and creative ways of delivering care, working with local businesses to provide the technical support.

Services now participate in many more national clinical audits than in previous years on topics ranging from stroke care, to diabetes and Parkinson’s disease.

Services now participate in many more national clinical audits than in previous years on topics ranging from stroke care, to diabetes and Parkinson’s disease. Clinical staff presented their findings on clinical outcomes at a number of conferences, including results from parent classes for children with autism to support their understanding of their child’s condition, and dietetic treatment for irritable bowel syndrome.

A number of new clinical interventions were agreed this year.
Achievement Stories

Ambassadors programme supports continuous improvement

Patients benefited from new safety initiatives and improvements thanks to a successful staff-led campaign.

The patient safety ambassadors campaign offers structured training to give staff the tools and techniques to put their own patient safety ideas into action.

The programme is open to clinical and non-clinical staff at all levels within the organisation.

Director of nursing and therapies Gareth Howells said: “This campaign is fully supported by the executive team and the divisional directors of nursing.

It links with our organisational and development strategy and also demonstrates the ‘well-led’ domain set out by the Care Quality Commission.“

Following a celebration event at which a cohort of ambassadors shared progress on their projects. Gareth said: “I was impressed by the energy, passion and commitment from the presenters and know they will take that good work back into their service areas and spread the word.”

Some of the stories below are examples of projects that were a result of the Patient Safety Ambassador programme.

Visions for the Vulnerable

The British Dental Association Community Dental Services Group West Midlands Division Annual Study Day this year was entitled Visions for the Vulnerable.

There were presentations from various speakers including topics regarding dental care for vulnerable adults and children. There was an emphasis on safeguarding with the final presentation of the day summarising a leadership project to address the issue of ‘Was Not Brought’ also known as ‘Did Not Attend’ for paediatric dental appointments in the Sheffield Community Dental Service. It highlighted safeguarding issues and raised the awareness of children not attending many appointments as an indicator of abuse. In addition, for services this meant wasted clinical time limiting access to care for other patients. Some of the lessons learnt and changes implemented in Sheffield will be used to re-evaluate the current processes in Special Care Dental Service patients in BCHC for the patients who do not attend or are recalled.

The aim of the project will be to ensure the effective management of patients who are under the service for continuing care, better utilisation for team skill mix, and timely communication with General Medical Practitioners when there are potential safeguarding issues. The Dental Division Safeguarding Committee are currently developing a policy for patients over 18 who do not attend clinics and there is a plan for a pilot project to be set up to evaluate the proposed pathway to ensure it is workable and addresses the needs of the patients and service.
Ward ‘huddles’ sharpen team focus on quality and safety

Inpatient teams at Moseley Hall Hospital launched a new early morning initiative to improve care quality and patient safety on their wards.

All clinical staff on wards 6, 8 and 9 have introduced a daily multidisciplinary ‘safety huddle’ - a standardised, focussed opportunity to raise issues such as location of particular patients in the ward, falls, discharge planning, patient transport or overnight changes in an individual’s personal or clinical needs.

Non-clinical members of the teams such as admin staff, housekeepers and porters are also welcome to join the huddle.

Ward 6 consultant Dr Salim Dawood said the initiative has empowered colleagues.

“I’ve noticed I’m more frequently approached by staff to discuss patient outcomes since the start of the huddles”, he said. “Staff are more confident and barriers are being removed.”

Clinical team leader Rebecca Halford added: “Team involvement has been the key to success of this new initiative - our huddles are now being initiated and led by other team members.”

Ward 9 physiotherapist Shawab Mir said that ongoing review feeds into a continuous sharpening of focus on the particular needs of each patient.

“So we altered it to cover areas of particular concern to our ward, which has been much more effective.”

Learning disability services at Kingswood Drive and Riverside Lodge have also introduced safety huddles as part of the trust’s commitment to quality improvement.

Patient safety lead Julie Jones said teams have noted positive impacts since introducing the huddles, reporting more openness between colleagues and quicker decision-making.

“Standardising the way the team can keep up-to-date on the latest issues has produced a team engagement mechanism to resolve issues quickly,” she said.

“Team involvement has been the key to success of this new initiative”
Children who stay overnight at the trust’s respite care centre in King’s Norton are to benefit from a charity-backed innovation to help staff manage their medications.

Bright green backpacks decorated with turtles are to be issued to families to store and transport their child’s medication after junior sister Sharon Hodgson approached BCHC charity to fund the scheme.

With the support of the trust’s safety ambassador quality programme, Sharon had reviewed medication storage and working environment, documentation, parental understanding and medication reconciliation and came up with the idea of a standardised pack to issue to families.

“I identified that the way in which medications were supplied to Edgewood Road from home was often disorganised”, she said.

Staff had no clear process of knowing where to source the medication as parents were placing medication bottles in various bags and we were finding ourselves searching through multiple pieces of luggage to source the expected medication.

Parents were educated about the standard we expect the medication to be supplied in, but we had no control over how they packed the items.

The aim of the backpacks is to have an easily identifiable container for parents to supply every piece of medication in.

All the medication will now be able to be sourced and secured as soon as the children arrive in our care. This frees up time for nursing staff to complete their initial assessments of the child, knowing that all medications are safely secured away in the new individual draw drugs trolley that was also purchased as part of the safety improvements.

A further improvement is the introduction of folders, to be kept in the backpacks, providing documentation to improve communication between consultants, paediatricians and GPs over changes in medication, helping to avoid delays or, potentially, the cancellation of a respite stay.

“"The aim of the backpacks is to have an easily identifiable container for parents to supply every piece of medication in.""
Physiotherapists help retired railwayman steer weight back on track

When John Fancote’s chair collapsed under him, he knew there was no further denying the need to dramatically reduce his weight. The retired railway engineer had weighed more than 30 stones for most of his adult life, peaking at 36 stones. Following the accident, John was taken to hospital with minor injuries, but ended up spending a full five months as an inpatient while preparations were made to ensure he could return home safely.

His extended stay in hospital was the ‘wake up’ John needed. With the help of the team at Moseley Hall and growing self-restraint, John managed to lose about three stones through physiotherapy and reduced eating before being discharged.

Three years on, the continuing support of BCHC’s adult community physiotherapy service means he is on track to becoming literally half the man he used to be - but it took an ultimatum from senior physiotherapist Sarah Broomfield to stop the former railway worker in his tracks.

“We agreed an exercise and mobility plan with rehab assistants visiting regularly. But he would only do it when we were there,” says Sarah. “It was lack of confidence, more than anything.” John became involved in a patient focus group to help develop a walking frame-mounted falls prevention device and describes the physiotherapy team’s support as “truly life-changing”.

“I was getting good advice and was desperate to get out of the house; but I just needed to find my own way to tackle the problem,” he says.

“I’m so grateful for the support I’ve had. They were hard on me at times, but always fair. I needed it.”

Healthcare assistants’ conference

A group of healthcare assistants (HCAs) and therapy assistants from a variety of BCHC services recently attended a national conference in London to discuss the ‘leading change, adding value’ framework. The NHS England conference aimed to highlight the framework, which all healthcare professionals can use to achieve a positive impact on outcomes, experience and use of resources.

BCHC HCA Jean Dipple said: “As the group of staff that statistically has the most contact with patients, the impact we can have could be huge. Positive interactions will make every contact count.”

