



# Quality Account

2009-10



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Matters



# Introduction ● ●

I am happy to present the Trust's first Quality Account which gives the Trust the opportunity to demonstrate to our patients and staff how we have worked over the past year to continually improve the care we give to our patients.

This Trust aspires to deliver High Quality Care to all our patients.

In 2009/10 we have had many successful quality initiatives in particular:

- We have worked hard to improve our services for patients with stroke launching 24 hour per day 7 days a week thrombolysis services at both our acute sites, speeding up access to brain imaging for stroke patients and increasing the proportion of patients spending most of their hospital stay on a designated stroke unit.
- We continued to develop maternity services, working with Sandwell PCT to consult on changes for the future. In addition to existing plans to open a midwife-led unit at City Hospital in May, in response to a strong clinically led case for change and after an extensive process of consultation, we agreed to centralise consultant-led births at City Hospital and develop a midwife-led maternity unit in the borough of Sandwell.
- We achieved our six quality targets agreed with local PCTs through the CQUIN programme including brain imaging for stroke, time to operation for patients with fractured neck of femur, reduced caesarean section rate, smoking cessation referrals and patient satisfaction surveys.

We maintained our Annual Healthcheck rating of Good for Quality of Services for the third successive year (2008/9 - published October 2009) and met all national infection control targets.

Despite these achievements we are not complacent, and with the ongoing development of our clinical directorate system will continue to closely monitor quality measures and promote quality throughout our organisation.

I confirm that to the best of my knowledge all the information contained in this Quality Account is accurate.



A handwritten signature in black ink, appearing to read 'John Adler', with a long, sweeping underline.

John Adler  
Chief Executive

## Our Priorities for Improvement

The Trust has identified five priorities for improvement in 2010/11.

### Stroke

Over the past twelve months several important pieces of guidance have been issued on Stroke Care. These have been drawn together into a set of Quality Standards by the West Midlands Cardiac and Stroke Networks.

The Quality Standards follow the patient pathways in each of the relevant Service Specifications and aim for the highest quality of care at each stage of the patient's journey.

Sandwell and West Birmingham Hospitals NHS Trust has developed an action plan which aims over the course of the next five years to achieve these standards.

There will be an independent review by the West Midlands Quality Review Service at the end of 2010/11 to measure our progress. We will publish a summary of the results in our 2010/11 Quality Accounts.

### Basic Nursing Care

We intend to continue to improve the experiences of our patients by focusing on basic nursing care and standards of privacy and dignity. Specifically we will undertake:

- Essence of Care audits of nursing standards monthly
- Observations of care audits monthly
- Malnutrition Universal Screening Tool (MUST) nutritional audits continuously
- Privacy and Dignity audits continuously
- Patient surveys in real time plus the annual national inpatient survey
- Quarterly comprehensive ward reviews – improved standards will be a mark of success

### Mortality

In 2009/10, Sandwell and West Birmingham Hospitals NHS Trust implemented an audit system which will ultimately result in a senior medical review of all hospital deaths. The object is for the Trust to receive assurance that all deaths in hospital are reviewed appropriately and that lessons are learned if necessary.

In 2010/11, this audit will extend to 80% of deaths by year end.

Lessons learned from the reviews are summarised and reported to our Mortality Steering Committee and overall mortality is monitored by the Trust Board.

## Implementation of the Quality Management Framework (QMF)

In 2009/10, we implemented a Clinical Directorate structure. From October 2009 the Medical Director and divisional management teams have held quarterly directorate reviews with the information available at directorate level.

In 2010/11 we intend to formalise our quality system to bring together all that we can do to maintain and improve our quality of care.

Specifically we intend to:

- Develop a comprehensive service quality system
- Establishment governance systems and structures at the directorate level
- Directorate QMF reviews will be undertaken at least quarterly by all clinical divisions and the information available at directorate level will be increased.

## Accident & Emergency Department

In 2010/11 we will continue working to improve the quality of service and safety within our Accident & Emergency Departments.

Specifically we plan to achieve:

- Successful integration of both A&Es
- Introduction and monitoring of relevant national guidelines and standards
- Systematic review and learning from adverse events
- Improvement in indices of quality of care and/or patient safety
- Maintenance of 4hr targets



## Review of Services

The Trust Board receives a monthly Quality and Performance Management Report which includes a wide variety of quality indicators. This report is based on the whole of the Trust's activity from all its services.

We also operate a well established quarterly Divisional review process. In these meetings Divisional Management Teams account to the Trust Executive for their performance on a wide variety of measures. Any significant issues which are identified in these meetings are communicated to the Trust Board.

