TRUST REVIEW

SUMMER 2007

Sandwell and West Birmingham Hospitals NHS
NHS Trust

"I'm definitely one of the lucky ones."

p12 Robert Harpin and family tell us about his amazing recovery at Sandwell CCU

p8

SERVICE BOOST

Our £10m plans to improve care for Trust patients.

p16

BUG BUSTERS

Winning the battle against MRSA at the Trust

p25

OH MATRON!

Paula proves she's game for a laugh for charity cash.

p31

HEART AND SOUL

Sheila's safety message after lucky escape.

NEWS • FEATURES • ANNUAL REPORT • OPERATING AND FINANCIAL REVIEW 2006/07

WELCOME

John Adler, Chief Executive

> "By the end of the year, it was clear that the turnaround we had achieved was nothing short of remarkable."

When the financial year began in March 2006, the Trust knew that it faced a set of difficult challenges, particularly in respect of restoring the financial health of the Trust.

There were many who doubted that we could achieve the scale of change that we were aiming for. But by the end of the year it was clear that the turnaround that we had achieved was nothing short of remarkable. After three years of deficits, we achieved a surplus of £3.3m. We did this by delivering our entire cost improvement programme and at the same time treating more patients, thus boosting our income.

But what is really gratifying is that we improved many aspects of our services at the same time.

Delayed discharges and MRSA bacteraemias were both halved and waiting times reduced to a maximum of 20 weeks for surgery and 11 weeks for an outpatient appointment.

Waits for diagnostic tests also fell, in some areas dramatically. We also became more productive by being better organised; this is how we were able to treat more patients with less beds.

None of the improvements that we have seen could have been achieved without the total commitment of everyone who works for the Trust.

I would like to take this opportunity to pay tribute to their contribution, in whatever capacity, and to their resilience whilst we have implemented the necessary changes across the Trust.

There is much more to do but I am confident that we can now go forward with renewed confidence.

JOHN ADLER,
Chief Executive, SWBH NHS Trust

Sue Davis, Chair

> "I am confident that the Trust has people with the skills and confidence to deliver. We will rise to the challenge"

The coming year will be nothing if not challenging for Sandwell and West Birmingham Hospitals Trust.

New national targets on waiting times for treatment – a maximum 18 weeks from consultation to treatment by the end of the year – are ambitious by anyone's standards. However, as this Trust currently has some of the shortest waiting times in the region, we have a good base from which to deliver this major improvement for our patients.

We are also committed to making some dramatic changes in the way services are delivered locally, as part of the first stages of the radical 2010 programme.

Working with our primary care partners, new projects on diabetes and dermatology will be introduced this year, and we will also be testing the community hospital model on the Rowley Regis site.

These 'early exemplars' should make a good start to our aim of delivering services closer to the patient.

Not content with that, the Trust will also be taking the first steps in applying for Foundation Status. This will involve us in another wide-ranging public consultation exercise, and we intend to take this opportunity to identify ways in which a more independent trust could work even more effectively with partners – and even more closely with local people – to improve health across the whole of the patch we serve.

These are major undertakings, but I am confident that the Trust has people with the skills and confidence to deliver on them all. We will rise to the challenge.

SUE DAVIS CBE
Chair, SWBH NHS Trust

LETTER FROM THE EDITOR

Hospital staff are thrilled after a year of excellent financial and operational performance.

Sandwell and West Birmingham Hospitals' NHS Trust ended the year with around a £3.3m surplus after three consecutive years of deficit.

And it treated more patients, more quickly than ever before, slashing waiting times in some specialties and hitting all its key targets.

This Trust Review is designed to give you a flavour of what's been happening at City, Sandwell and Rowley Regis Hospitals and what patients and local residents can look forward to over the next few years.

From page 37 you can read the Trust's Operating and Financial Review which contains details of our performance in 2006/07. For further copies of this Review or for copies of the Full Accounts 2006/07, please write to: the Communications Department, City Hospital, Dudley Road, B18 7QH Tel; 0121 507 5303.