The event also discussed the concept of ‘unwarranted variation’ – ensuring services and outcomes are consistent across departments, organisations and regions.

Jean added: “There was a great deal of information to take in but it did reflect that healthcare and support staff are valued and can lead, shape and deliver this framework – which made us all feel proud and excited for the future.”

For more information visit www.england.nhs.uk/leadingchange.
Buddy band is a step in the right direction

The Trust is trialling a new walking aid to support patients prone to falls.

The ‘Step Right Buddy’ is a simple accessory that can be added to a walking frame to guide patients who have experienced difficulties using a frame.

The invention was the brainchild of rehabilitation assistant Carole Owen, who first came up with the idea during a community visit.

Carole said: “When patients first use a walking frame, they are given information on how to use it safely. For a small group of patients however, using a frame is difficult.

“I went to see a patient who is partially sighted and was prone to falling backwards when using the frame. This is usually an indication that the patient is walking too far into the frame, causing them to lose balance and fall.

“She needed something to stop her from getting too close to the frame – my ‘light bulb’ moment was a pair of tights! I tied them round the top of the back legs of the frame to act as a flexible barrier…and they worked!”

Carole wanted to find a more permanent solution that she could try out with other patients so she contacted the research and innovation team who helped Carole launch a trial, enlisting support from Dr Sarah-Jane Jones and Helen Lowe from Birmingham City University and BCHC neuro physiotherapist Faye Dimmock.

Carole’s detachable elastic band prototype was tested with a group of patients, who were asked to use the buddy on their walking frame for a week. Feedback has been positive, with many users saying the band had corrected posture and that the concept had potential.

An application for funding from the Health Foundation was being considered and a manufacturer sought.
Wayne Trowbridge’s life changed forever when he lost control of his motorbike and collided with a telegraph pole, sustaining multiple life-threatening injuries. The 36-year-old was taken by air ambulance to Queen Elizabeth Hospital where he underwent emergency surgery before a 16-week stay in the inpatient neurological rehabilitation unit at Moseley Hall Hospital.

“When I was transferred to Moseley Hall hospital, my first impression was ‘what time could I expect Florence Nightingale to tuck me in at night?’!

“I couldn’t have been more wrong – a hospital ward is only as good as the staff and I can say from first-hand experience that every single person I had the pleasure of meeting during my time on ward 9 was professional, hardworking and compassionate. I was included in decisions about my care and I cannot thank the staff enough for the way I was treated during my time there.

“I’m sure many of the staff on ward 9 would vouch for that fact that I had many a dark time during my stay, but they allowed me to vent, and were always there to calm me down and reassure me that my feelings were perfectly natural.

“The brain is such a powerful and intelligent computer - it is what makes you unique from every other person. However, when it is injured or malfunctions it can’t simply be fixed by putting on a cast or a dose of antibiotics.

“The staff on the ward are dealing with the very fundamental aspect of what makes a human a human, and that has given me a new-found respect for what they do, often in very challenging circumstances.

“To all the doctors, nursing staff and therapists at Moseley Hall who took me at rock bottom and, without judgement, worked tirelessly to help me to walk, talk and look after myself again, I owe a debt I will never be able to repay.”

Staff from the Learning Disability (LD) service attended the Faculty of Psychiatry of Intellectual Disability Annual Conference in Dublin to talk about using the intensive support team (IST) model as a new way of supporting patients with a learning disability.

Dr Tonye Sikabofori, consultant psychiatrist for people with intellectual disabilities, and Meryl Crum, IST speech and language therapist, presented the service evaluation completed by the team.

Dr Sikabofori said: “Intensive support teams have been developed around the country to help support the ‘transforming care’ agenda, which is about identifying new ways of working to reduce preventable admissions to inpatient beds.”

The IST aims to reduce the risk of placement breakdown and preventable admission to inpatient units and support prompt discharges from inpatient health services where appropriate.

The focus is to develop robust services around the person’s needs, behaviour and personality, minimising risk and maximising quality of life.
Robot REX could offer new hope for stroke patients

Patients and staff at Moseley Hall Hospital took part in an evaluation exercise to explore the potential of a state-of-the-art robotic exoskeleton to support the rehabilitation of people recovering from a stroke.

Named ‘REX’, the robotic lower-limb support can be used to lift patients from a sitting position into a supported standing position and allow them to take part in a set of supported walking and stretching exercises designed by therapists to help achieve rehabilitation goals.

The evaluation, involving rehabilitation service occupational therapists, physiotherapists and patients, forms part of a programme of technology evaluations to explore the equipment’s usability and potential benefits.

Specialist neuro physiotherapist Jeremy Newton said: “REX was designed for patients with spinal injuries and we were asked to help assess the usability of the equipment for rehab patients, in particular people who have had a stroke, but also for people with other conditions that affect their movement.

“This evaluation has been a great chance for BCHC clinicians and patients to gain an insight into the potential for the use of exoskeletal equipment in rehabilitation and for their opinions to form part of that development work.”

Innovation manager Hamid Zolfagharinia said: A lot of planning and hard work has gone into this piece of work and the team at Moseley Hall has done a fantastic job of evaluating REX from the perspective of both staff and patients.

The project was a collaboration with University Hospitals Birmingham NHS Foundation Trust’s Healthcare Technology Co-operative (HTC), which arranged the rental of the equipment and ‘backfill’ cover for BCHC staff involved in the project.
BCHC was successful in its bid to deliver a new early years health and wellbeing service for Birmingham, which went live in January.

Named Birmingham Forward Steps, the new service brings together the citywide health visiting service and children’s centres, creating local early years ‘hubs’ where families can access the help they need from pregnancy until their child starts school.

Working in partnership with Barnardo’s, Spurgeons, St Paul’s Community Development Trust and the Springfield Project, the service is designed to provide all families of pre-school children with accessible, community-based services in their own homes, GP surgeries, children’s centres and a number of other community venues, with extra help available to those that need it.

The Birmingham City Council-commissioned service will:

- support children to lead healthy lifestyles with advice on healthy diet and staying active
- ensure children develop well physically, emotionally and socially help keep children safe
- advise families on parenting and emotional wellbeing and offer extra family support when situations are challenging.
- support communities to develop accessible services that families really want by creating opportunities to listen to local people and develop new services together.

The views of parents, carers and professionals have played a crucial part in designing the service through public and staff consultations.

Nursing and therapies director Gareth Howells said: “We were very pleased to continue providing a universal service to all pre-school children in the city, supporting all aspects of health and wellbeing for the child and their family.

“Our aim is to ensure that all of Birmingham’s children are healthy, happy and well prepared to start school, helping to fulfil Birmingham City Council’s vision ‘to give every child in Birmingham an equal chance to have the best start in life so they can achieve their full potential’.”

Video glasses research

A research project at Birmingham Dental Hospital and School of Dentistry explored the use of video glasses as a means of managing anxiety experienced by children and young people undergoing dental treatment.

Patients whose anxiety had made treatment difficult were offered the use of the video glasses as an alternative to local or general anaesthetic.

Three quarters of parents and children who completed a patient satisfaction survey said the glasses made it easier for their treatment to be carried out and that they would choose to wear them again when receiving dental care.

