Sandwell and West Birmingham
NHS Trust

QUALITY ACCOUNT 2020/21

Foreword

Welcome to our Quality Account for 2020/21. This Account aims to report on the quality of the care that has been provided during the year, and our progress against the Trust's Quality Plan. The quality and safety of the care that we have provided was never more important than during the past 12 months when we were faced with the global coronavirus pandemic.

As we entered April 2020 we were beginning to reach the peak of the first wave of COVID-19 infections in the community and the patients needing admission to hospital or support at home. The subsequent waves of the pandemic hit the Trust and our local areas particularly hard with more than twice the number of COVID-19 patients in hospital beds and critical care compared to the first wave.

Throughout all this, safety has come first and we have continued to try to maintain the quality of care we have provided, despite the challenging circumstances and rapid changes we had to make.

The Trust rapidly adapted to infection prevention and control guidance to keep staff, visitors and patients safe. This guidance evolved and changed throughout the year in response to emerging evidence. Our clinical teams adapted to changing treatment plans as more became known about the best clinical outcomes for patients. It is testament to all our staff working together that we were able to keep pace with those changes and provide the best clinical care for patients.

We know the significant impact that the pandemic had on our patients. Visiting was regrettably paused for most of the year apart from for birthing partners, people at end of life, parents accompanying children and those who lacked mental capacity. We have begun reintroducing visiting in a phased approach across our ward areas, which is welcomed by patients and their loved ones.

Many patients will have experienced frustrations with their planned treatments being rearranged or postponed and we apologise for those delays. Over the months ahead we are restoring our services beginning with those with the most urgent clinical need. Patients on our waiting list, at risk of deterioration in their clinical condition will be continually assessed to ensure they come to no harm.

Our quality plan goals remain important priorities for us, with the first being to reduce avoidable mortality. We are currently reviewing the factors that are impacting on our mortality data and looking at any areas of clinical care we may need to improve. The Trust has demonstrated real improvement in the previous year on tackling sepsis and we will continue to build on these gains.

We will also progress other key aspects of our quality plan including ensuring choices for patients at end of life. Our award-winning Connected Palliative Care service works in partnership with a number of local voluntary sector services, charities, hospices and others to provide seamless care for families at end of life, facilitating deaths outside a hospital setting, where that is the patient's wish. But we know that not all patients experience that choice so we want to do more to make that the experience for everyone not just most patients.

We remain continually grateful for the tremendous support that the Trust has received from patients, suppliers, charities, individuals and voluntary groups. We know that the pandemic has taken its toll on our deprived and diverse communities and yet the generosity and appreciation for the NHS has remained. We commit to standing alongside all those in need as together we seek to recover our society and economy and improve the health and wellbeing of all within our population.

Richard Beeken, Interim Chief Executive

Statement of directors' responsibilities in respect of the Quality Account

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

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

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

Sir David Nicholson, Chairman

Richard Beeken, Interim Chief Executive

Since starting at the Trust in April, new Chairman Sir David Nicholson has been meeting staff. He is pictured here with the team from the Learning Works.

Priorities for Improvement in 2021/22

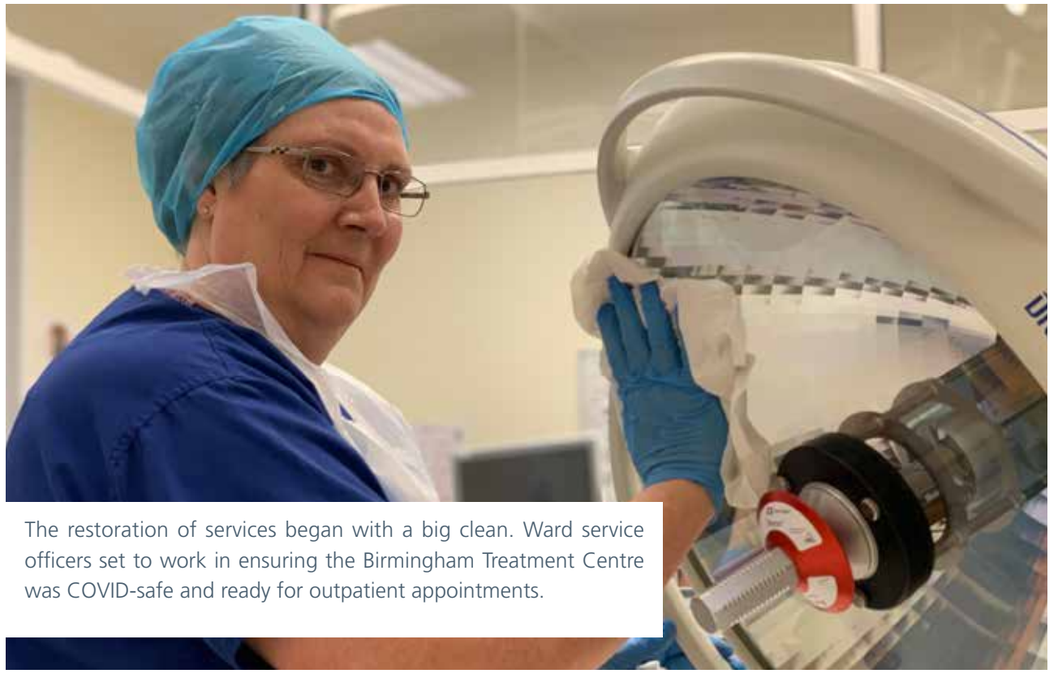
Priority 1

Restoration and recovery of clinical services after COVID-19.

The last 12 months have seen significant changes in the delivery of clinical care in our Trust as we have responded to high rates of COVID-19 admissions from the local community. This has impacted on our ability to deliver much of our clinical routine services as changes in both staffing models and our estate were needed to deliver safe acute care for patients presenting with symptoms of COVID-19, as well as other acute medical and surgical admissions. Changes were felt mostly in admitting areas and intensive care where additional colleagues were deployed to support the increase in numbers of patients in our intensive care units. The requirement for strong infection control processes also impacted on patient attendance for some routine investigations and procedures, while many consultations continued successfully via telephone or video calls. Radiology was able to continue with many services using scanning equipment in the Birmingham Treatment Centre which was a COVID-19 free site. The impact was greatest in surgical procedures and more invasive endoscopic investigations however, support from the independent sector permitted continuation of many of our cancer services.

It is a priority for us to identify those patients most at harm should their procedure be delayed further. We will continue to review our waiting lists and utilise a regionally adopted prioritisation tool which allows us to identify those patients most at risk of harm from further delay. This will allow appropriate management of our waiting lists as we move forward over the coming year to deliver care in those clinical areas most affected. As theatre work returns to full capacity, how we work with partner trusts will continue to be explored to help reduce waiting lists more rapidly, utilising capacity where it exists in other organisations. New time saving techniques and equipment are being adopted and, where needed, additional sessions are being introduced to address capacity demands. Investment in facilities to cope with longer term demand is being considered in some clinical areas, while the risk of further peaks in COVID-19 infection are also being prepared for.

Progress on this work will be monitored and reported through our Performance Management and Clinical Leadership Executive committees.



The restoration of services began with a big clean. Ward service officers set to work in ensuring the Birmingham Treatment Centre was COVID-safe and ready for outpatient appointments.

Priority 2

Identify opportunities for clinical collaboration with acute trust partners and primary care.

As we move to more system wide working with our developing integrated care system (ICS), West Birmingham and the Black Country, we will look at opportunities for closer collaboration that will allow longer term improvement and resilience in the services that we can offer to our patients.

This acute care collaboration will progress over the next 12 months with opportunities being identified for services or part services to work together within and across our local integrated systems. We already have good examples of how services have come together to support each other or enhance the services that are provided and we need to build on these models.

Any future developments will also explore opportunities for closer working arrangements with community and primary care services within our local place based services as part of our integrated care partnerships (ICP) with Sandwell and West Birmingham. We will ensure that these proposals will align with the developing clinical models for our Midland Metropolitan University Hospital (MMUH) with its planned opening in summer 2022.

This work will develop through the ICS Clinical Reference Group, ICP Partnership Board and MMUH working groups.

Priority 3

Maintain work on all aspects of the Quality Plan with a focus on improving mortality through our Learning from Deaths Committee.

Several of the 10 priorities within the Quality Plan have been incorporated within standards of working for care of patients during the COVID-19 pandemic, particularly around improving timeliness of discussions and provision of end of life care. Pathways for avoiding readmission with safe monitoring of COVID-19 patients within the community have also been important components of our work over the last 12 months.

The focus has returned to our understanding of mortality data to make sure we are doing everything possible to reduce amenable mortality with our medical examiners reviewing deaths at our Trust and requesting more detailed case reviews where there are areas of concern. Mechanisms are in place for dissemination of good practice, shared learning and change requirements.

The impact of COVID-19 on our mortality data has again highlighted the importance of understanding the processes around good documentation and how it impacts on the coding process that influences our mortality data. Joint working between our clinical teams and coding department will be enhanced over the coming months to clarify our position on the effect that our documentation processes have on our mortality data. This work is a priority and will be undertaken by the Task and Finish Group and progress reported through the Learning from Deaths Committee. More information on this ongoing work can be found in the Learning from deaths section in the account.

We will review our position against all aspects of the Quality Plan, linking in with changes introduced during the pandemic and national changes that can contribute to our improvement work, such as the Ockeneden report for maternity services.

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

How we performed in 2020/21

Progress on 2020/21 Priorities

Priority 1 - Safely managing patient's Covid-19 care and ensuring that national best practice is the minimum standard deployed at the Trust.

Although the focus of work after the first wave of the pandemic was primarily around restoration and recovery of services, we also reviewed outcomes of patient care both within the organisation and in conjunction with our primary care and community partners. This identified areas of good practice and areas where there was learning identified for aspects of care.

We maintained a proactive approach to working with colleagues who had been redeployed, particularly 'reservists' who were brought in to help support the care of patients within out intensive care units (ICU). Pathways were refined in response to changes in national guidance, sometimes informed by the excellent contribution made by our research and clinical teams to national therapeutic studies.

We localised COVID-19 care to one of our hospital sites in mid 2020 to allow earlier and safe restoration of surgical services at the other site. As the rates of COVID-19 in the community and then in hospital increased through September and October and again in January and February we had to return to using both sites for the care of COVID-19 patients. This included doubling our ICU capacity and running two admission streams through each emergency and admissions unit. The pressures on our ICUs required assistance from the regional transfer team to help move some stable patients from SWB to other units where capacity pressures were less, thus creating capacity for new admissions to our unit. In contrast to the first wave, the number of acute admissions with non COVID-19 related illness did not fall appreciably, adding to the pressures on ward colleagues who were stretched by the increased capacity needed within the organisation and compounded by sickness and shielding requirements.

Infection control processes were of paramount importance and remained a challenge in relation to the estate due to low number of side rooms and the close proximity of beds within ward areas. PPE provision was well resourced and at times we were ahead of national guidance to improve protection of patients and colleagues from COVID-19.

The introduction of the vaccination programme was well received by colleagues who engaged in the development and delivery of the programme to our own members of staff and the wider community. Ensuring high vaccination rates, regular staff testing and social distancing will maintain the delivery of safe care to patients while we again review our outcome data from admissions and any hospital COVID-19 infection, and work to restore services and address the backlog of work that has been accumulated this year.

Priority 2 - Restoring local services from primary care to tertiary specialties, with public confidence in the safety and quality of what we do.

Progression of our restoration of services after wave one was interrupted by the increase in infections from September onwards with peak emergency admissions in November and then February. Many surgical services were suspended to enable colleagues from theatres to help support our acute work in intensive care, including anaesthetists. Ward areas were turned over to care of medical admissions with both COVID-19 and non COVID-19 related health problems. Urgent surgical care continued as did Trust based cancer work with the assistance of the private sector providing theatre and in patient capacity. One site at the Trust, the Birmingham Treatment Centre, remained a green area with careful screening of patients prior to their attendance for imaging, phlebotomy, face to face out-patient or day case procedures. Work with colleagues across the Black Country allowed shared learning and options to explore where clinical work could be shared to reduce waits, particularly around cancer waits.