From these processes the Board has assurance that in 2009/10 Quality Data has been reviewed for all services.

During 2009/10 the Sandwell and West Birmingham Hospitals NHS Trust provided and /or sub-contracted £341.2m of NHS services.

The Sandwell and West Birmingham Hospitals NHS Trust has reviewed all the data available to it on the quality of care in 100% of these services.

The income generated by the NHS services reviewed in 2009/10 represents 100% of the total income generated from the provision of NHS services by the Sandwell and West Birmingham Hospitals NHS Trust for 2009/10.

During 2009/10, the Trust moved to a Clinical Directorate Structure. Management Teams led by a Clinical Director became responsible for management, including quality management, within specialties. Directorates are responsible to Divisional Management Teams.

We have been developing information systems to support the structure by providing information at directorate/specialty level. One of our major quality initiatives for 2010/11 is to further develop these systems and to embed Directorate quality reviews. This will further enhance the Trust Board's ability to review individual services in depth.



## Participation in Clinical Audits

During 2009/10, 34 national clinical audits and 2 national confidential enquiries covered NHS services that Sandwell and West Birmingham Hospitals NHS Trust provides.

During that period Sandwell and West Birmingham Hospitals NHS Trust participated in 88% of national clinical audits and 100% of national confidential enquiries, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham Hospitals NHS Trust was eligible to participate in during 2009/10 and participated in are as follows:

National Audits involving continuous data collection	Participated
National Vascular Database	Yes
The National Neonatal Audit Programme (NNAP)	Yes
The National Diabetes Audit (NDA)	Yes
Patient Reported Outcome Measures (PROMs)	Yes
Intensive Care National Audit and Research Centre (ICNARC)	Yes
Adult Cardiac Interventions	
National Coronary Angioplasty Audit (BCIS)	Yes
National Joint Registry (NJR)	Yes
The National Lung Cancer Audit (NLCA)	Yes
The National Bowel Cancer Audit Programme (NBOCAP)	Yes
The National Head and Neck Cancer Audits (DAHNO)	Yes
Myocardial Ischaemia National Audit Project (MINAP)	Yes
Heart Failure Audit	Yes
National Hip Fracture Database (NHFD)	Yes
Trauma Audit & Research Network(TARN)	Yes
National Potential Donor Audit (PDA)	Yes
National Audits involving intermittent samples of patients.	
National Sentinel Stroke Audit	Yes
National Falls and Bone Health in Older People	Yes
National Comparative Audit of Blood Transfusion – changing topics	
The audits run in 2009/10 were:-	
• Audit of Blood Collection Process	Yes
• Audit of the use of red cells in neonates & children	Yes
National Audit of Dementia	Yes
British Thoracic Society - respiratory diseases	
This is composite of audits with periodic data collection	
During 2009/10 those relevant to the Trust were on the following subjects:-	
• Paediatric pneumonia audit	No
• Adult NIV	No
• Adult Asthma	Yes
• Paediatric asthma	Yes

### National Audits involving intermittent samples of patients.

#### College of Emergency Medicine Audits

Three audits were run in 2009/10 on the following subjects for each A&E:-

- |                               |               |
|-------------------------------|---------------|
| • Pain in children,           | City A&E only |
| • Fractured neck of femur,    | Yes           |
| • Severe and moderate asthma. | City A&E only |

### National audits involving one off samples

The Mastectomy and Breast Reconstruction Audit (MBR)	Yes
National Oesophago - Gastric Cancer Audit	Yes
National Audit of Continence Care (NACC)	Yes
National Health Promotion Audit	Yes

### National Confidential Enquiries

Centre for Maternal and Child Enquiries (CMACE)	Yes
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There are currently three strands of work within the maternal and perinatal enquiry for which data was collected in 2009/10 :-

- National maternal and perinatal mortality surveillance (ongoing)
- Maternal death enquiry (ongoing)
- Obesity in pregnancy (enquiry project)
- The current study on the child health enquiry is on Head Injury

National Confidential Enquiry into Patient Outcome & Death (NCEPOD)	Yes
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- The Trust participated in the following studies 2009/10
- Elective and Emergency Surgery in the Elderly. (Data collection now closed).
- NCEPOD - Surgery in Children (Data collection ongoing)
- Perioperative care (Data collection ongoing)

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham Hospitals NHS Trust participated in, and for which data collection was completed during 2009/10, 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.