Student dentist Paras Haria, who was part of the research team, said: “Video glasses have proved to be a safe, patient-friendly method of not only improving a child’s dental experience and long-term care but also in enabling delivery of treatment.”

Have never seen the goggles at the dentist.
So cool
Learning Disability renovations boost personalised care

The learning disability (LD) services team celebrated the unveiling of two new developments as part of continuing efforts to improve service users’ experience.

Local councillor and partner governor Josh Jones was guest of honour as colleagues celebrated the official opening of an £80,000 renovation and extension that saw the creation of three new clinical rooms and a more welcoming, open plan reception at the Jaffray Resource Centre in Erdington. As base for the north Birmingham team and a public venue where service users attend clinics, the aim was to enhance facilities for both public and staff. The project reflects the growth of the service and an ongoing commitment to meet clients’ needs.

At the Greenfield Centre in King’s Norton, a therapy suite was created in an area previously used as an inpatient assessment and treatment unit. The modifications, which were made with a £193,000 investment, delivered extra clinical space accessible to all patients, carers and staff across the LD service.

Local MP Steve officially opened the new suite, which sees many clinics delivered from a dedicated LD site rather than multi-purpose venues across the city, increasing access and frequency.

The new suite increases access to a range of clinics, including:

- a specialised seating clinic which will be delivered by LD physiotherapists in conjunction with the Birmingham Wheelchair Service.
- regular weight check clinics delivered by dieticians.
- a dedicated environment to deliver massage therapy.
- additional rooms for group work and talking therapies.
- monthly clinics for patients requiring frequent blood tests.

Honour for dental hospital design

Birmingham Dental Hospital and School of Dentistry won the ‘design through innovation’ category in the prestigious Royal Institute of Chartered Surveyors regional awards.

Judges said: “Functionality and layout has been enhanced through clever design and colour from the welcoming environment created by a huge link atrium, through to the naturally lit, open plan dental bays and the world class research laboratories whilst overall achieving the highest sustainability standards.”

The £50m development, opened in March 2016, was also shortlisted in the ‘architecture and the built environment’ and ‘infrastructure’ categories.
Trust joins national physio research trial

**CREWS**

BCHC was selected as one of a handful of Trusts in the region to take part in a national research trial to improve physiotherapy outcomes for people with shoulder pain.

The Trust partnered with the University of Oxford to take part in a study called ‘Getting it right: addressing shoulder pain’ (GRASP), focussing on people who have developed shoulder pain as a result of a rotator cuff problem.

BCHC advanced physiotherapist Jonathan Price led the study for the Trust, with the support of the research and innovation (R&I) team.

Jonathan said: “The aim was to look at the best ways of treating a particular shoulder problem so that we can improve our clinical practice and, in turn, the care we give our patients.”

Jonathan said: “Initially the team ensured that the plans for the study were designed to fit around the day-to-day working of the musculoskeletal service.

“They continued to support me with advice, support and troubleshooting. In addition, the team supported my application for the Clinical Academic Internship Programme, funded by the National Institute for Health Research (NIHR) - the first step in becoming a clinical academic.

“Completing this will support future applications for NIHR-funded Masters and PhD programmes. Upon achieving a PhD I can then start working as a clinical academic.”

“Research is an important part of clinical practice, and we want to encourage more clinicians to get involved. We have close links with local universities and also want to train more of our clinicians to conduct research so that we can undertake our own studies.”
A new unit specially designed for people being cared for at the end of their life was opened at West Heath Hospital.

The new Sheldon Unit was officially opened in a fully refurbished 20-bed ward by Birmingham Lord Mayor Councillor Anne Underwood. The Sheldon team had provided end of life and respite care at the unit’s previous location in Northfield for 24 years.

Clinical team leader Judith Russell said:

“We were honoured to welcome Councillor Underwood to our new unit, which was designed to be light, airy and offer calm and comfort to both patients and their families at a difficult time.

“We always have worked hard to maintain a high standard of care for all our patients in this unit - now we have a high quality unit to match.”

At the opening, Councillor Underwood spoke about her own experience of end of life care.

She said: “When my husband was diagnosed with terminal cancer, I had to fight to get him discharged to a private facility so he would have daily care of highest quality for his remaining days.

“So, it gives me great pleasure to open an NHS unit that takes pride in providing individualised, dignified care to people reaching the end of their life.

The launch event also saw the unveiling of an eye-catching memorial ‘tree’ design, donated by local funeral directors, Mortons, which gives families the opportunity to leave a tribute to a loved one on one of the ‘leaves’ in return for a small donation to the BCHC charity.

The unit also worked with the Trust charity to design yellow rose pin badges, available to buy at the unit with proceeds going towards ‘extras’ for patients.
Trust among first NHS employers in veteran recruitment pledge

BCHC has become one of the first NHS organisations to sign up to a new national initiative to significantly boost the recruitment of military veterans. Trust representatives were among NHS employers from all over England who welcomed His Royal Highness The Duke of Cambridge to the official launch of the Step Into Health initiative to support recruitment from the Armed Forces community. Developed by Norfolk and Norwich University Hospitals NHS Foundation Trust, alongside Walking with the Wounded and the Duke’s charity, the Royal Foundation, the programme is designed to help NHS organisations recruit veterans and reap the benefits of skills and experience gained during military service.

The event was attended by 30 NHS organisations who are the first to pledge their support for the initiative following a successful pilot phase. BCHC was represented by armed forces healthcare programme manager Scott Thornton and senior HR business partner Jonathan Cassidy at the Step Into Health launch. Scott said: “We are very proud to support this new national programme, which is clear evidence of our continuing support for the Armed Forces community. “Veterans bring a very wide range of skills, experience and leadership ability developed in the Armed Forces to the workplace. Jonathan added: “Our vision is to be an employer that is inclusive of all talents, backgrounds and experiences from all the communities we serve. “The Duke talked about shared values and it is those values that are embedded in our recruitment and retention agenda and bring significant benefits when it comes to recruiting to areas where there are hard-to-fill vacancies and a shortage of skills in particular specialities.”
Dementia nurse boxes clever

Dementia patients on ward 6 gained a special repository for precious memories thanks to an idea funded by BCHC Charity.

Patients on the ward are presented with a ‘memory box’ to hold personal items such as photos, books and trinkets. The boxes, decorated by University of Birmingham student volunteers, were the idea of ward 6 nurse Anna O’Neill, who said: “Having a place for patients to keep things that are important to them can help reduce anxiety, especially when they’re in the unfamiliar setting of a hospital ward. “We can encourage patients to look at the items when we see they are becoming distressed.”

Family gardening

Thanks to charity supporters ‘digging deep’, BCHC patients were able to help make a difference to the gardens at Moseley Hall Hospital.

With the support of the BCHC Charity, rehabilitation service users helped get the hospital gardens ready for summer.

A range of plants, flowers and tools were supplied so that ward 9 service users, families and staff could enjoy a day of planting, weeding and watering.

The charity also funded a new set of furniture for the neighbouring Moor Green outpatient unit garden. Occupational therapy technical instructor Alastair Gordon said: “The garden ‘tidy-up’ helped bring this under-used space back to life and create a place people want to be.

“It also provided an opportunity for patients to share knowledge and skills, which is very important for self-esteem, as patients often feel incapacitated.”

Let the games begin!