Close monitoring was undertaken of patients awaiting treatment with their clinicians prioritising the urgency of care, whether for diagnostic or treatment related reasons. This allowed a careful balance to be had between duration of wait for treatment and urgency, thus minimising the risk of harm. The same process was undertaken across Birmingham and the Black Country providing the potential for shared access to services where appropriate.

As services move back towards full staffing levels and are located back to their normal environment there will be

progress in reducing the high number of those waiting for treatment. Many specialties have been able to maintain their out-patient capacity by use of video or telephone consultation and providing face to face meetings with patients where needed.

Priority 3 - Implementing our 2020 Quality Plan, with a first focus on tackling unplanned re-admissions to hospital and ensuring choice for patients at the end of their life.

The quality plan focus remains on reducing amenable mortality with sepsis and pneumonia as the two priority areas. The increased work being done through the Learning from Deaths Committee and our mortality leads has improved the quality and oversight of our trust mortality work. Sepsis screening remains above ninety per cent with an improved position on antibiotics within an hour (sixty five per cent) for those who are sepsis screen positive but more work can still be done here. The Pneumonia Task Force and review of urine tract infection has led to improvements in care and the Mouth Care Matters project currently being piloted is expected to help reduce incidences of hospital acquired pneumonia. Other initiatives currently being implemented are daily ward meetings focused on patient safety (Safety Huddles) and a new audit process using 'Perfect Ward' which is a phone based audit app to facilitate the development of ward led quality improvement projects.

The high number of COVID-19 admissions has necessitated a focus on end of life (EoL) discussions with patients at the point of admission allowing early informed decision making. As we come out of this wave of COVID-19 this is something that we must progress with to help improve the quality of EoL care, supported by our expanded EoL care team. Progress was being made against readmission rates, but the nature of COVID-19 meant that rates of readmission increased as patients discharged for home using home oxygen monitoring re-presented as their condition deteriorated.

All aspects of the Quality Plan will be re-explored over coming months and integrated as much as possible within our restoration and recovery, Midland Metropolitan University Hospital and Integrated Care Services development plans.

Nursing teams from across the Trust marked Mouth Care Matters Week by raising awareness by creating posters for their wards and holding a mini-roadshow in Sandwell Hospital's main reception area.

Safety Plan update

During the last year we have continued the rollout work we started with a focus on ensuring the Safety Plan elements are consistently recorded in Unity, providing reliable reporting to inform and drive forward with patient safety improvements. This has been hampered by the challenging year we have had but this work will continue this year.

We also commenced the roll out of Safety Huddles within our ward environments. These are short, daily, multi-disciplinary ward meetings focussed on patient safety. This will continued to be rolled out in the coming year. A dashboard has been devised to support these meetings.

Moderate Harm meetings are also now embedded and patient safety specialists for each group are in place to support groups in managing patient safety agendas within their areas and ensuring timely responses to serious incidents and investigations.

Work also started in quarter four on the Perfect Ward. This is a phone based app which facilitates quality inspections. It can be used across all clinical areas within the organisation including inpatient wards, outpatient settings, theatres, community settings and teams, critical care areas, maternity and emergency assessment areas. The app supports quality improvement and patient safety and facilitates local ownership by frontline staff.

Perfect Ward supports triangulation of visible performance data and due to real time results immediately identifies where support is needed, highlights best practice and promotes shared learning. The data can be analysed by individual area, directorate, group or CQC regulatory theme. When the rollout is complete the Perfect ward will replace the majority of the Safety Plan.

Quality Plan update

We continue to work towards delivery of all 10 components of the Quality Plan, as published in 2017. Reducing amenable mortality remains a priority and we have an improved position in identification of patients requiring screening, and being screened for possible sepsis.

We now have a strong focus on identifying where antibiotics are not received within an hour as part of the sepsis six bundle and we are seeing improved compliance here. Work continues on sepsis and pneumonia care, improving pathways and processes, through ward based quality improvement projects that focus on early intervention in this group of patients. Outcome is still closely monitored in stroke and cardiac ischaemia patients.

For other aspects of the Quality Plan, the importance of end of life care was all the greater during the pandemic with an increased focus on discussing patient wishes at the point of admission to hospital. The focus and enhanced training in this area must continue as part of our aim to improve death in the place of choice for those in an end of life care pathway. Further investment into work with our maternity and neonatal units aims to maintain and progress further with the improvements seen over the last few years in neonatal outcomes.

The effect and impact of COVID-19 related mortality in the Trust is currently under review given the high community and thus hospital rates of COVID-19 infection during the second/third wave of the pandemic.

As we move out of this current wave and re-focus on restoration and recovery of services other project areas within the Quality Plan will be re-instigated to help contribute to our aims of improving quality of care for all our patients as we plan for the move to our new hospital next year.

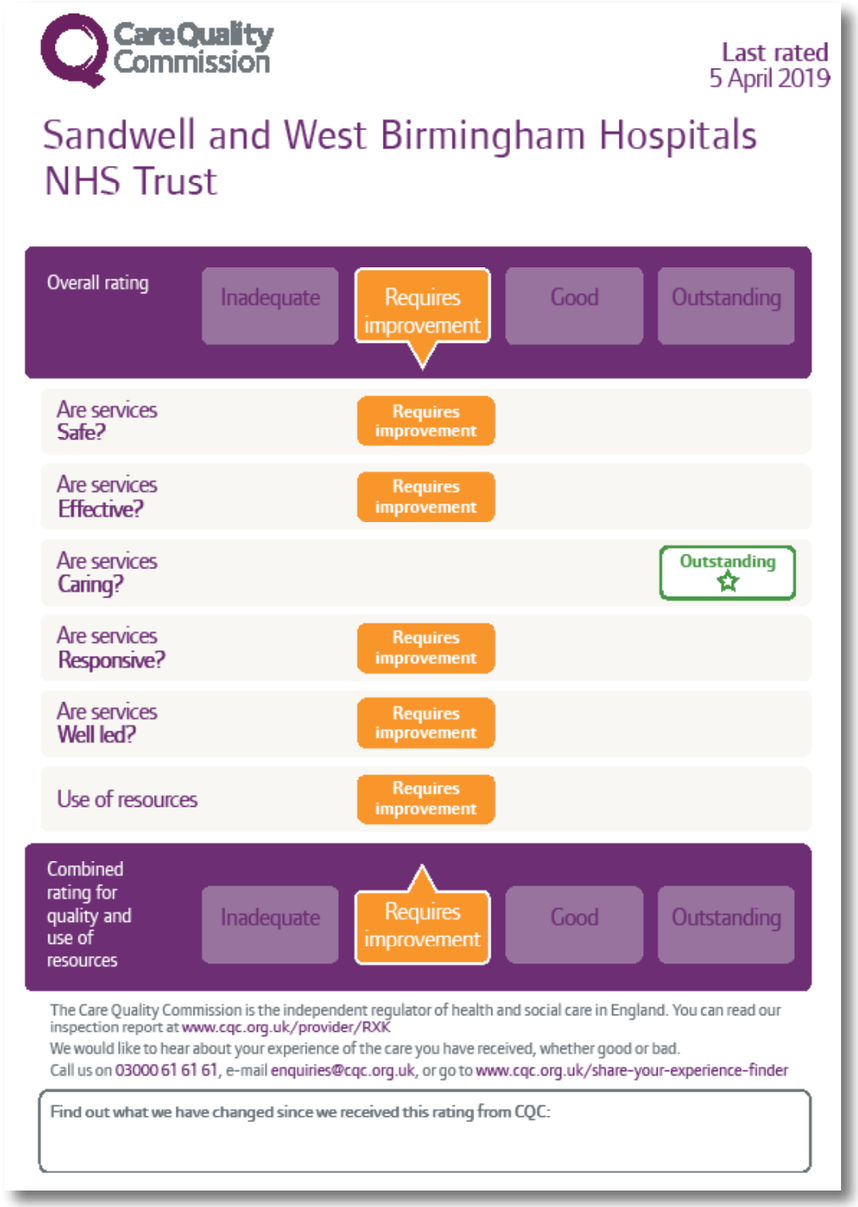
Care Quality Commission

The Trust now includes a number of GP Practices, which under the current CQC inspection processes are assessed separately to the hospitals within the Trust. Due to the COVID-19 pandemic no inspections have been carried out, therefore the overall rating for the Trust remains the same at 'requires improvement' following the 2018 inspection. Your Health Partnership was assessed just prior to joining the Trust and received a rating of 'requires improvement'. Our Trust remains committed to continuing to make improvements and has completed the changes identified to ensure that patients receive high quality care across all parts of the Trust.

Great Bridge, Lyndon and Heath Street GP Practices joined the Trust in 2019. Great Bridge and Lyndon maintained their 'Good' rating following a remote review and Heath Street has yet to be inspected as it was formally aligned with an urgent care walk-in centre, both of which had a rating of 'Good'. Due to the significant change in leadership the practices will be re-inspected when CQC inspections resume.

We continue to make a number of improvements, with the goal to attain an overall provider 'Good' rating. Prior to the pandemic we worked with the CQC through monthly engagement meetings, providing information on specific services from the services themselves, together with guided tours of departments of interest. Engagement meetings for both hospital and GP practices are recommencing in 2021.

Sandwell and West Birmingham NHS Trust is registered with the Care Quality Commission and has no conditions attached to that registration. The Care Quality Commission has not taken enforcement action against Sandwell & West Birmingham NHS Trust during 2020/21 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.




Care Quality Commission

Last rated 31 January 2020

Your Health Partnership

Your Health Partnership

Overall rating: Inadequate | Requires improvement | Good | Outstanding

Are services

Safe?	Good
Effective?	Requires improvement
Caring?	Good
Responsive?	Requires improvement
Well led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-565382741
We would like to hear about your experience of the care you have received, whether good or bad.
Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Find out what we have changed since we received this rating from CQC:

Care Quality Commission

Last rated 18 April 2017

Sandwell and West Birmingham Hospitals NHS Trust

Great Bridge Health Centre

The provider of this service changed

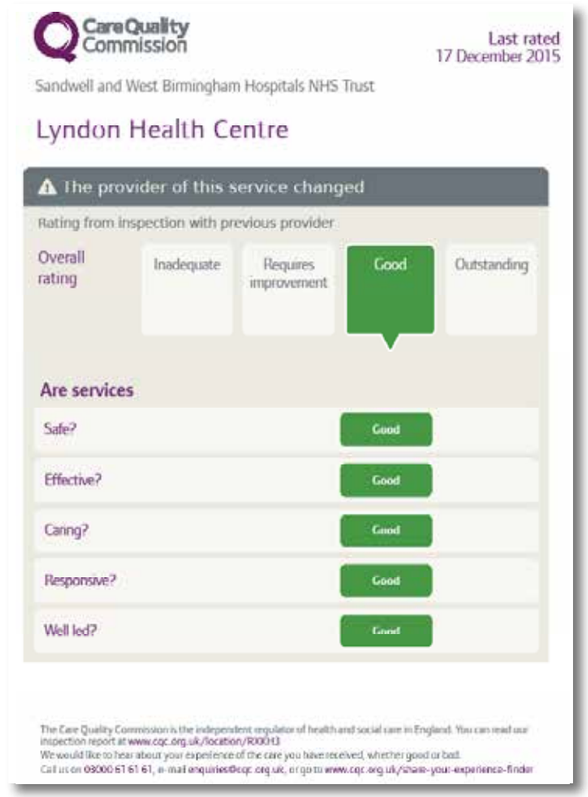
Rating from inspection with previous provider

Overall rating: Inadequate | Requires improvement | Good | Outstanding

Are services

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

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/R0DH2
We would like to hear about your experience of the care you have received, whether good or bad.
Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder


Care Quality Commission

Last rated 17 December 2015

Sandwell and West Birmingham Hospitals NHS Trust

Lyndon Health Centre

The provider of this service changed

Rating from inspection with previous provider

Overall rating: Inadequate | Requires improvement | Good | Outstanding

Are services

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

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/R0DH3
We would like to hear about your experience of the care you have received, whether good or bad.
Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Doctors in our Emergency Department at Sandwell Hospital found themselves faced with a new way of working by social distancing and wearing masks as the pandemic took hold.