You can also download copies from our website, www.swbh.nhs.uk.

This review has been produced by the Trust's Communications Department, designed by Justin Still – www.justinstill.com – and printed by Folium.

I hope you enjoy discovering what's going on at the Trust and how we are continually improving our services, the care we give our patients and the experience they can expect to have at our hospitals.

If you find yourself needing hospital treatment, why not ask your GP to refer you to City or Sandwell hospitals and see for yourself what we can offer.

If you are currently a patient at our hospitals we hope you are happy with the care you have been receiving.

Please do not hesitate to let us know what we could do better by contacting PALS on 0121 507 5836 or email pals@swbh.nhs.uk. We are serious about improving our services for our patients.

Best wishes,

JESSAMY KINGHORN,
Head of Communications and PPI

CONTENTS SUMMER 2007

COMPLIMENTS AND COMPLAINTS

Each year patients contact the Trust with a range of complaints, comments and compliments.

79.4% of the 671 formal complaints were responded to within the target time.

In 2006/07 the Trust received:

671 COMPLAINTS

6026 COMPLIMENTS

ABOUT OUR TRUST

Sandwell and West Birmingham Hospitals NHS Trust is one of the largest teaching trusts in the country.


Rowley Regis


City Hospital

The Trust provides a wide range of acute healthcare services to the population of Sandwell and western Birmingham.

The Trust also provides a range of more specialist services to a wider population including the Birmingham and Midland Eye Centre and the gynaecology centre for the Pan-Birmingham Cancer Network.

It has an annual income of £328m and employs c. 6,000 staff making it one of the largest employers in the locality.


Sandwell General

A YEAR OF CHANGE

2006/07 represented a year of major change for Sandwell and West Birmingham Hospitals NHS Trust. It was a year in which the Trust:

- returned to financial balance;
- delivered significant improvements in productivity;
- undertook public consultations on our future strategic direction;
- continued to develop many clinical services;
- improved joint liaison and planning with our commissioners.

These changes were only delivered as a result of significant effort on the part of all of the staff of the Trust and represent a major step forward in developing a secure and sustainable future for our services.

PLANNING AHEAD

During 2007/08 the Trust plans to:

- continue the Trust's financial recovery;
- continue to improve access to our services;
- deliver proposed service configuration changes;
- develop services that demonstrate '2010' approach in action;
- make progress towards the new hospital through Towards 2010;
- improve our productivity;
- continue to improve the quality of our services;
- respond to changes in medical workforce;
- improve our effectiveness as an organisation.

OUR HOSPITALS

The Trust operates from three hospital sites, City Hospital in Birmingham, Sandwell District General Hospital in West Bromwich and Rowley Regis Hospital.

Sandwell General Hospital and City Hospital are busy acute hospitals providing many specialist services and a full range of emergency services, including Accident and Emergency at both sites.

Rowley Regis Community Hospital provides continuing care, rehabilitation and respite care as well as a range of outpatient and diagnostic facilities.

BIRMINGHAM AND MIDLAND EYE CENTRE

The Birmingham and Midland Eye Centre is also situated on the City site and is the regional specialist eye hospital providing inpatient, day case and outpatient services.

BIRMINGHAM SKIN CENTRE

The Birmingham Skin Centre at City Hospital provides a complex range of dermatology services to patients from Sandwell, Birmingham and beyond.

BIRMINGHAM TREATMENT CENTRE

The Birmingham Treatment Centre is situated on the City Hospital site and uses some of the latest technology in state of the art facilities for a wide range of outpatient clinics and day case surgery.

£MULTIMILLION INVESTMENT TO IMPROVE CARE

A new hospital will be built in Smethwick as part of ambitious £700 million plans aimed at improving the health and well being of people living in the Sandwell and West Birmingham area.