Patients at the Ann Marie Howes intermediate care centre have been enjoying new interactive garden games and activities thanks to the BCHC Charity.

To support patient therapy, the team accessed £500-worth of charity funding to buy garden games as well as activities such as painting equipment and a bingo set. Therapy assistant Craig Cattell said: Group activities help stimulate patients both physically and mentally - as well as being fun these activities have a real therapeutic value.”
Mini-makeover for special school meeting room

A doctor’s consultation room in need of modernisation at a Birmingham special school was transformed into a warm and welcoming private space for pupils, parents and nursing staff to meet thanks to a multi-coloured charity makeover.

Pupils and nurses gave the thumbs-up to the new décor and furniture in the clinic room at Victoria School in Northfield after the team approached BCHC Charity for support.

Andrea Griffiths leads a team of 13 members of staff including nurses, enteral feeders and a member of admin staff. 13 nurses, enteral feeders plus admin support colleagues based at the school, which caters for just over 200 pupils aged from two to 19 years old.

“Working closely with our teaching colleagues, we provide specialist care for children and young people with multiple complex health needs,” she said.

“Around 13 of the current pupils have ‘advanced care plans’, which identify the wishes of parents, carers and the pupils themselves as to the course of action they would like to take at the end-stages of their life.

“Many of the care plans are discussed in school with nurses and consultants at what is a very difficult time for families and we have been very aware that the doctor’s clinic room at Victoria was in need of some ‘TLC‘ for sensitive conversations of this kind.

“I wanted the room to be ‘less clinical’ looking and have a more warm, comfortable and inviting feel.

BCHC Charity plans to support similar initiatives in the other special schools where nursing teams are based.

Palliative care panto trip

With support from the Rays of Sunshine charity, BCHC treated 16 families from our community children’s nursing and palliative care teams to a trip to see Cinderella at Birmingham Hippodrome.

The outing was organised by support worker Nussrat Parveen, who said: “Much of the work undertaken by the team is about improving quality of life and making memories for the families.

“Part of this is to arrange wishes for the families who are thought to be in the last months of their life.

“We’re so grateful to the BCHC Charity and Rays of Sunshine for all their support towards the pantomime. All the families really enjoyed the day.”
Each year, the BCHC’s library service submits a Library Quality Assurance Framework (LQAF) return to the local library lead in Health Education England West Midlands.

It is a tool to enable a quality assessment of NHS library/knowledge services. The LQAF is designed so that an organisation can assess its level of compliance to national standards and demonstrate the fitness for purpose. There are five domains with a number of criteria to assess the service against. Services can claim to either be fully compliant, partially compliant, non-compliant or not applicable.

It provides a clear focus for action planning across all NHS organisations, driving forward a quality improvement plan, offering clarity of direction for service managers and transparency of development to meet business and client need.

Assessment against the criteria of the standards within the LQAF enables each library/knowledge service to identify any gaps in their service management and provision so that these requirements can be built into their business and service planning.


There were five core criteria for 2017 selected largely based on their relevance to the Knowledge for Healthcare programme (see http://kfh.libraryservices.nhs.uk/about-kfh/ for more information).
The five core criteria were:

1. The Library and Knowledge Service works with other organisations and agencies across the local health community to modernise and develop services to meet customer needs, expectations, and choice.
2. The positive impact of Library and Knowledge Service can be demonstrated.
3. Library and Knowledge Service support clinical and management decision making.
4. Library and Knowledge Service are developed to support information provision for patients and/or the public.
5. Members of the Library and Knowledge Service team are actively involved in the creation, capture, sharing, utilisation, or reuse of knowledge in the organisations served.

Smallwood Library demonstrated full compliance with all core criteria receiving a score of 97.92%, an increase of 2.18% from the previous year—showing year on year improvement over the last four years of assessment.

Smallwood Library Service is pleased to have reached this level of achievement over the last four years. It puts the service on a par with other library services both regionally and nationally. The library team have worked hard to increase and improve the services it provides to Trust staff.

Library Quality Assurance Framework score (%)

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Next steps for improvement...

- greater use of impact assessment
- support for knowledge management
- support for patients as well as collaborative working with other organisations both inside and outside the NHS.

The library team look forward to continuing to work in innovative ways to support all Trust staff and to maintaining and improving on the services we offer.
Section 5

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Annex 1 - Statements from External bodies /Organisations QR 111
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In order to assure ourselves that the information presented is accurate, and that the services described and the priorities for improvement are representative of BCHC, the Trust Board designated the Director of Nursing and Therapies to lead the process of developing the Quality Report for 2017-18.

The Director of Nursing and Therapies ensured through the Clinical Quality Assurance Programme Manager that BCHC’s main stakeholders were given the opportunity to comment and provide an objective view around the content of this Quality Report and the goals it set itself for improvement for the coming year.

External influence has included the Council of Governors, Healthwatch and our Commissioners in order to ensure that the Quality Report presents a balanced view of the quality of care delivered by BCHC.

The Trust has shared a draft Quality Report 2017-18 with our commissioners through NHS Birmingham and Solihull Clinical Commissioning Group (co-ordinating commissioner), Healthwatch Birmingham and Birmingham Health & Social Care Overview and Scrutiny Committee. Their responses can be found in Annex 1. All of the comments have been considered and changes have been made where appropriate.

Consultation with staff has taken place through BCHC committee structures and staff forums that has included open access ‘page turning’ sessions whereby attendees were given the space and time to talk through and comment on the content of the Quality Report.

The whole process has been overseen by the Quality Report Editorial Group whose membership includes the Chair of Patient Experience Forum and a patient representative/Governor.

Progress has been reported to a number of executive led committees before its final approval.

External assurance on the was gained through external auditors who have reviewed the content of the quality report against the requirements of NHS Improvements published guidance 2017-18. Mandated indicators and one indicator chosen by the Council of Governors has been tested for accuracy, validity, reliability, timeliness, relevance and completeness by external auditors whose statement can be found on Annex 3.
Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust. We are pleased to see that the Trust has taken on board some of our comments regarding the previous Quality Account. For example, the Trust has:

- Given some examples of patient experience and feedback, and how these are used to develop solutions that improve the quality of services.
- Demonstrated how the Trust learns from safety incidents and actions taken based on these lessons.
- Aggregated data to show the response rate, and the positive responders that would recommend the Trust.

Patient and Public Involvement (PPI)

It is positive to see that the Trust continues to engage patients, members of the public, staff, other NHS and local authority partners to develop the Trust’s quality priorities. We note that the Trust consulted and engaged with stakeholders between November 2017 and March 2018 using varied methods including online surveys, discussion forums and meetings.

In our response to the 2016-17 Quality Accounts, we asked the Trust to give examples of how patient feedback and experiences have led to particular changes or improvements to services. We are pleased to read about the initiatives that the Trust has implemented over the year.

Firstly, the work with patients, carers and their families to improve harm free care. We note the production of two films on falls that are being used as educational tools. We are pleased to see that these films are based on service user experiences following a fall, and their insight as to the factors to be considered pre and post fall.

Secondly, the goal to hear the voice of the child/young person in shaping how services are delivered. It is positive to read about how the Trust has involved young people, their carer’s and parents in developing plans. For example, listening to young people’s experiences and insights on their expectations of health respite services, branding of a new service by the early years team, and on the Birmingham Special Schools Nurses Service.