How we measure data quality

Within SWB there are three sources of measurement for data quality:

- The data quality kitemarks: these relate to all metrics forming part of our IQPR (Integrated Quality and Performance Report). These are regularly reviewed by our internal auditors.
- The SUS (secondary user service) benchmarking analysis for data quality: the Performance and Insight team compare data quality against other organisations at an overall level and against a number of sub criteria on a monthly basis.
- Feedback from our teams around data quality issues: these are raised in line with the data quality policy.

Data quality improvement approach

Our data quality improvement approach recognises a need to truly understand the purpose and make up (numerator and denominator) of each measure. Our data quality policy recognises that issues can be caused by incorrect inputs on the frontline, data transmission between systems and inaccurate reporting.

With this in mind our improvement approach (as set out in the Data Quality Policy) is as follows:

- The Associate Director of Performance and Strategic Insight takes the lead responsibility for data quality and compliance within the Trust. The key tool they use to manage this is the data quality log. The data quality log captures all known data quality issues and report them to the Performance Management Committee for consideration, prioritisation and action.
- The NHS Secondary User Service provides benchmarking analysis for data quality indicators across a national, strategic and local benchmarking spectrum. These are available to the Trust Information Analysts via data quality dashboards. Outliers will be considered by the Associate Director of Performance and Strategic Insight and if required added to the data quality log.

Each Data Quality Issue goes through a five stage process covering:

- Submit/Capture
- Assessment (with consideration to organisational risk)
- Prioritisation
- Action
- Close.

The initial assessment is carried out by a combined team from the Strategy and Governance Directorate, the Performance and Insight team and the Governance team. This group also allocates a lead executive who will make a final decision about scoring, priority (and time before commencing resolution) and solution lead.

The data quality group meets monthly to monitor progress of data quality issue resolution. This group is made up from a core within the Strategy and Governance Directorate (Governance and P&I) and the solution leads allocated to the data quality issues prioritised by the lead executive.

The Performance Management Committee oversees progress of the Data Quality Group and seeks appropriate action where required to resolve urgent/important matters.

The Trust is audited to ensure that:

- Applicable legislative acts are complied with
- NHS and Trust policies and standards are complied with
- Suitable processes are used, and controls put in place, to ensure the completeness, relevance, correctness and security of data through the Data Quality Audit carried out by the Trust's auditors
- Data Security & Protection Toolkit annual assessment is an internal self-assessment used to monitor data quality standards.

Hospital Episode Statistics

The Trust submitted records during April 2020 – January 2021 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 98.05 per cent for admitted patient care; 99.65 per cent for out-patient care; and 91.55 per cent for accident and emergency care.
- which included the patient's valid General Medical Practice Code was 100.00 per cent for admitted patientcare; 99.8 per cent for outpatient care; and 98.9 per cent for accident and emergency care.

Services provided / subcontracted

During 2020/21 we provided and/or subcontracted 43 NHS services. We have reviewed all the data available on the quality of the care in these services. Where we have subcontracted any activity, it would only be to a provider who, like us, was registered with the Care Quality Commission (CQC) but has no conditions attached to that registration. Contracts between the Trust and the subcontracted providers require that the same high standards of care are given when giving care on our behalf. The health benefit and activity data undergo the same level of scrutiny as that delivered in the Trust. The Income generated by the NHS services reviewed in 2020/21 represents 100 per cent of the total income generated from the provision of NHS services by the Trust.

Commissioning for Quality and Innovation (CQUINs)

A proportion of income is normally conditional on achieving quality improvement and innovation goals agreed between SWB and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Due to the impact of COVID-19 this was not a requirement for 2020/21 therefore no agreed goals were set for this period.

Seven day hospital services

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

On an annual basis every NHS trust undertakes an audit in relation to how our services are provided across seven days. During 2020/21 this national audit return was not required due to COVID-19 pressures. It was recognised that the way the NHS provided services during this time was very different to previous years and that conducting an audit based on these standards would not generate an accurate picture.

Now that we are beginning to restore our services back to pre COVID-19 levels we will be revisiting our seven day services plans to ensure that where we were achieving 100% compliance we continue to do so and where we were not achieving full compliance we have plans in place to improve. During the forthcoming year we will also be assessing our seven day service needs in relation to how we deliver services at our Midland Metropolitan University Hospital.

Speaking Up

Freedom to Speak up Guardians have been part of the Trust since 2016. During 2020-21 we have undertaken work to make sure that as an organisation we are doing what we should to ensure that our members of staff feel safe to raise concerns. We have worked with external stakeholders to make sure that we are doing everything that the National Guardian's Office expects of us.

During 2020, a Speak up Guardian attended Trust board for the first time to present some of the work that is being done to improve our speak up culture. The guardian also spoke about what it is like to support speak up in the Trust and some of the common themes and trends that had emerged over the past year.

We also participated in the National Guardian's Office Speak up month for the first time, involving colleagues from across the Trust in what speaking up means to them by using the alphabet to identify key words, such as what accountability and bravery mean to individuals. Colleagues from different levels and workforce groups all joined in with this celebration to make it as inclusive as possible. We also provided protected quality improvement time to a session on 'speaking truth to power' to emphasise the importance of speaking up.

Speak up concerns can be raised through a number of routes which include;

- Emailing an individual speak up guardian directly
- Emailing the speak up guardian email address which only the guardians can access
- Through the staff networks
- Through a trade union or staff side representative
- Contacting Safecall, a confidential external 'hotline'
- By contacting a member of the executive team

- By contacting the non-executive lead for Speak up.

The key priority for the year ahead is appointing our first full time guardian who will lead the Speak up work including building our engagement and communication strategies, and how we ensure that all of our workforce are aware of Speak up.

Our aim is to build a culture where all colleagues feel that they can safely speak up and raise concerns to their line manager without suffering detriment.

Rota gaps

In order to monitor our rota gaps we maintain a monthly record of current vacancies for both training and non-training grades. This is reviewed monthly and active measures are taken to try to recruit to all trainee vacancies. Junior Specialist Doctor (JSD) posts have been established since August 2017, and are used to replace gaps in our rotas and also create new posts where additional service needs have been identified. We currently have 104 of these posts of which 81 doctors are in post and the remaining posts have recruitment pending or awaiting clearance.

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

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

NHS Staff Surveys - Encouraging advocacy

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

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

Every three months a quarter of the organisation are asked to feedback on our services via the NHS staff friends and family test and our 2020 results are shown below.

NHS Staff Surveys	2019	2020 Survey Results	
	SWB 2019	SWB 2020	National Average (Median score)
Staff who would recommend the Trust as a provider of care to their family and friends - Performance is based on staff who agreed or strongly agreed as part of the NHS Staff Survey	61.7%	62.7%	74.3%
Staff who would recommend our organisation as a place to work	57.0%	59.6%	66.9%

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

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

We have active staff networks and staffside reps that are also a means by which colleagues can raise issues. Other ways to raise concerns in the organisation include letters to our monthly staff magazine Heartbeat, participation in the monthly TeamTalk staff briefing sessions and opportunities to meet with the chief executive as part of a series of weekly sessions at coffee shops/canteens across our sites.

This year we are urging teams to identify three areas in the staff survey where they have scored the least and hold listening events with all staff and develop action plans to make improvements.

Teams are also being asked to discuss and put forward ideas for improvement on the four organisational themes as decided by our clinical leadership executive.

- The wellbeing support offered to all staff
- Equality, diversity and inclusion
- Team communication
- Line manager development.

A series of organisational WebEx events will be held to discuss and review the feedback from local teams and agree a way forward.

Data Security and Protection Toolkit (DSPT) attainment levels

The Data Security and Protection Toolkit includes 10 mandatory standards, which comprise 110 evidence items. The next submission evidencing compliance with the assertions in the Data Security and Protection Toolkit is 30 June 2021.

The Trust is currently not meeting all mandatory assertions in the Toolkit and an improvement plan has been submitted to NHS Digital. As at 31 March 2021 we are continuing to implement the improvement plan to ensure compliance across all mandatory standards in advance of 30 June 2021.

General Data Protection Regulation

Work continues to ensure that data protection obligations are implemented and monitored for all processing activities across our Trust. Over the past year, as a result of COVID-19, it has been necessary to find alternate ways of working and there has been continued focus on review of new and existing processing activities prior to implementation.

The Trust introduced Energy Pods to improve the wellbeing of staff. They are able to relax and take time out to rejuvenate.

Complaints, PALS concerns and purple point calls

Complaints

Sandwell and West Birmingham NHS Trust received 1040 complaints during this year compared to 1029 received during 2019/20. The activity is surprisingly similar to last year, despite the stark reduction seen in activity during April and May 2020 as a result of the COVID-19 pandemic first wave. Numbers recovered into June 2020 and have increased, higher than average, from September 2020 onwards. As a comparator, the Trust saw 1,402,810 patients during this last 12 month period, which translates to 1 complaint received for every 1348 patients seen.

Amongst the ways the Trust measures how effective complaint management may be, are those complainants that return to the Trust with queries once they have received their response, (2020/21 = 12), and the number of complaints reopened (2020/21 = 2%).

Themes of complaints during 2020/21

The top five themes arising from complaints during 2020/21 are:

1. Clinical Treatment – The highest sub-categories being in relation to delay in treatment, inappropriate treatment and delay or failure to act on results
2. Communication
3. Patient Care – The highest sub-categories being in relation to care needs not adequately met, failure to provide adequate care and inadequate support
4. Values and behaviours of staff
5. Appointments – The highest sub-categories being in relation to appointment cancellations, appointment delay and appointment error.

A high proportion of the issues raised through both complaints and PALS / Purple Point have been greatly impacted by the COVID-19 pandemic. Innovative measures to improve communication whilst visitors have been excluded from hospitals have been introduced by wards to try to improve patient and family experience. We have also seen a sustained theme in relation to loss of patient property, mainly due to the frequent movement of patients during the period and the lack of a robust Trust wide system. There are a number of processes under development to reduce and hopefully resolve this theme going forward. Some of the issues seen under values and behaviours of staff have been directly in relation to additional security measures the Trust put in place to restrict open access to hospital sites during the pandemic. For assurance, any sustained or frequent themes identified through complaints and concerns are investigated to reduce and mitigate the impact as far as possible going forward.

PALS/ Purple Point

Sandwell and West Birmingham NHS Trust received 1405 PALS enquiries (including 78 compliments) during this year compared to 2212 received during 2019/20. The activity is significantly reduced when compared to last year, most notably in April and May 2020 as a result of the COVID-19 pandemic first wave. Numbers are only now starting to recover back to average levels. The Purple Point service saw the most dramatic reduction in activity mainly due to lack of visitors on sites coupled with less movement of patients off wards during the pandemic. The Trust received only 81 calls during the year, compared to 285 received in 2019/20 and so far activity remains very low into 2021/22.

Themes of PALS and Purple Point enquiries during 2020/21

Similar to those themes seen through formal complaints, the top themes arising from PALS and Purple Point calls during 2020/21 are:

1. Appointments
2. Communication
3. Clinical treatment
4. Other –The majority of which relate to loss of patient property
5. Values and behaviours of staff.