National audits where continuous data collection	Percentage of eligible cases submitted
National Vascular Database	100%
The National Neonatal Audit Programme (NNAP)	100%
The National Diabetes Audit (NDA)	100%
Patient Reported Outcome Measures (PROMs)	56% <sup>1</sup>
Intensive Care national Audit and Research Centre ICNARC	100%
Adult Cardiac Interventions -National Coronary Angioplasty Audit (BCIS)	100%
National Joint Registry (NJR)	86%
The National Lung Cancer Audit (NLCA)	100%
The National Bowel Cancer Audit Programme (NBOCAP)	100%
The National Head and Neck Cancer Audits (DAHNO)	66-85% <sup>2</sup>
Myocardial Ischaemia National Audit Project (MINAP)	100%
Heart Failure Audit	100%
National Hip Fracture Database (NHFD)	83% <sup>3</sup>
Trauma Audit & Research Network(TARN)	15% <sup>4</sup>
National Potential Donor Audit (PDA)	100%
National Audits involving intermittent samples of patients	
National Comparative audit of blood transfusion - changing topics	100%
British Thoracic Society - respiratory diseases	100%
College of Emergency Medicine Audits	67% <sup>5</sup>
National Audits involving One- off samples	
The Mastectomy and Breast Reconstruction Audit (MBR)	92%
National Oesophago - Gastric Cancer Audit	83%
National Audit of Continence Care (NACC)	100%
National Health Promotion Audit	100%
National Enquiries	
Centre for Maternal and Child Enquiries (CMACE) (Maternal and perinatal mortality)	100%
National Confidential Enquiry into Patient Outcome & Death (NCEPOD) (Elective and emergency surgery in the elderly)	81% <sup>6</sup>



## Explanatory Notes

1. Percentage has been derived from internal monitoring reports and is for all four index procedures.
2. A range has been supplied as represented in the fifth annual national report.
3. Cases were submitted from the end of May 09.
4. Efforts have been concentrated on entering a back log of data for 2008/09.
5. 4 out of 6 audits completed
6. This is based on the number of questionnaire returned as a percentage of those requested by the enquiry.

Within Sandwell and West Birmingham Hospitals, the current arrangement for the consideration of outputs from national and local clinical audits involves presentation to the Trust's Governance Board and not formally to the Trust Board. The organisational framework is currently being reviewed and will address the reporting of these outputs to the Trust Board.

The reports of 3 national clinical audits were reviewed by the provider in 2009/10 and Sandwell and West Birmingham Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Report	Actions
National Sentinel Stroke Audit	<ul style="list-style-type: none"> <li>• To take steps to increase the numbers of patients admitted directly to the stroke units</li> <li>• To explore measures to enhance the access to swallowing assessments for patients</li> </ul>
Mandatory Surveillance of SSI in Orthopaedic Surgery - 5th Annual Report	<ul style="list-style-type: none"> <li>• To review the monitoring arrangements to ensure that all patients with an SSI are identified</li> <li>• To improve methods for identifying SSI's in patients readmitted to hospital post operatively</li> <li>• To explore implementing post discharge surveillance</li> </ul>
Adding Insult to Injury (NCEPOD)	<ul style="list-style-type: none"> <li>• Risk assessments for renal injury to be incorporated into handover procedures</li> <li>• To review access to on call renal cover and to renal ultrasound</li> </ul>

The reports of 6 local clinical audits were reviewed by the provider in 2009/10 and Sandwell and West Birmingham Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided

Audit topic	Date reported to Board	Actions identified
C difficile (CDI)	April '09	<ul style="list-style-type: none"> <li>• To take steps to improve the consistency in death certificate completion in relation to determining the contribution of C difficile as a cause of death</li> <li>• To improve documentation of the possibility of CDI in the patient record</li> </ul>
Essence of care audit	July '09 & Feb '10	<ul style="list-style-type: none"> <li>• All wards and divisions are presented with individual performance data and action plans are developed to address specific areas of poor performance against the standards being measured</li> </ul>
Healthcare Records Audit	Revised action plan reported to the Governance Board (GB) in Oct '09	<ul style="list-style-type: none"> <li>• To introduce personalised pre-ink filled stamps for medical staff and to scope its use by other disciplines to enhance compliance with the author recording standards identified in local policy</li> <li>• To review the policy for the management of healthcare records with a view to incorporating the generic medical record keeping standards developed by the Royal College of Physicians</li> </ul>
Allergy status recording	Nov '09	<ul style="list-style-type: none"> <li>• To review practice further through the establishment of a working group</li> <li>• To enhance local policy to identifying clear lines of responsibility</li> <li>• To explore the use of Allergy Champions to monitor the agreed policy</li> </ul>