Thirdly, the goal to improve engagement and consultation with patients, carers and the public for any changes to how and where services are delivered. We acknowledge the involvement of patients, carers and the public in the production of information, through the Estates Strategy plans, that support patients to move from Sheldon Unit to the West Heath Hospital site. In addition, we note that patients at Moseley Hospital have been asked to comment on changes to the district nurse contract, new patient leaflets on district nurses and cleanliness and food provision. We note the changes made in response.

We look forward to reading more about the impact of feedback, and we would like to read how the Trust communicates with patients about how they are using their feedback to make changes. At Healthwatch Birmingham, we believe that demonstrating to patients...
Section 5

how their feedback is used to make changes or improvements shows service users and the public that they are valued in the decision-making process. Consequently, this has the potential to increase feedback. We welcome the ‘you said, together we did’ approach for staff engagement. We believe that a similar approach for patients would encourage them to provide feedback as they will know that their views matter and lead to actual changes/improvement to services.

In our response to the Trust’s 2016-17 Quality Accounts, we welcomed plans to review assessment processes. We indicated that, for the assessment process and care planning to be effective, service users and carers have to be involved. For the 2017-18 Quality Accounts, The Trust has presented evidence of the successes in care planning and assessment. We are pleased with the training that staff have received on care planning in various services and that services, such as Urgent care/INRU have had an improvement of 95.1 per cent. However, it is not clear in the Quality Account how service users, carers and families are involved in this process. We would like to read in the 2018-19 Quality Accounts how service users, carers and patients are involved in the care planning and assessment process.

Regarding the Friends and Family (FFT) Scores, in our response to the 2016-17 Quality Accounts, we asked the Trust to aggregate data to show the response rate and positive responders that would recommend the Trust. We are happy to see that the 2017-18 Quality Account shows how the Trust has performed over the year, and the number of those that are likely or not likely to recommend the Trust to family and friends. We also note that the Trust encourages patients to give qualitative feedback in the survey. Qualitative feedback helps the Trust better understand the reasons for a particular score. We look forward to reading in the 2018-19 Quality Account how the FFT scores have been used to make changes or improve services and practice.

Staff and PPI

We note that the percentage of staff responding to the staff survey remains at 40%, which is below the national average of 50 per cent. However, we acknowledge that in real numbers the response rate has increased. In 2016 the Trust sent the survey to 1250 staff and had a return rate of 490, whereas this year 4713 staff members received the survey and 1868 responded. We note that the staff survey indicates improvement in several areas, such as the ‘effective use of patient feedback’. In particular, there has been significant improvement in the ‘communication of patient feedback to staff delivering care. We note that 64% of staff say they receive regular updates on patient/service user experience and feedback via line managers or communication teams. Similarly, 54% of staff say that feedback from patients/service users is used to make informed decisions within their department/directorate. We would like to see examples of how staff use this feedback to effect change in the 2018-19 Quality Account.

We welcome the priorities for action that the Trust has put in place in relation to staff. We hope to read on an improvement in these in the 2018-19 Quality Account. In particular: action two on equality and diversity; action three on errors and incidents; and action three on patient care and experience. We are pleased that the focus for action three will be on the percentage of staff who feel their role makes a difference to patients and service users.

We believe that the basic approach of Healthwatch Birmingham’s Quality Standard for PPI will help the Trust develop this further. The Quality Standard has a set of questions relating to staff and PPI, which ascertain the following:

• Whether there is a clear strategic approach for PPI that staff understand across the Trust?
• Do staff understand what their responsibilities are in relation to PPI?
• Do they have set objectives for PPI that are regularly monitored?
• Do they understand how PPI informs decision-making in their service area to make improvement and address inequality? and,
• Do they understand that improvements or changes made as a result of feedback should be shared with patients and the public?
As we suggested in the 2016-17 response to the Trust’s Quality Accounts, we believe that the Trust could benefit from developing a strategy that clearly outlines how and why patients, the public and carers will be engaged in order to improve health outcomes and reduce health inequality. A strategy will ensure that there is commitment across the Trust to using patient and public insight, experience and involvement. It will also make clear arrangements for collating feedback and experience.

**Patient Outcomes**

In our response to the Trust’s 2016-17 Quality Accounts, we asked the Trust to consider aggregating clinical outcomes according to different patient groups or characteristics. This will enable the Trust to establish barriers different groups face when accessing clinical services and address these appropriately. We note that a majority of services are still recording clinical outcome results on paper. Consequently, it is difficult to collate results at service level and difficult for clinicians to review data and act accordingly. We would like to read in the 2018-19 Quality Accounts considerable improvements in the number of services using electronic recording, reviews by clinicians of this data and improvements or changes made as a result.

We note the use of a smart survey to increase patient responses following a treatment (e.g. dental oral surgery – patient reported outcome). We welcome that this is going to be recommended to other services seeking similar responses. We also note that a draft clinical outcomes framework has been developed to support services who wish to develop outcomes in the future to support existing delivery. We would like to read about the impact of these in the 2018-19 Quality Accounts.

**Demonstrating Learning**

In our response to the Trust’s 2016-17 Quality Accounts, we asked to see examples of how the Trust learns from reviews, patient safety incidents (including death) and complaints. It is positive to see examples of how the Trust is learning, in particular from deaths and the key issues identified for action. For example, the findings that care planning is not patient-centred, sepsis tools are not routinely used and diagnostic tests not always completed during admission. We welcome the actions instituted to address these findings. We would like to read more about the impact of the care planning and the documentation quality improvement project in the 2018-19 Quality Account and the patient and bereavement work stream plan. We would also like to read more about learning from the increasing incidents relating to admissions, transfer, discharge, and access to service following contract review.

We were particularly interested to read about the involvement and engagement of services users, carers and families in care planning and developing end of life plans. We would like to know how the Trust will put into action NHS England’s guidance on ‘learning from death’. Especially, how the Trust listens to families and carers; informs them of their rights and how they can access support or advocacy; and involves them in various stages of case reviews and investigations. In addition, how the Trust weights families and patients views, compared with how they weight the views of clinical staff.

We note that for the 2016-17 period, the Trust had two never events at Birmingham Dental Hospital. These were both wrong site surgery relating to anaesthesia administered on wrong site prior to a scheduled tooth extraction. We are concerned that the same thing happened twice (October, 2017 and January, 2018), and wonder about the timings of reviews following an incident and sharing of lessons. We would like to read in the 2018-19 Quality Account how soon reviews into incidents are carried out, and the lessons/actions shared within a service and across the Trust.
The Trusts Priorities for 2018-19

Healthwatch Birmingham has taken note of the Trust’s priorities for 2018-2019. We believe that a continued focus on patient experience, patient safety, and clinical effectiveness are important. In particular, engaging patients in service design (e.g. develop and implement the plans for engagement and co-design projects for the year); embedding learning from clinical complaints; bereavement support and end of life care; and support for children and families (e.g. develop methodology for listening to feedback from bereaved relatives; develop methodology and approach for increasing feedback; develop staff pack to share with bereaved relatives); and working with individuals, patients, carers and families to improve harm free care.