Community Outreach

The Trust has refreshed its "Your Views Matter" leaflet this year, taking on board community feedback, and a poster campaign is underway to ensure the opportunity and means to raise a concern, should they wish to do so, is available for everyone. For those diverse community and patient groups that do not raise many concerns, a community outreach programme began in March 2019 to reach out to those who may not realise that they can speak to someone if they have a concern with treatment in our services, or just to ask a question in relation to their care. This outreach has continued throughout the pandemic, albeit virtually, but it is hoped it will be able to restart soon face to face.

Former complainants are also asked to complete a questionnaire about their complaints experience after they have received their complaint response, and they, as well as community representatives are also offered the opportunity to join our "Patient Panel" to be consulted on future changes planned to the processes, leaflet design, access to services and other pathways for patients. A further refresh of the Trust webpage www.swbh.nhs.uk/patients-visitors/compliments-and-complaints/ is planned during 2021.

Learning from complaints

This element of complaint management has been enhanced during 2020/21 with action plans requested at the point complaint investigations are completed. Action plans will add to strengthen learning from complaints in the Trust. All live actions are reported to clinical groups and corporate directorates and those colleagues identified as responsible for action completion also receive automated reminders through the Safeguard governance management system to make sure the learning loop is closed.

Incident reporting

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

Date		Average rate of reporting per 1000 bed days	Best reporter/ 1000 bed days	Worst reporter/ 1000 bed days	Number of incidents resulting in severe harm	Per centage of incidents resulting in severe harm	Number of incidents resulting in death	Per centage of incidents resulting in death
2018/19	Apr 18 to Sept 18	34.3	107.4	13.1	7	0.2	1	0.0
	Oct 18 to Mar 19	53.8	95.9	16.9	13	0.22	3	0.05
2019/20	Apr 19 to Sep 19	51.2	103.8	26.3	8	0.1	0	-
	Oct 19 to Mar 20	50.1	110.2	15.7	2	0.0	2	0.0

Data for Apr 20 to Sep 20 was not available at the time of compiling this information.

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

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

Patient safety incidents resulting in moderate harm or above are now being discussed at the weekly Moderate Harm and Above Incident Group which is a multi-professional forum providing an environment of openness and transparency to discuss next steps and actions to provide assurance that incidents with reported moderate or above levels of harm are discussed with a detailed level of knowledge, are escalated in a timely and appropriate manner, and in line with best practice.

The number of serious incidents reported in 2020/21 is shown in the following table. This does not include pressure ulcers, fractures from falls, ward closures, some infection control issues, personal data, IT or health and safety incidents.

2020/21	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of SIs (by date reported as SI)	1	0	4	2	2	6	5	4	4	2	4	2

Never Events

A never event is a serious untoward incident that has either caused or has the potential to cause serious harm that should never happen if robust controls are in place to prevent them from happening.

During 2020/21 four never events were reported. One of the never events was subsequently reassigned to a private hospital where the incident happened. This hospital was assisting the Trust in undertaking elective surgery during the COVID-19 pandemic. The three never events attributed to the Trust in 2020/21 are detailed below.

Never events reported in 2020/21

Speciality	Type of Never Event	Root Cause	Changes Made
Ophthalmology	Retained Foreign Object (Trocar post-surgery)	Trocar was missed on the x-ray resulting in false assurance that the Trocar was not left on the eye	When requesting a scan of a foreign object retained in the eye the clinicians need to provide a clear concise description to the radiologist to ensure they know what they are looking for. If they can send a picture alongside the description this will assist the radiologist when reviewing the scan. Update local ophthalmology version of SOP to include; after reasonable efforts to locate the missing object/ foreign body and there is a high index of suspicion it might be still in the eye a CT scan should be requested at the discretion of the consultant in charge of the case.
AMU Sandwell	Unintentional connection of a patient requiring oxygen to an air flowmeter	Still under investigation	All airflow meters have been removed from wards. Medical Engineering are replacing all broken or missing moveable flaps from the airflow meters then each ward will retain one or two in a locked cupboard. Additional nebuliser boxes have been ordered. Removable caps have been ordered to spigot all air outlets.
Critical Care City	Unintentional connection of a patient requiring oxygen to an air flowmeter	Still under investigation	

Responsiveness to personal needs of patients

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

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

Responsiveness to inpatients personal needs	2018/19	2019/20			
	SWB 2018/19	SWB 2019/20	National Average	Highest Trust	Lowest Trust
The trust's responsiveness to the personal needs of its patients during the reporting period.	60.9%	62.9%	67.1%	84.2%	59.5%

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

COVID-19 has impacted on 2020/21 however, to ensure we continue to improve our patients experience we have continued to roll out the implementation of how our inpatients are getting a good night's sleep. We have also implemented a policy to reduce the movement of patients after 10pm.

During 2020/21 the medicine and emergency care group implemented a pilot initiative on Mouth Care Matters to standardise nursing practice for mouth care across the organisation. This initiative will also help in reducing the incidences of hospital acquired pneumonia. It is expected that we will rollout this initiative across all inpatient wards during the next six months.

Furthermore based on the last 12 months and the learning from COVID-19 both from patients and colleagues we will be rolling out a fundamentals of care programme across all wards and services within the Trust.

Within maternity services based on learning from our women we have introduced an improvement plan so that we can ensure a women's journey with us is positive from start to finish.

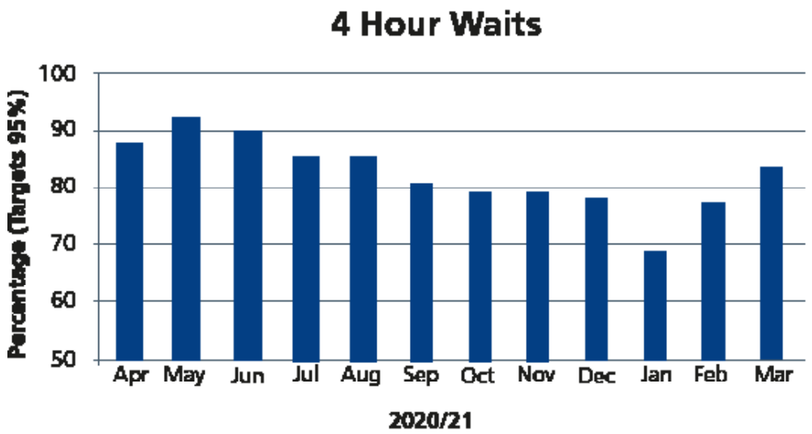
Emergency four hour waits

In line with the national standard we aim to ensure that 95% of patients will wait for no more than four hours within our Emergency Departments (ED). In 2020/21 on average we achieved 81.9% a 5.1% increase in performance from the previous year, despite managing the pandemic.

You can see that the four hour performance aligns to the fluctuations we saw with the numbers of COVID-19 admissions; with recovery in April and May from the first wave and subsequent drop in performance as the second wave hit at the end of September, recovering again in February and March.

We have embedded the Urgent Care Centre at Sandwell and will do the same at City, which will continue to support our emergency care offering, ensuring right patients are seen in the right area and in a more timely manner as we aim to deliver over 90% of patients waiting less than four hours in the department in 2021/22. The departments have run as almost four ED's throughout 2020/21 to provide a safe and effective environment for patients both with and without COVID-19, therefore should be commended on their efforts and achievements, along with the support of the rest of the organisation. ED performance is a trust wide issue and this focus will be evident in the delivery for 2021/22.

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



Patient Reported Outcome Measures (PROMs)

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

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

Procedure	Organisation	Average Pre-op Q Score	Average Post-op Q score	Health Gain	Improved	Adjusted Average post-op Q Score	Adjusted average Health Gain
April 2019 – March 2020							
Total Hip replacement	SWB	0.264	0.722	0.458	79 (85.9%)	0.782	0.440
	National	0.342	0.802	0.460	17,757 (90.1%)	0.802	0.460
Total Knee replacement	SWB	0.331	0.681	0.350	138 (85.7%)	0.742	0.330
	National	0.412	0.753	0.341	18,556 (83.2%)	0.753	0.341
April 2018 – March 2019							
Total Hip replacement	SWB	0.233	0.713	0.480	110 (88.7%)	0.786	0.447
	National	0.339	0.798	0.460	23,598 (90.2%)	0.798	0.460
Total Knee replacement	SWB	0.314	0.683	0.368	162 (81.8%)	0.745	0.332
	National	0.412	0.751	0.339	23,820 (82.7%)	0.751	0.339

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

The data for 2019/20 shows that the reported outcome for the average adjusted health gain for hip replacements and knee replacements are marginally below when compared to the national average. The Trust intends to take the following actions to improve

- The patients are sent the questionnaires prior to their operation, however sometimes these are not brought in with them on the day. The administration team have set up a process to check if the patient has brought the questionnaire with them and if not ask them to complete one whilst they are waiting
- The second questionnaire is sent to patients at six months. This has a low response rate. The ward clerk will now call the patients just before six months to remind them the questionnaire is coming and how much we learn from it's completion. This will be introduced from 2022
- Ward staff to ensure that all TKR replacement patients are booked for their first physiotherapy appointment prior to discharge from the ward. All patients will receive a minimum of one physiotherapy appointment post TKR and will be offered an optional course of six weeks physiotherapy dependent on patient need
- Our patient information leaflets were revised to ensure that they are clear and easy to understand so that patients are fully aware of the risks associated with hip and knee replacement surgery. These leaflets were revised in June 2020, however there were very little elective patients due to Covid-19 so would not have yet impacted on the data
- Produce videos demonstrating what people can expect post-surgery and how to get the best recovery and mobility in the following six months. These can be played in the clinic area when people are awaiting appointments
- Introduce measures to ensure the early identification of wound infection. Patients will be given information on discharge from the ward of who to contact and how to arrange an urgent clinic appointment should they have any concerns of a potential infection developing
- Visit high performing peer hospital for improvement ideas. This was deferred last year. Will try to arrange as soon as the situation allows, preferably within next six months.

How we performed in 2020/21 against our Key Performance Indicator (KPI) standards

Access Metrics	Measure	Target	2019/20 position	2020/21 position	Comments
Cancer – 2 week GP referral to first out patient	%	=>93	97.0	88.8	Up to end Feb 2021
Cancer – 2 week GP referral to first outpatient (breast symptoms)	%	=>93.0	97.2	72.3	Up to end Feb 2021
Cancer – 31 day diagnosis to treatment all cancers	%	=>96	96.8	91.9	Up to end Feb 2021
Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (Excluding Rare Cancer)	%	=>85	85.3	70.8	Up to end Jan 2021
Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (Including Rare Cancer)	%	=>85	85.4	71.4	Up to end Jan 2021
Cancer – 62 day wait for first treatment from NHS Cancer Screening Service referral	%	=>90	95.5	86.1	Up to end Jan 2021
Emergency Care – 4 hour waits	%	=>95	76.8	81.9	Full Year
Referral to treatment time – incomplete pathway < 18 weeks	%	=>92	91.4	70.1	Up to end Feb 2021
Acute Diagnostic waits < 6 weeks	%	<1.0	1.8	37.2	Up to end Feb 2021
Outcome Metrics					
MRSA Bacteraemia (post 48 hours)	No	0	2	1	Full Year
Never Events	No	0	3	4	Full Year
WHO Safer Surgery Checklist 3 sections (% patients where all sections complete. Main theatres only)	%	=>100	99.8	99.8	Full Year
VTE Risk assessments (adult IP)	%	=>95	95.8	95.6	Full Year
Clinical Quality and Outcomes					
Stroke care – patients who spend more than 90% stay on Stroke Unit	%	=>90	90.8	85.7	Full Year
Stroke care – Patients admitted to an Acute Stroke Unit within 4 hours	%	=>80	59.4	64.8	Full Year
Stroke care – patients receiving a CT scan within 1 hour of presentation	%	=>50	70.7	86.0	Full Year
Stroke care – Admission to Thrombolysis Time (% within 60 minutes)	%	=>85	71.9	75.4	Full Year
TIA Treatment within 24 hours from receipt of referral	%		-	86.2	Full Year
MRSA screening elective	%	=>95	79.6	77.0	Full Year
MRSA screening non elective	%	=>95	78.2	89.9	Full Year
Hip Fractures – operation within 36 hours	%	=>85	75.7	78.7	Full Year
Patient Experience					
Coronary heart disease - primary angioplasty (<150 mins)	%	=>80	87.8	85.2	Full Year
Coronary heart disease – rapid access chest pain (<2weeks)	%	=>98	100.0	100.0	Full Year

All data in the table above is subject to final validations and year end results when available

Infection prevention and control

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

Reflecting on the last year, it has been a year of challenge and change. COVID-19 continues to require extraordinary effort, energy and commitment to patient care.