As part of these plans Sandwell and West Birmingham Hospitals NHS Trust, along with its health partners Sandwell and Heart of Birmingham PCTs, recently completed a period of consultation with the public.

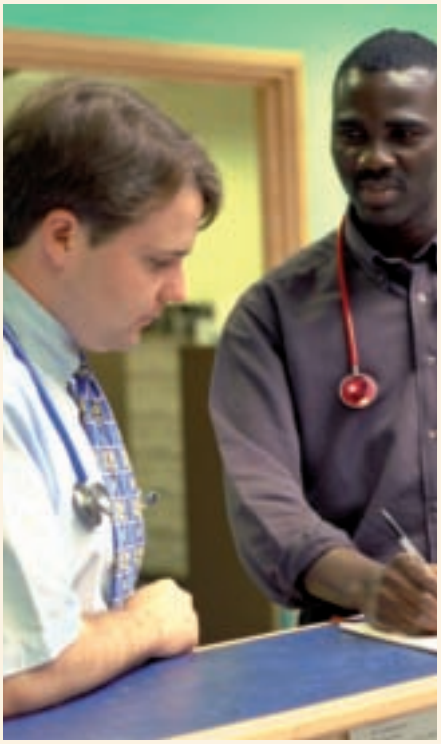
The plans, called Towards 2010, aim to provide better quality healthcare in facilities which are closer to people's homes.

The Trust also took the opportunity to consult with the public at the same time on how services we currently run will need to be adapted in preparation for the opening of the new hospital which is expected to be by 2014.

These are called our Interim Reconfiguration plans.

On the whole the proposals for Towards 2010 received significant support with almost three quarters of the people who responded saying they agreed with the proposals.

The response to the Interim Reconfiguration proposals was more varied with many respondents expressing concern about local access to services,



transport and transfers and the possible impact on our A&Es.

The Trust has listened to the opinions expressed as part of the consultation and after working closely with clinicians who will provide the service, has now revised the original proposals. These are set out in more detail on pages six and eight.

Chief Executive John Adler said: "This is a major milestone on our journey of turning the Towards 2010 vision into a reality. Towards 2010 will make Sandwell and West Birmingham a healthier place to live and work by bringing care into local communities and ensuring that high quality care is provided in high quality buildings.

"Patients will benefit from being treated in new or significantly refurbished state-of-the art buildings which are fit for providing care in the 21st century.

"They will receive much more care in the community and in their own homes, reducing the need to come into the acute hospital.

"Towards 2010 will also allow us to develop new and more effective ways of working that have patients at their heart and the way that patients pass between primary and secondary care will be much smoother.

"There will be opportunities for staff, patients, stakeholders and members of the public to get involved in the planning and design of the new hospital."

Copies of all the 2010 documents and Interim Reconfiguration Documents, including the QUAD analysis, can be downloaded from www.swbh.nhs.uk

2010 – WHAT'S THE PLAN?

The £700 million *Towards 2010* plans involve building a new acute hospital in Grove Lane, Smethwick to replace City and Sandwell Hospitals.

It also includes the development of community hospitals with day case, minor injury units and outpatient facilities on the existing City and Sandwell sites, the provision of new community hospitals in and around Sandwell and Birmingham and enhanced primary and community care facilities. Patients will be treated in facilities much closer to where they live and in their own homes when appropriate.

Care will be much more convenient and the majority of patients will have less far to travel for routine treatment and appointments.

The plans involve an increase in community beds so only the most seriously ill patients will need to go to the acute hospital.

In response to the consultation, the Towards 2010 Programme has undertaken work to address the issues raised. As an example, the team is working with Centro to address public transport issues and a range of work groups have been set up with patient, public and professional representation.

Plans are already in place to secure the purchase of the Grove Lane site. Work has already begun on identifying early implementer sites designed to set up some of the 2010 models over the next couple of years.

These models will begin the transition and iron out any issues that arise.

INTERIM RECONFIGURATION – WHAT'S THE PLAN?