To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to some of our comments on the 2016-17 Quality Accounts. It is positive to see examples of learning from death and actions taken in response. However, the Trust has not clearly demonstrated in the Quality Accounts how it uses feedback to understand and address issues of health inequality. As well as how it communicates with services users and the public on how their feedback has been used and the changes made. It is our wish that there will be further improvements in these area in the 2018-19 Quality Account.

As per our role, Healthwatch Birmingham is running various projects to support providers in Birmingham to meet their statutory role of consulting/engaging with patients and the public. Consequently, ensuring that Trusts are using public and patient feedback to inform changes to services, improve the quality of services and understand inequality in access to services and health outcomes. We have worked with some Trusts to review their patient and public involvement process (PPI), identify areas of good PPI practice and recommend how PPI practice can be made more effective. We would welcome the opportunity to explore how we can support the Trust to improve in the year ahead.

“Health and Social Care Overview and Scrutiny Committee will not be in a position to comment on the draft BCHC 2017/18 Quality Report”.

22nd Feb 2018

Birmingham City Council
Statement for Quality Account 2017-18 Birmingham Community Healthcare NHS Trust

Birmingham & Solihull Clinical Commissioning Group (CCG), as coordinating commissioner for Birmingham Community Healthcare NHS Trust (BCHC), welcomes the opportunity to provide this statement for inclusion in the trusts 2017-18 Quality Account.

A draft copy of the Quality Account was received by the CCG on the 19th April 2018 and the statement has been developed from the information presented to date in accordance with Department of Health guidance. The draft account has been shared across the CCG and NHS West Midlands to provide an opportunity to comment.

The information provided within this account presents a balanced report of the healthcare services that BCHC provides. There are some gaps in the account relating to numbers of Venous thromboembolism (VTE) and incomplete pathways that will need to be populated in the final document, however the range of services described and priorities for improvement are representative based on the information that is available to us. The report demonstrates the progress made within the Trust. It identifies what the organisation has done well, where further improvement is required and what actions are needed to achieve these goals and the priorities set for 2018-19.

The CCG recognises that the Trust has consulted widely and worked with patients, members of the public, staff and other NHS and local authority partner stakeholders to determine the focus of the quality priorities for the coming year. These are clinically driven and support the three quality domains of Patient Safety, Clinical Effectiveness and Patient Experience. We acknowledge that the priorities have evolved over time and that the emphasis is on continual sustainable improvement through clinical engagement and leadership.

The account demonstrates achievement against the majority of the 2016-17 priorities and work undertaken to ensure quality improvement initiatives are embedded in practice. The Trust continues to work with patients, carers and their families to improve harm free care supported by the Safety Express programme, and a positive and a transparent safety culture is delivered through Patient Safety Ambassadors.

Falls prevention is a key priority for the Trust who exceeded their internal target for falls resulting in severe injury or death during 2017-18. The CCG welcomes the on-going focus on further development of the extensive falls prevention work programme that includes the production of two falls films to be used as educational packages. Patient experience has been sought to develop an understanding of the factors to be considered pre and post fall.

There is a positive work programme across the Divisions to ensure the effective use of systems and rostering tools to provide assurance on safe nurse staffing levels. It is pleasing to note the development and implementation of the electronic management system to support safe staffing analysis in district nursing teams, and the bespoke clinical training and competency framework to support skills development of nursing staff in Urgent Care services.

Patient Experience is embedded throughout the document and it is clear that this is important to the organisation. The CCG is pleased to note the progress made in relation to public engagement. The views of children and young people are incorporated into service delivery initiatives, and patients, carers and the public are consulted on plans for service development. School ambassadors and the Early Years Services Partnership have been actively engaged in holding events throughout the year.

Plans to develop a Lessons Learnt group are positive, and demonstrate the Trust’s commitment to embedding learning from clinical complaints. The Trust continues to encourage incident reporting and implement initiatives to ensure that quality of services remains high and that learning from incidents is embedded. The ethos of continuous improvement is also captured in the planned schedule of work relating to the development and monitoring of patient outcome measures.
The Trust reports that there is further work to do to achieve its aims of introducing information technology to improve patient care and has plans to improve and develop network connectivity, cyber security and the core telephony platform during 2018-19. Over 5000 appointment reminders are currently sent to patients every 48 hours, as a result Adult & Community and Dental services report a reduction of 4.5% missed appointments.

There has been significant progress with development of care planning and assessment to ensure that these are person centred and focus on a holistic approach. Care plan completion is continually monitored through Essential Care Indicators across all areas. Care planning training and clinical supervision sessions are available for staff. It is pleasing to note the planned introduction of a clinical record keeping group to drive further improvements in clinical records, root cause analysis and Essential Care Indicators documentation.

There is a comprehensive section on trust engagement with national clinical audits and confidential enquiries. A review of local clinical audits throughout the year has generated some key actions the Trust plan to take during 2018-19 to improve the quality of healthcare provision. These include improving the quality of the Malnutrition Universal Screening Tool documentation and embedding the VTE risk assessment process across intermediate care. The CCG welcome and support the recommendations made for improvement of VTE assessment which are clearly identified and focus on initial assessment, review of risk assessment, clear documentation and sharing of best practice.

Quality priorities for action in 2018-19 reflect areas where improvement is required and we will continue to work with the Trust to support achievement of these goals. The CCG is supportive of the plans to improve the uptake and quality of staff appraisals, increasing the percentage of staff reporting errors, near misses or incidents and undertaking a staff cultural temperature check to facilitate on-going staff engagement in the improvement of patient care and experience. The Trust recognises that whilst improvements in response rates to the 2017 staff survey have been achieved, they remain below the national average for community trusts. Plans for 2018 have been made to take a targeted approach at divisional and corporate service level to promote the importance and value of completing the staff survey.

There has been an increase in the number of patient safety incidents reported during 2017-18 resulting in severe harm or death. The trust has stated that this is related to the introduction of reporting unstageable pressure ulcers, and the development of the mortality review process which has been extended to include all patient deaths notified to or noted by BCHC. The CCG will continue to work with the trust to support on-going review of these areas over the coming year.

We have made some specific comments to the Trust in relation to their report which we hope will be considered as part of the final document. These include points regarding accuracy of data, use of abbreviations without explanation of full meaning and inclusion of outcomes to demonstrate utilisation of patient feedback.

Through this Quality Account and the on-going quality assurance process, BCHC have demonstrated their commitment to continually improve the quality of services provided. As commissioners, we look forward to continuing to work in partnership with the Trust during 2018-19 and supporting them to deliver these quality priorities.

Paul Jennings
Chief Executive Officer
Annex 2 - Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017-18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to May 2018
  - papers relating to quality reported to the board over the period April 2017 to May 2018
  - feedback from commissioners dated 17/05/18
  - feedback from governors dated May 2018
  - feedback from local Healthwatch organisations dated 14/05/2018
  - feedback from Overview and Scrutiny Committee dated 22/02/2018
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018
  - the 2017 national staff survey February 2018
  - the Head of Internal Audit’s annual opinion of the trust’s control environment dated May 2018
  - CQC inspection report dated September 2014
  - the Quality Report presents a balanced picture of the NHS Foundation Trust’s performance over the period covered
  - the performance information reported in the Quality Report is reliable and accurate
  - there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
  - the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
  - the Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board:

Chairman
Date 24/05/18

Chief Executive
Date 24/05/18
Annex 3 - Limited assurance report on the content of the quality reports and mandated performance indicators

Independent auditor’s report to the council of governors of Birmingham Community Healthcare NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Birmingham Community Healthcare NHS Foundation Trust (the Trust) to perform an independent assurance engagement in respect of Birmingham Community Healthcare NHS Foundation Trust’s quality report for the year ended 31 March 2018 (the ‘Quality Report’) and certain performance indicators contained therein.