The fundamentals of infection prevention and control have been at the centre of fighting this pandemic, it has been a difficult time. However out of this adversity has come a greater focus on infection prevention and control (IPC), with a drive to improve the first principles of IPC.

What we said we would do 2020/21

- Continue with the audit program
- Regroup following the pandemic to ensure that there is learning and improvement
- Strengthen further our decontamination processes
- Maintain our surveillance of alert organisms.

What we achieved

At the beginning of the year we had a good start with the audit program, however this had to take on a different form as we were looking at ensuring that we were COVID-19 secure. We developed bespoke audit and quality assurance tools to enable this to happen.

There has been a process of continual learning throughout the pandemic with debriefing sessions following outbreaks to establish what has worked well and what we can improve on. These have been invaluable for learning and establishing improvements.

There were no national targets set for Clostridium difficile. Our internal trajectory was set at 41 and we are below this. We have had one MRSA case that has been reviewed with no lapses in care identified. EColi cases are within expected numbers and no hotspot areas, themes or trends have been identified.

Alert Organism	Number of accountable cases
CDiff	32
MRSA	1
E.Coli	32

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

What we want to achieve

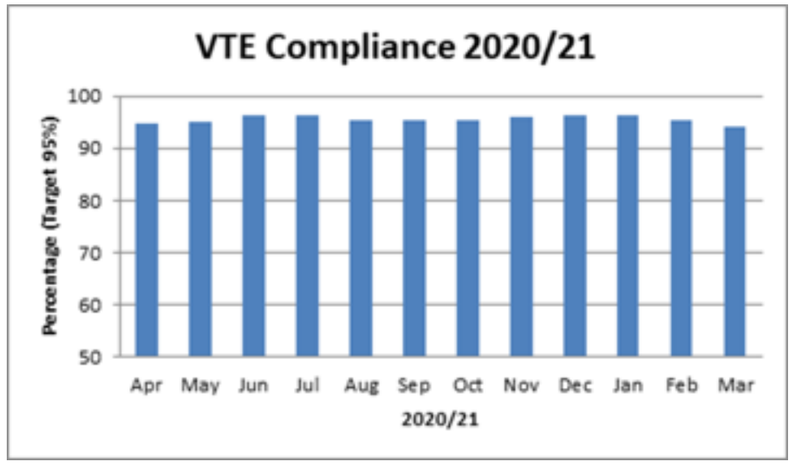
The Trust continues to have a commitment to reducing healthcare associated infection, and always aim to have zero avoidable HCAI. Over the coming year we will have a strong focus on MMUH and innovative ways of delivering the IPC agenda. We will also ensure that we are prepared in the event of another pandemic, drawing on lessons learnt following this difficult year.

Venous thromboembolism (VTE)

A Venous thrombo-embolism (VTE) is a blood clot that forms in a vein. A calf vein is the most common site for this to occur but occasionally pieces of the clot can break away and flow towards the lungs and become a pulmonary embolism (PE). The Department of Health requires all Trusts to assess patients who are admitted for their risk of having a VTE. This is to try and reduce some of preventable deaths that occur following a VTE while in hospital.

We report our achievements for VTE against the national target (95%) and report this as a percentage. The calculation is based on the number of adults admitted to hospital as an inpatient and of that number, how many had a VTE assessment within 24 hours. Our compliance for 2020/21 is 95.6%

In previous years we have published our compliance for each quarter and indicated the national average and highest and lowest NHS trust percentages. In order to release capacity across the NHS to support the COVID-19 response the Office for Statistics Regulation has paused the collection and publication of some official statistics. VTE is included in the paused data sets therefore we are only able to publish SWB data for our quality account for 2020/21.



The Trust considers that this data is as described for the following reasons: The data is consistent with trust reported data.

The Trust intends to take the following actions to improve the quality of its services

- Continuing to monitor compliance of VTE assessments on admission as part of the Trust's Safety Plan compliance
- Continuing to monitor through our integrated quality performance report at our Quality and Safety Committee and reported to the Trust board monthly
- Use data on prescribing for VTE prophylaxis and our review of any hospital acquired VTE to improve all aspects of care around VTE prevention
- Continuing to monitor centrally through the Medical Director's Office.

Readmission rates

The following table details our readmission rates. The information is collected during a financial year period and we now measure readmission within 30 days (previously 28 days).

The results of an external audit on this measure recommended we change the counting method to fall in line with the Secondary Uses Service (SUS) readmission definitions which excludes some activity. The SUS is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services. We applied this recommendation to our reporting from July 2019 and as a result of this the numbers are lower particularly in the age 4-15 age group as the SUS definition excludes aged under four. This group was previously reported as 0-15 years.

Age 4 – 15 years

SWB	Number of Patients	Total Number of Re-admissions	Percentage of Re-admissions
2020/21 (Apr-Feb)	2357	118	4.97%
2019/20	7447	375	5.04%
2018/19	15917	968	6.08%

Age 16 and over

SWB	Number of Patients	Total Number of Re-admissions	Percentage of Re-admissions
2020/21 (Apr-Feb)	50796	5003	9.85%
2019/20	80379	6706	8.34%
2018/19	86051	7113	8.27%

All Ages

SWB	Number of Patients	Total Number of Re-admissions	Percentage of Re-admissions
2020/21 (Apr-Feb)	53171	5121	9.63%
2019/20	87826	7081	8.06%
2018/19	101968	8081	7.93%

The data in the table above shows a significant reduction in the total number of patients admitted and subsequently readmitted during 2020/21. Proportionately the resulting readmission is higher than previous years. Our in-patient activity was significantly affected by COVID-19 with our elective activity reduced to minimal levels and reduced presentation in our emergency department for non COVID-19 conditions.

Going forward the Trust along with all other NHS trusts will restore its elective programmes of care which will naturally result in an increase in patients admitted to hospital. A return to more usual levels of activity is expected with an anticipated increase in confidence within our community to attend our emergency departments when they need to access care.

Readmission reduction remains a priority for the Trust. To support this we have in place plans that will support patients when they are discharged from hospital and to support patients when they are at home. These include:

- Use of population health data to identify patients at risk of deterioration, linking to case management, integrated pathways, community multi-disciplinary teams (MDTs) and ensuring that patient preferences matter
- Admission avoidance services will be enhanced using EPICENTRE and AA Hot clinics
- High intensity user MDTs will be re-established.

Safeguarding children

Safeguarding is the golden thread that is embedded into practice across all disciplines and roles in Sandwell and West Birmingham NHS Trust (SWB); from our Chief Nurse, as the Executive Lead for Safeguarding through to our frontline colleagues. We have a dedicated team of specialist safeguarding professionals led by our Safeguarding Children Lead Nurse, who supports our workforce through a programme of targeted training, advice, support and supervision.

The last year has presented many challenges given the unprecedented circumstances our services have faced during the COVID-19 pandemic to ensure we have maintained our statutory duties for the safety and wellbeing of children and young people who have accessed SWB services. This has remained an overriding priority to ensure our most vulnerable children and young people are protected due to the adverse effect the pandemic has had on our communities.

We have worked closely with our multi-agency partners to achieve a collaborative approach to safeguarding whilst also delivering essential health services. Throughout the pandemic our safeguarding team and lead have met regularly with partners to share our contingency plans to ensure the most vulnerable families are supported. Our maternity, health visiting, school nursing and community children's teams have continued to visit and support those most vulnerable, whilst adhering to COVID-19 precautions and providing care innovatively in a virtual world where appropriate. Our inpatient paediatric areas have continued to provide services and deliver key messages to reassure parents of the safety measures in place within our Trust during the pandemic to reduce any risk of delayed presentation when children and young people require medical intervention and review. We have worked with our multi-agency partners to ensure that NHS communications in relation to COVID-19 have been disseminated to communities utilising social media and community venues.

Alongside this work the safeguarding team have maintained active involvement with both Birmingham and Sandwell Safeguarding Children Partnerships (revised Multi-agency Safeguarding Arrangements which came into force April 2019) including developing partnership priorities, procedures and working arrangements to safeguard and protect vulnerable children, young people and families, at both operational and strategic levels. This has included contributing to Local Safeguarding Children Partnership audit programmes, Section 11 audit peer confirm and challenge session (Birmingham SCP) and established multi-agency partnership working arrangements and representation at the various sub-groups aligned to the Safeguarding Children Partnerships.

Our safeguarding team have continued to provide advice and support to our colleagues and we have continued to deliver specialist safeguarding children training to our workforce in line with the RCPCH Intercollegiate Document (2019) which includes recommendations from serious case reviews and domestic homicide reviews to embed learning and changes in clinical practice.

Throughout 2020/21 assurance, quality and accountability has been demonstrated by the inclusion of quarterly and exception reporting from our Safeguarding Children Operational Group to the Joint Adult and Children Safeguarding Steering Group, chaired by the Chief Nurse where safeguarding concerns and risk are discussed and reviewed with Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG) designate professionals in attendance. More recently this has included reporting through to our Quality and Safety Committee to ensure our senior executives are fully sighted on key safeguarding children developments and challenges faced during the year.

We have continued to work with Unity developers for our electronic patient record system ensure that the national NHS digital Child Protection Information Sharing (CP-IS) Project is fully integrated within the system for our Emergency Departments (ED) and maternity services to access safeguarding information in relation to child protection, unborn child protection plans and looked after child status for those children and women accessing unscheduled/planned care.

Our looked after children health team continue to support the statutory requirements of assessing the health needs of Sandwell's looked after children; we continue to have the highest number of children in local authority care at 888 in comparison with our neighbouring health providers. This remains a challenge given the current clinically under resourced team; however we are working closely with Black Country and West Birmingham CCG to address this.

Our ED Domestic Abuse Advocacy Partnership Project with Black Country Women's Aid continues to be a positive venture and is demonstrated by the Emergency Department Independent Domestic Violence Advocacy (IDVA) service increasing accessibility for victim's to access specialist domestic violence and abuse support. NHS England are soon to release a four year plan for domestic abuse which supports the roll out of IDVA's across all NHS services which highlights how innovative SWB were in supporting the introduction of the project in 2015.

Key themes to continue for 2021-22 include:

- Full integration of the Child Protection-Information Sharing Project (CP-IS) across unscheduled care settings into Unity at the point of registration negating the need to search a separate system for safeguarding information
- Continue to liaise with Black Country and West Birmingham Clinical Commissioning Group (BCWBCCG) to review the clinical resource required for our looked after children service
- Work towards the IDVA service being made substantive within SWB
- In light of COVID-19 continue to review and ensure service delivery in a virtual 'world' to ensure that our Safeguarding Children Level 3 training meets organisational requirements
- Ensure compliance with data collection required for the Black Country and West Birmingham STP Provider Safeguarding Performance Framework 2021/22.