Audit topic	Date reported to Board	Actions identified
Thromboprophylaxis audit	Included in the Thrombosis Committee Report received by the GB in March '10	<ul style="list-style-type: none"> <li>• To consider incorporating the prevention and management of VTE into mandatory training programmes</li> <li>• To review risk assessment processes to address the requirements for meeting the national CQUIN target</li> </ul>
Administration of oxygen in adults	Included as part of the context to the submission of the revised Oxygen Policy to the GB in March '10	<ul style="list-style-type: none"> <li>• To improve the reviewing of oxygen prescriptions through changes to prescription documentation</li> <li>• To re-audit compliance with the revised policy on the administration of oxygen</li> </ul>



## Participation in Clinical Research

The number of patients receiving NHS services provided or subcontracted by Sandwell & West Birmingham Hospitals NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 892 for National Institute for Health Research (NIHR) Portfolio studies and approximately 600 for non-NIHR Portfolio studies.

Sandwell & West Birmingham Hospitals NHS Trust was involved in conducting over 240 clinical research studies during the 2009/10 period. Sandwell & West Birmingham Hospitals NHS Trust used national systems to manage the studies in proportion to risk. Of the 63 studies given permission to start, 92% were given permission by an authorised person less than 30 days from receipt of a valid complete application. 71% of the studies were established and managed under national model agreements and 100% of the six eligible studies involved used a Research Passport. During 2009/10 the NIHR supported 72 of these studies through its research networks.

### Goals agreed with Commissioners

0.5% of Sandwell and West Birmingham Hospitals NHS Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Sandwell and West Birmingham Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. (CQUIN)

*In 2010/11 we have agreed the following CQUIN targets with our commissioners:*

- We will deliver VTE assessments to at least 90% of adult inpatients including specialised services patients.
- We will increase the numbers of mothers breastfeeding when leaving hospital after giving birth.
- We will reduce pressure sores acquired as inpatients.
- We will reduce the incidence of falls in hospital leading to fracture.
- We will ensure at least 90% of stroke patients have brain imaging within 24 hours of admission.
- We will increase the proportion of patients receiving surgery for hip fracture within one day of admission.
- We will refer outpatients identified as smokers in selected clinics to receive cessation advice.
- We will implement standards for safer prescribing of Warfarin.
- We will improve our performance in respect of patient experience in the national patient survey.
- We will commence the implementation of the "Think Glucose" programme for unidentified diabetics across our inpatient wards.
- We will produce a 2009/10 annual report for specialised services.
- We will increase the proportion of parents able to discuss the care of their baby with a senior clinician within 24 hours of admission.
- We will increase the proportion of babies offered breast milk during their neo-natal stay
- We will implement home delivery schemes for herceptin related chemotherapy.

Further details of the agreed goals for 2009 /10 and for the following 12 month period are available on request from Richard Kirby, Chief Operating Officer, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road , Birmingham, B18 7QH.

## What others say about us

Sandwell and West Birmingham Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions.

The Care Quality Commission has not taken enforcement action against Sandwell and West Birmingham Hospitals NHS Trust during 2009/10.

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

## Data Quality

Sandwell and West Birmingham Hospitals NHS Trust submitted records during 2009/10 (records included to February 2010) 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:

- 98.6% for admitted patient care;
- 99.4% for out patient care; and
- 99.3% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 97.4% for admitted patient care;
- 99.6% for out patient care; and
- 52.5% for accident and emergency care.

Sandwell and West Birmingham Hospitals NHS Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 82.5%.

Sandwell and West Birmingham Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- |  |       |
|--|-------|
| • Primary Diagnoses Coded Incorrectly    | 6.3%  |
| • Secondary Diagnoses Coded Incorrectly  | 9.9%  |
| • Primary Procedures Coded Incorrectly   | 15.0% |
| • Secondary Procedures Coded Incorrectly | 12.0% |

This performance is in line with other acute trusts. Indeed according to the Audit Commission's June 2010 report to Sandwell PCT on our Admitted Patient Care Clinical Coding, "The Trust is performing excellently compared to the overall performance of trusts in 2008/09."

## Review of Quality Performance

Each month our Trust Board receives and reviews a Quality and Performance management report. This has well over a hundred indicators and covers details by month and by site. Internal targets are set for many indicators and Trust Board members are guided to issues needing scrutiny by a “traffic lights” system.