This report is made solely to the Trust’s Council of Governors, as a body, in accordance with our engagement letter dated 16 May 2018. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we accept no liability or assume responsibility to anyone other than the Trust and the Trust’s Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken on the basis that we might report to the Council of Governors those matters that we have agreed to state in this report and for no other purpose. Our report must not be disclosed or referred to in whole or in part in any other document nor made available, copied or reprinted to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period (page 51 of the Quality Report); and
- emergency readmissions within 28 days of discharge from hospital (page 51 of the Quality Report).

We refer to these national priority indicators collectively as the indicator.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’ issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’, which is supported by NHS Improvement’s Detailed Requirements for quality reports 2017/18;
- the quality report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the ‘Detailed guidance for external assurance on quality reports 2017/18’ and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’ and supporting guidance and the six dimensions of data quality set out in the ‘Detailed Guidance for External Assurance on Quality Reports 2017/18’.

We read the Quality Report and consider whether it addresses the content requirements of the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’ and supporting guidance, and consider the implications for our report if we become aware of any material omissions.
We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the ‘Detailed guidance for external assurance on quality reports 2017/18’. These are:

- Board minutes for the period April 2017 to March 2018
- Papers relating to quality reported to the Board over the period April 2017 to March 2018
- Feedback from commissioners, dated 17 May 2018
- Feedback from governors
- Feedback from local Healthwatch organisations, dated 14 May 2018
- Feedback from Overview and Scrutiny Committee, dated 22 February 2018
- The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q4 of 2017/18
- The latest national staff survey, dated 2017
- Care Quality Commission inspection, dated 30 September 2014; and
- The Head of Internal Audit’s annual opinion over the trust’s control environment, dated May 2018

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Birmingham Community Healthcare NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Birmingham Community Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed:

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included, but were not limited to:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- Comparing the content requirements of the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’ to the categories reported in the Quality Report
- Reading the documents

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is
substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the ‘NHS foundation trust annual reporting manual 2017/18’ and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Birmingham Community Healthcare NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018,

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement;

- the Quality Report is not consistent in all material respects with the sources specified in:

  - Board minutes for the period April 2017 to March 2018;
  - Papers relating to quality reported to the Board over the period April 2017 to March 2018;
  - feedback from commissioners, dated 17 May 2016;
  - feedback from governors;
  - feedback from local Healthwatch organisations, dated 14 May 2018;
  - feedback from Overview and Scrutiny Committee dated 22 February 2018;
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q4 of 2017/18;
  - the latest national staff survey, dated 2017;
  - Care Quality Commission inspection, dated 30 September 2014; and
  - the Head of Internal Audit’s annual opinion over the Trust’s control environment, dated May 2018;

- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement.

Ernst and Young LLP

Ernst & Young LLP
Birmingham
24 May 2018
Notes:

1. The maintenance and integrity of the Birmingham Community Healthcare NHS Foundation Trust website is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the website.

2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.
Appendix 1: Clinical audits and Confidential enquiries 2017-18

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Participated</th>
<th>*%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audits BCHC completed data collection for in 2017-18</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head and Neck Cancer Audit</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Host: Saving Faces – The Facial Surgery Research Foundation</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Learning Disability Mortality Review</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Hosted by: University of Bristol</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>National Audit of Intermediate Care (NAIC)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hosted by: NHS Benchmarking Network</td>
<td>Yes</td>
<td>Geri-Med Bed Based 53/86 61.60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intermediate Care Units Bed based 56/86 65.10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rapid Response Crises Response 51/78 65.40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Virtual Ward Home Based 45/85 52.90%</td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)</td>
<td>Yes</td>
<td>18 cases submitted</td>
</tr>
<tr>
<td>Hosted by: Royal College of Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Diabetes Audit – Adults National Footcare Audit</td>
<td>Yes</td>
<td>No min ascertainment required for this audit</td>
</tr>
<tr>
<td>Hosted by: HSCIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>Yes</td>
<td>Band B</td>
</tr>
<tr>
<td>Hosted by: Royal College of Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK Parkinsons Audit</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Hosted by: Parkinsons UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audits BCHC was not eligible to participate in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Hosted by NICOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult cardiac surgery</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Hosted by NICOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAUS Urology Audits: Cystectomy</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>BAUS Urology Audits: Nephrectomy</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>BAUS Urology Audits: Percutaneous nephrolithotomy</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>BAUS Urology Audits: Radical prostatectomy</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>BAUS Urology Audits: Urethroplasty</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>BAUS Urology Audits: Female stress urinary incontinence</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Bowel Cancer (NBOCAP)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Hosted by Royal College of Surgeons in England</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Title</td>
<td>Participated</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Cardiac Rhythm Management (CRM) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Case Mix Programme (CMP) Hosted by: Intensive Care National Audit Research Centre</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Child Health Clinical Outcome Review Programme Chronic Hosted by: The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Congenital Heart Disease (CHD) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Diabetes (Paediatric) NPDA Hosted by: Royal College of Paediatrics and Child Health</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Elective Surgery (National PROMS Programme) Hosted by: NHS Digital</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Endocrine and Thyroid National Audit Hosted by: British Association of Endocrine and Thyroid Surgeons</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Falls and Fragility Fractures Audit Programme (FFFAP) Hosted by: Royal College of Physicians</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Fractured Neck of Femur Hosted by: Royal College of Emergency Medicine</td>
<td>No</td>
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<tr>
<td>Inflammatory Bowel Disease (IBD) programme</td>
<td>No</td>
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<tr>
<td>Major Trauma Audit Hosted by: The Trauma Audit &amp; Research Network (TARN)</td>
<td>No</td>
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<tr>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme Hosted by: MBRACE-UK, National Perinatal Epidemiology Unit, University of Oxford</td>
<td>No</td>
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<tr>
<td>Mental Health Clinical Outcome Review Programme Hosted by: National Confidential Inquiry into Suicide and Homicide (NCISH)</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>National Audit of Anxiety and Depression</td>
<td>No</td>
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</tr>
<tr>
<td>National Audit of Breast Cancer in Older Patients (NABCOP) Hosted by: Clinical Effectiveness Unit, The Royal College of Surgeons of England</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>National Audit of Dementia Hosted by: Royal College of Psychiatrists</td>
<td>No</td>
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<td>National Audit of Psychosis</td>
<td>No</td>
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<td>National Audit of Rheumatoid and Early Inflammatory Arthritis</td>
<td>No</td>
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<tr>
<td>National Audit of Seizures and Epilepsies in Children and Young People</td>
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<td>National Bariatric Surgery Registry (NBSR) Hosted by: British Obesity and Metabolic Surgery Society (BOMSS)</td>
<td>No</td>
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</tr>
<tr>
<td>Audit Title</td>
<td>Participated</td>
<td>*%</td>
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<tr>
<td>National Cardiac Arrest Audit (NCAA)</td>
<td>No</td>
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<tr>
<td>Hosted by: Intensive Care National Audit &amp; Research Centre (ICNARC)</td>
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<tr>
<td>National Clinical Audit of Specialist Rehabilitation for Patients with</td>
<td>No</td>
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<tr>
<td>Complex Needs following Major Injury (NCASRI)</td>
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<tr>
<td>Hosted by: London North West Healthcare NHS Trust</td>
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<td>National Comparative Audit of Blood Transfusion Programme</td>
<td>No</td>
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<tr>
<td>Hosted by: NHS Blood and Transplant</td>
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<tr>
<td>National Emergency Laparotomy Audit (NELA)</td>
<td>No</td>
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<tr>
<td>Hosted by: Royal College of Anaesthetists</td>
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<tr>
<td>National End of Life care audit</td>
<td>No</td>
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<td>National Heart Failure Audit</td>
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<tr>
<td>Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)</td>
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<tr>
<td>National Joint Registry (NJR)</td>
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<td>Hosted by: Health Quality Improvement Partnership</td>
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<td>National Lung Cancer Audit (NLCA)</td>
<td>No</td>
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<tr>
<td>Hosted by: Royal College of Physicians</td>
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<tr>
<td>National Maternity and Perinatal Audit</td>
<td>No</td>
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<tr>
<td>Hosted by: Royal College of Obstetricians and Gynaecologists</td>
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<td>National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special</td>
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<tr>
<td>Care)</td>
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<tr>
<td>Hosted by: Royal College of Paediatrics and Child Health</td>
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<tr>
<td>National Ophthalmology Audit</td>
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<td>Hosted by: The Royal College of Ophthalmologists</td>
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<tr>
<td>National Vascular Registry</td>
<td>No</td>
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<td>Hosted by: Royal College of Surgeons of England</td>
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<tr>
<td>Neurosurgical National Audit Programme</td>
<td>No</td>
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<td>Hosted by: Society of British Neurological Surgeons</td>
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<td>Oesophago-gastric cancer (NAOGC)</td>
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<tr>
<td>Paediatric Intensive Care (PICANet)</td>
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<td>Pain in Children</td>
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<td>Hosted by: Royal College of Emergency Medicine</td>
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<td>Prescribing Observatory for Mental Health (POMH-UK)</td>
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<td>Hosted by: Royal College of Psychiatrists</td>
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<tr>
<td>Procedural sedation in adults (care in emergency departments)</td>
<td>No</td>
<td>N/A</td>
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<td>Hosted by: Royal College of Emergency Medicine</td>
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<tr>
<td>Prostate Cancer</td>
<td>No</td>
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<tr>
<td>Hosted by: Royal College of Surgeons of England</td>
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<tr>
<td>Serious Hazards of Transfusion (SHOT): UK National haemovigilence scheme</td>
<td>No</td>
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</tr>
<tr>
<td>Hosted by: Serious Hazards of Transfusion</td>
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</tr>
</tbody>
</table>