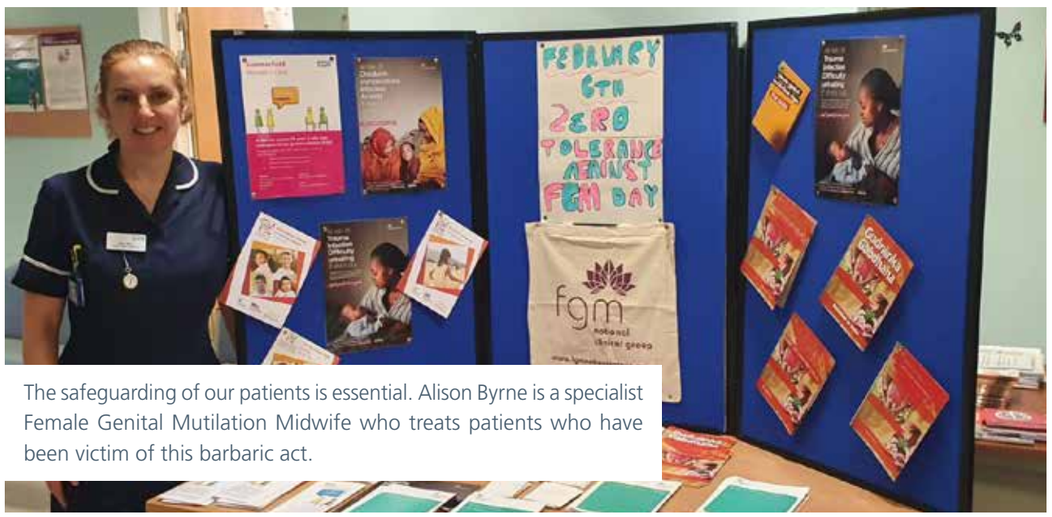
Safeguarding adults

Our Vulnerable Adult Team consists of a Vulnerable Adult and Safeguarding Lead Nurse, Vulnerable Adult Team Leader with a dedicated Safeguarding Nurse, mental health registered Dementia Nurse, Learning Disability Nurse and a part time Vulnerable Adult Nurse to support work streams.

During the past year the team have continued to focus on assessment of mental capacity, best interest process, patient advocacy, self-neglect and personalised care planning. The team have had input into several work streams and provide training, visibility and operational support to frontline colleagues.

Bespoke training is provided twice monthly to promote least restrictive care, risk enablement and patient empowerment and includes mental capacity, deprivation of liberty and safeguarding, dementia awareness and learning disability awareness. The sessions have included therapeutic intervention for people living with cognitive impairment who have complex health care needs. SWB have also hosted a learning disability conference.

We continue to work closely with Sandwell and Birmingham multi agency safeguarding boards. SWB is compliant with all cases meeting the thresh hold for statute public enquires and participate and contribute to several work streams that include improving learning disability and vulnerable adult services. The team are committed to the national PREVENT strategy and agenda, attending NHS England forums and local steering groups.



The safeguarding of our patients is essential. Alison Byrne is a specialist Female Genital Mutilation Midwife who treats patients who have been victim of this barbaric act.

Learning from Deaths

SWB Mortality Review Process

The Mortality Review pathway is a multi-step process, which has been designed to provide assurance that deaths receive adequate independent review; ensuring investigations take place when issues with care delivery are identified, and appropriate actions taken to ensure we learn from the death.

The role of the Medical Examiners (ME) plays a key part in this pathway by undertaking a tier one review when a patient dies in our care. In addition to undertaking a review of care the ME will ensure the accuracy of the death certificate, provide transparency for bereaved families and carers and provide an opportunity for them to raise concerns or give feedback on the care of their loved ones. As part of the review the ME will identify areas of learning and report appropriately to support local learning, however if concerns regarding care are found during the review the ME may escalate the case to a trained reviewer for a Structured Judgement Review (SJR).

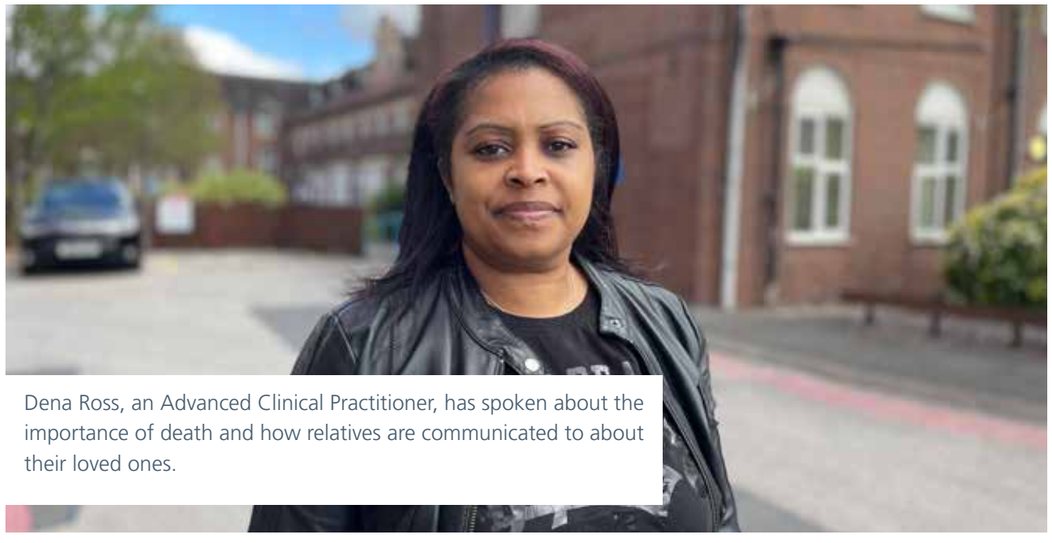
The SJR process was introduced in the Trust in July 2019. This is a case review methodology introduced by the Royal College of Physicians (RCP) which supports reproducibility through use of explicit judgements. To date we have successfully trained 54 professionals across multiple professions including; medical, nursing, midwifery, community, safeguarding and physiotherapy, allowing comprehensive reviews of all facets of care.

The CAPROM (Clinical and Professional Review of Mortality) panel meeting was introduced in June 2019. The purpose of this meeting is to ensure deaths that are thought to be potentially avoidable are discussed by an expert multi-disciplinary, multi-professional panel to conclude if the death was in fact avoidable and to maintain oversight of any quality improvement projects and actions which arise following review.

The Learning from Deaths Committee (LfDC) has seen an increase in engagement from clinicians, with scheduled directorate reports providing assurance to the committee of the continual learning taking place, highlighting issues and challenges in addition to good or excellent practice, quality improvement activity and actions. The committee also presents a valuable opportunity to share practice, promoting cross pollination of learning with clinical colleagues. The LfDC continues to scrutinise monthly mortality indices and manage emerging trends.

A monthly learning document was introduced in December 2019, which aims to highlight learning identified from mortality reviews or themes for dissemination across the Trust providing an engaging means of learning from death. Examples include:

- Drug interactions when treating patients presenting with an overdose of illicit substances
- Managing anti-coagulation in the elderly population when presenting with a suspected heart attack
- Diving into compassionate and well planned end of life care.



Dena Ross, an Advanced Clinical Practitioner, has spoken about the importance of death and how relatives are communicated to about their loved ones.

Summary Hospital-level Mortality Indicator (SHMI)

SHMI is the ratio between the actual number of patients who die following hospitalisation at a Trust and the number that would be expected to die on the basis of average figures in England, given the characteristics of the patients. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days of discharge. Our SHMI score has continued to improve such that our 12 month cumulative SHMI score for January 2021 is currently 116. The SHMI data is derived from HED (Healthcare Evaluation Data) system monthly.

Mortality comparisons using Trust SHMI against the highest and lowest national results:

February 2020 – January 2021

Indicator	Lowest	Highest	SWB
Score (SHMI)	74.6	120.9	116
Observed deaths	1170	3188	1438
Expected deaths	1568	2636	1669

The data above compares our mortality figures against all other trusts nationally. A trust would only gain a SHMI value of 100 if the number of actual deaths matches the expected number of deaths which is calculated using a risk adjusted model. The Trust also monitors its SHMI value taken from NHS Digital which is updated quarterly and is reported within various mortality and performance monitoring reports.

During 2020/21, 2184 of Sandwell and West Birmingham NHS Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 602 deaths in Q1, 307 deaths in Q2, 549 deaths in Q3 and 726 in Q4.

Of the 2184 deaths reported during 2020/21, 1862 (85%) underwent a tier one mortality review by medical examiners. This equated to 480 reviews in Q1, 285 in Q2, 504 in Q3 and 593 in Q4.

Of these, 243 were referred for further review in the form of an SJR or for panel discussion at CAPROM to determine if they were avoidable. This consisted of 72 cases in Q1, 55 cases in Q2, 49 in Q3 and 67 in Q4. In July 2019 the SJR process was introduced which has increased the number of deaths which now receive a more detailed review.

Of the cases which received further scrutiny, 6 cases representing 0.27 per cent of all patient deaths during 2020/21 were judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter this consisted of: zero patient deaths representing 0 per cent of the patient deaths for Q1, two patient deaths representing 0.65 per cent of the patient deaths for Q2, two patient deaths representing 0.36 per cent of the patient deaths for Q3 and two patients in Q4 representing 0.28 percent of the patient deaths Q4.

	2020/21			
	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
Total Inpatient spells	15404	21293	21759	18453
Total deaths	602	307	549	726
Avoidable deaths	0	2	2	2

Mortality performance in Q4 2019/20

A total of 491 deaths were reported in Q4 2019/20, of which 363 underwent a medical examiner tier one review. Of these cases 11 were escalated for panel discussion at CAPROM to determine if the death was avoidable and to identify any lapses in care, in addition to good practice.

Two deaths representing 0.4% per cent of the patient deaths during this reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

Work we are undertaking to learn from our deaths and improve our data

HSMR

HSMR (Hospital Standardised Mortality Ratio) score takes into account palliative care and is also based on diagnosis recorded in the first and second finished consultant episode of care. Currently our HSMR score is higher than our SHMI score, we think primarily due to the differences in scoring process above.

To improve our HSMR and SHMI we have set up alerts so that we can investigate when we have more than expected deaths. We are aware that there is work needed to improve process/coding and documentation issues that are artificially increasing our HSMR score which we have started and will prioritise over the coming year.

Numerous non clinical factors having been identified as contributing to the rising HSMR score, and the improving HSMR Task and Finish Group was initiated in November 2020 to address the various factors. The calculation of HSMR excludes all COVID-19 deaths as long as they are coded within the first two finished consultant episodes of care. We has seen a significant rise in HSMR during the pandemic as not all COVID-19 deaths could be excluded from HSMR calculations due to the recording of COVID-19 being entered after the second finished consultant episode of care.

The Task and Finish Group are currently looking to:

- Reduce number of finished consultant episodes /spells (FCE). The aim is to only change the lead consultant when a patient transfers to a different unit
- A training package for ward clerks has been developed which will be rolled out to assist them in understanding the importance of processes for data recording
- Regularly review COVID-19 deaths to ensure coding can be applied to the correct episode and position. Weekly reports are currently sent to the clinical leads
- Improve primary diagnosis: getting it right first time. A campaign was launched to raise awareness of the need to use the correct prefix for diagnosis in line with the national coding reference
- Improve palliative care coding: Previously only patients seen face to face by the specialist palliative care team had the specialist palliative care code applied to them. Virtual palliative care consultations are now coded in additional to the in person reviews.

Our Leasowes hospital was used extensively during the pandemic for end of life care, however its status as an intermediate care facility was not changed. This led to an increase in both SHMI and HSMR for patients dying at Leasowes as their deaths were not recorded as expected in line with palliative care being provided. We have now set up a GP palliative care specialty treatment code. The new code will be applied to patients who are admitted to Leasowes to receive end of life care so that the electronic recording of their care is reflecting the palliative care they are receiving.