The Trust did not meet our internal target for reducing breaches of the same-sex accommodation standards during 2009/10. We did however make significant improvements in our performance against the standards including ensuring that all the wards at Sandwell are fully compliant and agreeing arrangements for the Victorian “nightingale” wards at City. We are continuing to work to improve our performance including investing £2.5m in improvements to the Medical Assessment Unit and the coronary care unit at City Hospital this year. More detail on our performance and our plans is available from the Trust’s same-sex accommodation statement on our website.

An extract from the report for March 2010 is included below.

SANDWELL AND WEST BIRMINGHAM HOSPITALS CORPORATE QUALITY AND PERFORMANCE MONITORING REPORT - MARCH 2010				
NATIONAL AND LOCAL PRIORITY INDICATORS			To Date	TARGET
				09/10
Cancer	2 weeks	%	93.9	=>93
	2 weeks (Breast Symptomatic)	%	93.4	=>93
	31 Days	%	99.7	=>96
	62 Days	%	89.0	=>85
Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	0.8	<0.8
	28 day breaches	No.	0	0
Delayed Transfers of Care	Total	%	3.0	<3.0
Coronary Heart Disease	Primary Angioplasty (<90 mins)	%	77.8	80
	Primary Angioplasty (<150 mins)		85.4	80
	Rapid Access Chest Pain	%	99.7	=>98
	Revascularisation >13 weeks	No.	0	0
	Thrombolysis (60 minutes)	%	no pts	80
Stroke Care	>90% stay on Stroke Unit	%	61.7	70
A/E 4 Hour Waits		%	98.41	=>98
GUM 48 Hours	Patients seen within 48 hours	%	86.8	=>90
	Patients offered app't within 48 hrs	%	99.8	=>98
Infection Control	C. Diff - EXTERNAL (DH) TARGET	No.	158	264
	C. Diff - INTERNAL (LHE) TARGET	No.	158	220
	MRSA - EXTERNAL (DH) TARGET	No.	14	33
	MRSA - INTERNAL (LHE) TARGET	No.	14	23

NATIONAL AND LOCAL PRIORITY INDICATORS			To Date	TARGET
				09/10
Data Quality	Valid Coding for Ethnic Category (FCEs)	%	94.5	90
	Maternity HES	%	5.7	<15
Infant Health & Inequalities	Maternal Smoking Status Data Complete	%	99.3	=>98.0
	Breast Feeding Status Data Complete	%	99.3	=>98.0
	Maternal Smoking Rates	%	11.6	<12.0
	Breast Feeding Initiation Rates	%	63.1	>57.0
Mortality in Hospital	Hospital Standardised Mortality Rate	HSMR	91.9	Rate only
	Peer (SHA) HSMR	HSMR	93.0	Rate only
CQUIN	OP Source of Referral Information	%	1.39	5.0
	Caesarean Section Rate	%	23.3	26.0
	Brain Imaging for Em. Stroke Admissions	%	81.2	72.0
	Hip Fracture Op's <48 hours of admission	%	100	87.0
	Smoking Cessation Referrals	No.	1164	1000
	IP Patient Satisfaction (Survey Coverage)	%	Completed	

CLINICAL QUALITY			To Date	09/10
Readmission Rates	(Within 28 days of discharge)	%	11.6	No. Only
	(Within 14 days of discharge)	%	8.5	No. Only
Infection Control	Savings Lives Compliance	%	99	>95
	MRSA Screening (Elective)	No.	24710	No. Only
	MRSA Screening (Non-Elective)	No.	18571	No. Only
Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	10	48
	Admissions to Neonatal ICU	%	5.5	=<10
	Adjusted Perinatal Mortality Rate	/1000	2.0	<8.0
PATIENT EXPERIENCE				
Same Sex Accommodation Breaches	Number of Breaches	No.	3711	2500
	Percentage of overall admissions	%	6.47	<3%
Complaints	Number Received	No.	662	No. Only
	Response within initial negotiated date	%	70.7	85
Thank You Letters		No.	1622	No. Only

## What others think of our Quality Accounts

After reviewing our Quality Account, Sandwell PCT gave us the following statement:

Sandwell PCT is the lead commissioner of services at Sandwell & West Birmingham Hospitals NHS Trust and as such is responsible for monitoring the quality of services provided for its patients.

The Quality Account prepared by SWBH is in our opinion factually accurate and a good reflection of the information that we have collected throughout the year. The close working relationships we have established with the hospital have ensured that we have had good timely access to information and have worked together on areas of development such as the maternity services review. Quality of care is monitored in a variety of ways using a variety of sources and data types. We look forward to developing the quality agenda further with SWBH in the coming year, as we strive in partnership to develop services that are of the highest quality.





# Quality Account

2009-10



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