2 Ascertainment rate would apply to participating acute Trust, please see corresponding Trust Quality Report for University Hospital Birmingham NHS Trust for this information.
We would like to thank Clinical Photography and Graphic Design and all members of staff, public members and users of our services who have contributed towards this Quality Report.

Quality Report Editorial Group consisted of:

Salsabil Abdulkadir - Business and Administration Apprentice
Janette Bigford - Patient Experience Manager
Victor Cracroft - Patient Representative and Governor
David Disley-Jones - Communications Manager
Colin Graham - Associate Director of Clinical Governance (Chair)
Carol Herbert - Clinical Quality Assurance Programme Manager (Project Lead)
Anne Pemberton - Patient Experience Lead
Frances Young - Chair of Patient Experience Forum and Governor
Membership application

Please fill in your details below to become a member of Birmingham Community Healthcare NHS Foundation Trust. We are collecting information to ensure we contact you in the best way for you. The information you provide will also help us to ensure our membership is representative of the communities we serve.

The minimum age to become a member is 16 years. If you are younger than this and wish to be involved, please email: ft@bhamcommunity.nhs.uk

Contact details (please use CAPITAL LETTERS). Fields marked with * are mandatory.

Title ........................................................... First name* ..............................................................................................................................
Last name* .............................................................................................................................. Date of birth* ..............................................................
Address* ........................................................................................................................................................................
.............................................................................................................................. Postcode* ..............................................................
Telephone (home) .................................................................. Telephone (mobile) ..............................................................
Email .......................................................................................... Gender □ Male □ Female

How would you describe your ethnic origin? (please tick as appropriate)

□ White/British .......................................................... □ Black or Black British/African
□ White/Irish .......................................................... □ Black or Black British/Any other Black background
□ White/Other .......................................................... □ Mixed White/Black African
□ Asian or Asian British/Pakistani .................................. □ Mixed White/Black Caribbean
□ Asian or Asian British/Indian ........................................ □ Mixed White and Asian
□ Asian or Asian British/Bangladeshi ......................... □ Mixed Any other mixed background
□ Asian or Asian British/Any other Asian background .............................................................. □ Chinese
□ Black or black British/Caribbean ................................ □ Any other ethnic group (please specify)

How would you prefer to be contacted? (please tick as appropriate)

□ Email .......................................................... □ Post .......................................................... □ Telephone
Do you have a disability? (please tick as appropriate)

☐ No  ☐ Yes (please give details of any special requirement below):

How would you like to be involved at the current time? (please tick as appropriate)

☐ Level 1 membership (limited involvement). Receive information and keep up to date
☐ Level 2 membership (active involvement). Participate in surveys and attend meetings
☐ Level 3 membership (full involvement). Get involved with an interest in becoming a governor

Did a staff member recommend that you become a member?

☐ Yes  ☐ No

Please give their name and job title:

Please specify other:

Please tick here if you do NOT want your name and constituency to be available to the public through the Foundation Trust Register of Members.

The data you supply will be used only to contact you about the Trust, membership or other related issues and will be stored in accordance with the Data Protection Act. Please see our website at www.bhamcommunity.nhs.uk/ft for more details.

I apply to become a member of Birmingham Community Healthcare NHS Foundation Trust and agree to the processing of my information:

Signature ................................................................. Date ..............................................

Please return completed forms to:
Freepost RSUJ-TESZ-BHSH, Membership, Birmingham Community Healthcare NHS Foundation Trust, 3 Priestley Wharf, 20 Holt Street, Birmingham B7 4BN
If you would like to request a copy of this document in an alternative format, or have any other queries about its content, please contact the Birmingham Community Healthcare NHS Foundation Trust Communications team at:

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20 Holt Street
Birmingham Science Park
Aston, Birmingham
B7 4BN
Tel: 0121 466 7281

Email info@bhamcommunity.nhs.uk

Or follow us on Twitter @bhamcommunity

The report is also available at www.bhamcommunity.nhs.uk

Or you can speak to a Patient Experience Officer in our Customer Services team on tel: 0800 917 2855

How to provide feedback

If you would like to provide feedback on the Quality Report you can do this by:

Tel 0121 466 7069
Email clinical.governance@bhamcommunity.nhs.uk
Address Quality Report, Clinical Governance Department
3 Priestley Wharf
20 Holt Street
Birmingham Science Park
Aston, Birmingham, B7 4BN
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