Other quality improvement projects include promotion of supportive care pathway (SCP) e-learning module and improving the visibility of SCP on electronic patient records. We are also reviewing documentation in relation to a patient's Charlson Comorbidity Index score (CCI) to ensure their documentation truly reflects the full extent of illness thus improving complete documentation of co-morbidities. The acute medical unit mortality lead will work closely within the coding team and colleagues on this project.

The plan is to work towards embedding the task and finish work into group operational meetings so they can be monitored and managed locally.

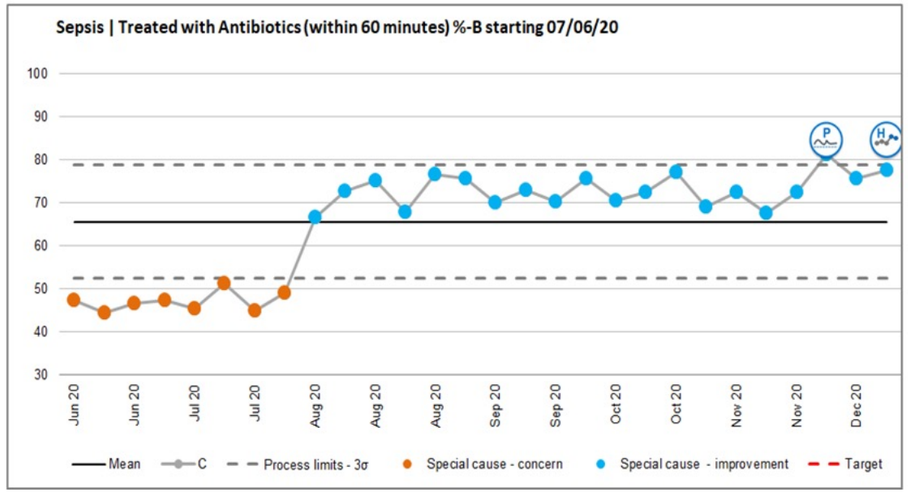
Quality improvement projects

As part of our Quality Plan work we have created project groups to target specific performance areas. The actions implemented this year by these project groups are listed below.

Sepsis

Sepsis remains one of our commonest causes of death as a result there has been a real focus on improving compliance on the Sepsis six bundle with the following initiatives

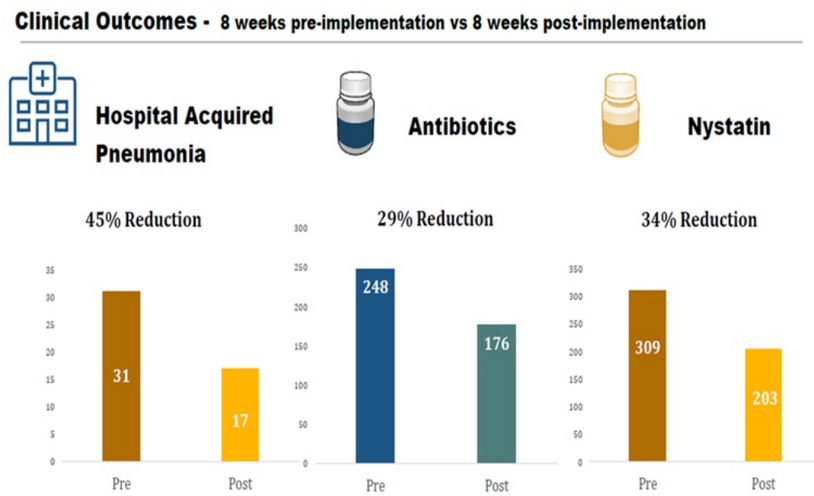
- The sepsis project has demonstrated an improvement in the number of patients receiving antibiotics within the golden hour
- The transformation team have made some adjustments to the data capture to ensure all appropriate antibiotics are incorporated
- Performance has been incorporated into the safety huddle dashboard. Safety Huddles (daily ward safety focused meetings) are currently being rolled out across the Trust
- In community beds, broad spectrum antibiotics are now in use to meet targets.



Pneumonia Task Force

Work to improve diagnosis and management of pneumonia has now been completed with the updating of guidelines and raising awareness on the difference between hospital acquired pneumonia (HAP) and community acquired pneumonia so that appropriate antibiotics can be prescribed. Our microguide app has also been updated to support this.

A quality improvement project on better mouth care was undertaken on four pilot wards. The result showed a 45 per cent reduction in incidences of HAP across the four pilot wards, in addition to a reduction in the use of antibiotics (29 per cent) and 34 per cent reduction in the use of anti-fungal agents Nystatin. The mouth care project is planned for rollout across our Trust in May 2021.



UTI Project

We were notified of a CQC alert for a higher than expected death rate due to urinary tract infection (UTI). To respond to this we formed a working group to improve recognition, diagnosis and management of UTI in the elderly. This work included:

- Training package and assessment tool developed for use in care homes for UTI prevention and management
- Quiz developed and implemented for staff to test and measure their knowledge. This provided immediate feedback on questions not successfully answered
- Communication package disseminated which included preventing dehydration leaflets, learning on the loo posters, a video regarding testing and management as part of the wider strategy to change practice and raise awareness
- Presentation incorporated into our Quality Improvement Half Days
- Reintroduction and update of the catheter passport.

Specialty Reviews and reviews following a warning from HED

The learning from Death Committee commissions two types of reviews into deaths:

- The committee asks each specialty to review their deaths routinely and report into the committee at a set frequency
- The Trust receives a pre-warning when our mortality ratios are getting high in diagnostic groups. When we receive this we allocate a lead and ask them to review the deaths in the period and report to the LFD committee.

The clinical areas that have been reviewed over the previous 12 months where learning and actions were identified are detailed below, with no significant concerns over quality of care identified:

Area Reviewed	Review Period	Presented to Committee
Lung cancer deaths	Sep 2019 - Aug 2020	March 2021
Colorectal cancer deaths	Feb 2019 - Mar 2020	March 2021
Community team beds	Dec 2020 - Feb 2021	To be presented
Gastroenterology	Jan 2020 - Dec 2020	January 2021
Gynaecological oncology	Jan 2020 - Oct 2020	November 2020
Elderly care	Oct 2019 - Sept 2020	October 2020
Community team beds	Jul 2020 - Sep 2020	October 2020
Haematology/Oncology	Apr 2019 - Jul 2020	September 2020
Trauma and Orthopaedic	Nov 2019 - Sep 2020	September 2020
Cardiac Arrest Reviews	Apr 2019 - Mar 2020	October 2020

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2020/21 that were recruited (via a consent process) during that period to participate in research approved by a research ethics committee was 1399. Of these, 1166 were recruited into National Institute for Health Research (NIHR) portfolio studies whilst 233 were recruited into non-NIHR portfolio studies. This information includes recruitment figures up to 31 March 2021. Anonymised research data was submitted for a further 4317 participants for whom no consent process was required.

Research has played an important role throughout the COVID-19 pandemic and the Trust recruited significant numbers of patients to the highest priority NIHR Urgent Public Health studies, with the three main platform studies recruiting in Critical Care (REMAP-CAP), Admitted and Emergency Care (RECOVERY) and General Practice (PRINCIPLE) all open to recruitment. All of these studies have reported results which have shown a real impact on patient care and changed practice. Research has been embraced by the clinical services to ensure that our patients are able to participate in this practice changing research.

Participation in clinical audits

During 2020/21, a total of 53 national clinical audits and national confidential enquiries covered relevant health services that Sandwell and West Birmingham NHS Trust provide.

During that period Sandwell and West Birmingham NHS Trust participated in 100 per cent national clinical audits and 100 per cent national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in (excluding those which were paused by the provider).

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham NHS Trust was eligible to participate in during 2020/21 are as follows (see column 1 in the table below).

The national clinical audits and national confidential enquiries that we participated in during 2020/21 are as follows (see column 2 in the table below).

The national clinical audits and national confidential enquiries that Sandwell and West Birmingham NHS Trust participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (see column 3 in the table below).

Title	Are we participating in this?	% of eligible cases submitted
Intensive Care National Audit and Research Centre (ICNARC): Case Mix Programme (CMP)	✓	100%
Elective Surgery (National PROMs Programme)	✓	TBC
Royal College of Emergency Medicine : Emergency Medicine QIPs: Fractured Neck of Femur (care in emergency departments)	✓	100%
Royal College of Emergency Medicine : Emergency Medicine QIPs: Infection Control	✓	100%
Royal College of Emergency Medicine: Emergency Medicine QIPs: Pain in Children (care in emergency departments)	✓	Audit still in progress
Falls and Fragility Fractures Audit programme (FFFAP): Fracture Liaison Service Database	Paused By Provider	N/A
Royal College of Physicians: Falls and Fragility Fractures Audit programme (FFFAP): National Audit of Inpatient Falls	✓	100%
Falls and Fragility Fractures Audit programme (FFFAP) National Hip Fracture Database	✓	TBC
Inflammatory Bowel Disease (IBD) Audit	✓	0%
Learning Disabilities Mortality Review Programme (LeDeR)	✓	100%
Public Health England: Mandatory Surveillance of HCAI	✓	100%
MBRACE-UK: Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity confidential enquiries	✓	100%
MBRACE-UK: Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Mortality surveillance and mortality confidential enquiries	✓	100%
MBRACE-UK: Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal morbidity and mortality confidential enquiries	✓	100%

Title	Are we participating in this?	% of eligible cases submitted
MBRACE-UK: Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance	✓	100%
Royal College of Physicians: National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma Secondary Care	✓	100%
Royal College of Physicians: National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma Secondary Care	✓	100%
Royal College of Physicians: National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	✓	82%
Royal College of Physicians: National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary rehabilitation	✓	100%
Royal College of Surgeons: National Audit of Breast Cancer in Older People (NABCOP)	✓	TBC
National Audit of Cardiac Rehabilitation (NACR)	✓	100%
National Audit of Care at the End of Life (NACEL)	Paused By Provider	N/A
Royal College of Psychiatrists: National Audit of Dementia: Care in general hospitals	Paused By Provider	N/A
Royal College of Paediatrics and Child Health: National Audit of Seizures and Epilepsies in Children and Young People	✓	TBC
Intensive Care National Audit and Research Centre (ICNARC): National Cardiac Arrest Audit (NCAA)	✓	TBC
National Cardiac Audit Programme (NCAP):Myocardial Ischaemia National Audit Project (MINAP)	✓	99%
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	✓	100%
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	100%
National Cardiac Audit Programme (NCAP): National Heart Failure Audit	✓	100%
National Comparative Audit of Blood Transfusion programme: Medical Use of Red Blood Cells	✓	100%
National Comparative Audit of Blood Transfusion programme: perioperative management of anaemia in children undergoing elective surgery	Paused By Provider	N/A
National Diabetes Audit - Adults: NaDIA-Harms - reporting on diabetic inpatient harms in England	✓	100%
National Diabetes Audit - Adults: National Core Diabetes Audit	✓	0%
National Diabetes Audit - Adults: National Diabetes Foot Care Audit	✓	100%
National Diabetes Audit - Adults: National Diabetes Inpatient Audit (NaDIA)	Paused By Provider	N/A

Title	Are we participating in this?	% of eligible cases submitted
National Diabetes Audit - Adults: National Pregnancy in Diabetes Audit	✓	100%
British Society for Rheumatology: National Early Inflammatory Arthritis Audit (NEIAA)	✓	477 patients
Royal College of Anaesthetists: National Emergency Laparotomy Audit (NELA)	✓	TBC
Royal College of Surgeons: National Gastro-intestinal Cancer Audit Programme: National Bowel Cancer Audit (NBOCA)	✓	TBC
Royal College of Surgeons: National Gastro-intestinal Cancer Audit Programme (GICAP): National Oesophago-gastric Cancer (NOGCA)	✓	100%
National Joint Registry (NJR)	✓	TBC
Royal College of Physicians: National Lung Cancer Audit (NLCA)	✓	100%
Royal College of Obstetricians and Gynaecologists: National Maternity and Perinatal Audit (NMPA)	✓	100%
Royal College of Paediatrics and Child Health: National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	✓	100%
Royal College of Paediatrics and Child Health: National Paediatric Diabetes Audit (NPDA)	✓	100%
Royal College of Surgeons: National Prostate Cancer Audit (NPCA)	✓	TBC
Royal College of Anaesthetists: Perioperative Quality Improvement Programme (PQIP)	✓	TBC
King's College London: Sentinel Stroke National Audit programme (SSNAP)	✓	90%+
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA): Acute Internal Medicine / General Internal Medicine	Paused By Provider	N/A
Public Health England: Surgical Site Infection Surveillance Service	✓	TBC
The Trauma Audit and Research Network (TARN): Emergency Medicine	✓	Data input still in progress
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Medical and Surgical Clinical Outcome Review Programme: Dysphagia in Parkinson's Disease	✓	TBC

The reports of 24 national clinical audits were reviewed by the provider in 2020/21 and Sandwell and West Birmingham NHS Trust intends to take the following actions to improve the quality of healthcare provided:

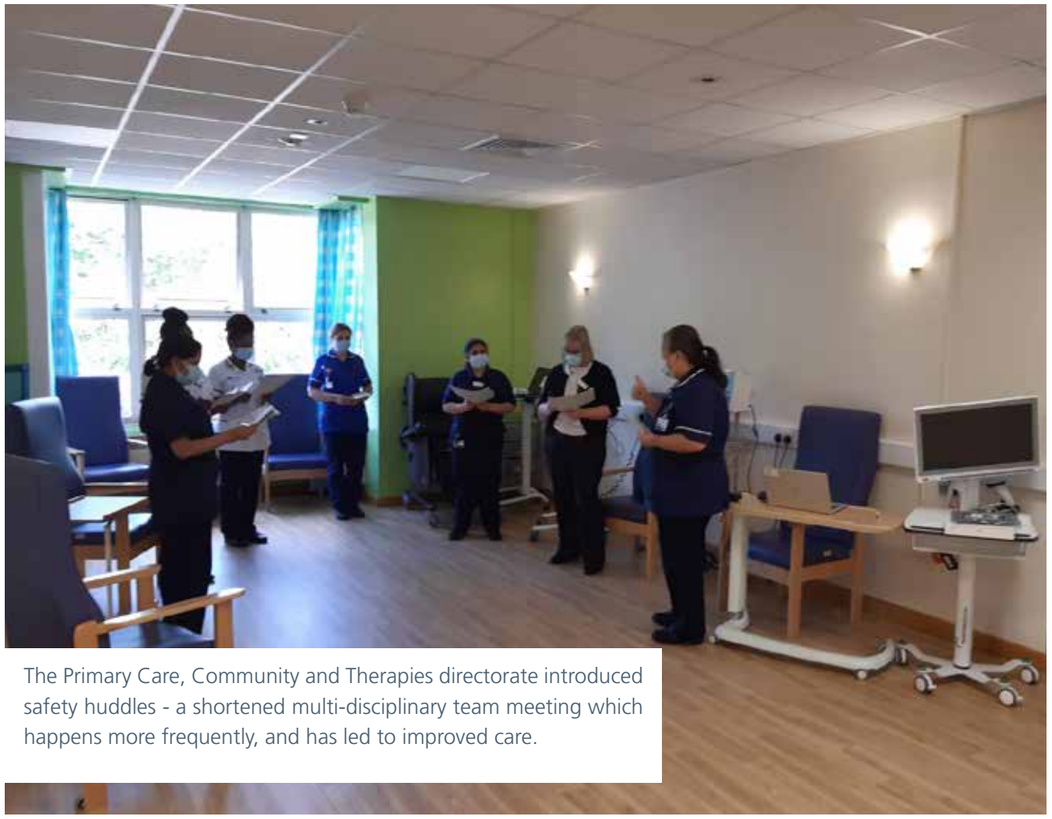
- Increase the proportion of patients who start Non-Invasive Ventilation (NIV) within 60 minutes of the blood gas that defines its need (nationally current 50%: target >60%), by
  - Making Arterial Blood Gas (ABG) analyser/ apillary blood gas available in the Respiratory Hub
  - Respiratory Professional Development Nurse to provide ABG component specific training for NIV staff
  - Conducting annual NIV training for both permanent and temporary staff

- Reduce patient falls through enhancing learning from fall incidents by establishing a working/ steering group to lead on falls
- Offer nicotine replacement therapy (NRT) to all patients who smoke to reduce symptoms of nicotine withdrawal and promote smoking cessation, by signposting staff to NRT prescribing on the electronic patient clinical records
- Counsel women, who are antenatal, about the implications of anaemia and side effects expected from iron – provide information on how to take and maximise iron absorption. Provide clear documentation and a plan for primary care detailing the on-going management required in the postnatal period by following up patient at discharge; documenting GP follow up, repeating blood tests, documenting advice on continuing Iron supplement for 3 months after normalisation
- Work in partnership with the Chaplaincy Team to develop a shared understanding of opportunities to individualise End of Life Care (EOLC) which can be built on to drive improvement of processes and approach. Deliver training to staff on a Quality Improvement Half Day (QIHD)
- Diversify the palliative care team by employing an additional palliative care consultant to work closely with SPC nursing team to alter the experience and flow of people living and dying with non-cancer palliative diagnosis. Enable medical teams to identify people in the last year of life early, to change how they utilise acute services and, enhancing integration of acute with community care services, improving clinical team's capacity to deliver effective EOLC and communication skills
- Develop Palliative and EOL-Champion role for wards, supported by Specialist Palliative Care Team
- Review of induction and mandatory training programme to identify opportunities for inclusion of EOLC skills and ensure EOLC skills included in all appropriate staff competencies
- Protect Cardiology beds, undertake Heart Failure (HF) ward rounds, submit business case for extra resources required
- Set up a system of identifying and offering annual psychological reviews to diabetic paediatric patients
- Investigate the possibility of using a neonatal incubator and ventilator as a transport incubator and ventilator for transferring babies from the labour ward to NNU
- To provide developmental follow-up, at two years of age of babies born at less than 30 weeks gestation, by neonatal consultant and neonatal AHP on both City and Sandwell sites – development of a business case to secure identified resources required.

The reports of 202 local clinical audits were reviewed by the provider in 2020/21 and Sandwell and West Birmingham NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Update the radioiodine therapy patient information leaflet to provide current information on topics such as:
  - The likelihood of therapy outcomes
  - Likely timeframes for becoming hypothyroid
  - Providing details of approved websites for patients to conduct further reading
  - Greater clarity on what will happen on the day of therapy e.g. flow diagram
  - Greater clarity on behavioural restrictions and restriction timeframes
  - Consideration to personalised counselling based on the patient's baseline T3/T4 levels
- Work in partnership, with both local and national teams, to ensure inclusion of allergy education on the Medical School Curriculum
- The Allergy Clinical Nurse Specialist to implement an allergy education program for all nurses
- Create emergency drug boxes specific to emergencies containing everything you need for that emergency with an associated guideline attached - standardised emergency boxes to contain all necessary equipment and drugs
- Install appropriate cleaning solution at ITU handwashing troughs (e.g. Chlorhexidine based or Hibiscrub), so it is available for all sterile procedures including central line insertion, access and maintenance

- Mental Health Lead to be assigned within emergency departments and a quick mental health assessment and medical clearance tool to be formulated. Training to be provided for mental health triage and assessment as part of tool implementation
- Formulate a direct referral pathway from triage for paediatric mental health patients, directly to CAMHS team
- Creation of risk assessment tool for VTE in ankle fractures
- To create an electronic version of the DKA protocol on Unity to replace current practice whereby nursing staff plotting patient progress on paper DKA protocol and scan onto Unity
- To have a phased approach to CGA (MDT) assessment as a part of a wider frailty project, with all elderly care patients to receive an MDT assessment during their admission that will be transcribed onto their discharge letters. Business case to be developed got permanent FIT front-door assessment
- Develop a robust referral pathway for TWOC community service, by working in partnership with Birmingham continence service to investigate an online referral system instead of the current phone system
- To have a collaborative review of the Standard Operative Procedure for infection control in anaesthesia and recovery based on AAGBI's recommendations and the trust policy
- To ensure Junior Doctors are aware of the support services available to them, by raising awareness of the counselling offered within the trust and how to access wellbeing services externally. To provide information via different media and platforms to maximise doctors' engagement with information
- Operate on appendicitis patient in the morning so they are able to go home early on the same day.



The Primary Care, Community and Therapies directorate introduced safety huddles - a shortened multi-disciplinary team meeting which happens more frequently, and has led to improved care.

Partner statements

In line with our obligations we sent our draft Quality Account to our stakeholder partners for their comments. The partner comments we have received are detailed below.

The Birmingham Health and Social Care O&S Committee (HOSC)

The Birmingham Health and Social Care O&S Committee (HOSC) recognises the challenges faced by the Trust over the past 12 months to maintain services whilst coping with the extra demands resulting from the Covid-19 pandemic. The committee would like to put on record its sincere gratitude to the staff who have worked tirelessly to meet the needs of the people of Sandwell and West Birmingham.

The committee also notes that some areas of performance have been hampered by the pandemic. For example, progress to improve patient safety, but fully supports the forthcoming improvements to continue the roll out of daily multi-disciplinary ward meetings and the Perfect Ward phone app to facilitate quality inspections. It is also noted that performance against KPIs may have also been influenced by the pandemic.

A couple of actions the committee would highlight, and reinforce are:-

- The decision to appoint a full-time guardian to lead the Speak Up initiatives in order to give employees the confidence to raise concerns. We view this as especially important given the exceptional work pressures staff will have experienced recently, the mental health and 'burnout' risks currently being faced, and the importance of learning from the Trust's overall response to the pandemic.
- Following the result of the staff survey, asking teams to hold listening events with staff and develop action plans to make improvements against the 3 lowest scoring areas in the survey. As well as being asked to forward ideas for improvement against the 4 organisational themes identified by the clinical leadership executive.
- It is also encouraging to see the score for 'responsiveness to in-patient personal needs' has slightly improved but still remains below the national average. Therefore, it is hoped, that the planned implementation of several initiatives during the year will further improve performance. We look forward to receiving an assessment of the effectiveness of these initiatives in due course.

Considering the priorities for improvement in 2021-22, of particular importance will be the restoration and recovery of clinical services and closer collaborative working which will be critical in tackling waiting times for elective surgery. We recognise the need for capacity to be increased over and above the pre-Covid baseline in order that swift progress can be made in the coming year to catch up on delayed elective surgery in all priority categories, and we will look further in the coming year for evidence of success in this. This is an area of work that the Birmingham and Sandwell Joint Health Scrutiny Committee will be monitoring throughout the year.

The committee also welcomes the full integration of the Child Protection Information Sharing Project which brings together child safeguarding information into a single system; quality improvement projects targeting specific performance areas and work being undertaken to learn from deaths and improve data.

Councillor Rob Pocock
Chair Birmingham Health and Social Care O&S Committee

Birmingham and Solihull CCG

Thank you for sending the Draft Quality Account for Sandwell and West Birmingham NHS Trust which we circulated for comments. BSOL CCG appreciated the opportunity to read and comment on the Quality Account.

Trust response

We would like to thank our stakeholders for their valuable comments on our Quality Account for 2020/21.

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

Assurance work on quality accounts is not required for 2020/21. We therefore have no limited assurance opinion on our quality account to publish.

Sandwell and West Birmingham NHS Trust

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

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

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

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

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

www.swbh.nhs.uk

NHS
Sandwell and West Birmingham
NHS Trust