SURGERY

In a revision to the original proposals, there will now be a 24 hour Surgical Admissions Unit at City as well as an increase in the amount of short stay surgical activity that will be delivered at both City and Sandwell.

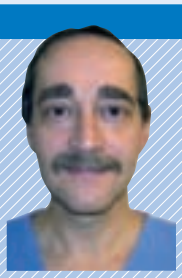
Day case and 23 hour stay surgery will be developed on both sites with our main inpatient emergency surgery and trauma service at Sandwell and our main elective inpatient services at City.

The 24 hour Surgical Assessment Unit at City will maximise local access and support A&E. As a result of this and retaining 24 hour consultant surgeon cover for City, the Trust believes A&E will be able to continue to function effectively as an important provider of care to the local population. Surgical middle-grade on-call cover will initially remain residential so its usage can be evaluated before full implementation.

DR HUGH BRADBY
MEDICAL DIRECTOR

"The proposals for our surgical services will ensure that the Trust is able to continue to develop and expand these services, providing the best possible quality of care to local people."

MR KEVIN WHEATLEY, CONSULTANT SURGEON



"I have a vested interest in the success of the Trust both as a consultant and a local resident.

"I was brought up in Winson Green; I now live in Oldbury, and work at Sandwell. I spent time as a surgical registrar at both sites.

"My family have all been patients at City hospital, and my wife is under the care of Sandwell. I feel this probably makes me unique amongst the local consultant staff.

"I am a passionate believer in improving the surgical service we offer to patients.

"Since I joined the Trust as a consultant we have lost Upper GI cancer surgery, complex gall-bladder and pancreatic surgery, surgery for anal cancer and small rectal cancers. Without some reconfiguration of services this trend is likely to continue. We are surrounded by aggressive service providers who will seek further transfer of specialist work to their Trusts.

"I would like to see an emergency service where care can be provided by appropriately trained specialist surgeons to complex cases; this largely relates to emergency colorectal surgery which is the main type of out of hours major surgery performed in the Trust.

"It seems unfair to expect non-specialist surgeons to carry out these complex and demanding procedures when they do not perform them on a routine basis.

"There is good evidence for improved outcome when patients are operated on by specialists, even when this means longer patient journeys.

"I believe that by providing an emergency service on one site, we can improve outcomes for many patients."

> "I am a passionate believer in improving the surgical service we offer to patients." **Mr Kevin Wheatley**

PATHOLOGY

There will be a centralisation of all the main laboratories at City with mini-labs, blood banks and 24 hour cover maintained at Sandwell.

FIND OUT MORE ABOUT THE TRUST'S TRANSFORMATION TIMETABLE ON PAGE 8

DR JONATHAN BERG
DIVISIONAL DIRECTOR FOR PATHOLOGY

"Pathology has been quietly working to increase integration across Sandwell and City laboratories for over five years.

"The progression to the physical reconfiguration of our laboratories offers us exciting opportunities to take this work on to a new level and address the pressure of trying to staff two medium sized facilities. We move to labs that will serve the Trust much better and help us face up to external pressures.

"While our reconfiguration discussions have not always been easy, the ability to compromise has been a key success factor. Staff are very committed and also excited about the changes."

PAEDIATRICS

The main change to the original proposals here is that there will now be a 24 hour – rather than a 12 hour – Paediatric Admissions Unit at City plus an extended community outreach nursing service complementing a single inpatient unit at Sandwell.

The proposals will improve the care that the Trust provides to children who need to be admitted overnight, whilst maintaining good local access for the majority of children who currently attend City Hospital.

DR HELEN GRINDULIS
CONSULTANT PAEDIATRICIAN AND DIVISIONAL DIRECTOR FOR WOMEN'S AND CHILDREN'S

"The Trust's plans for paediatrics will allow us to improve the care we provide for children.

"We will be able to develop our services to provide improved community nursing, more care at home and better inpatient facilities and staffing."

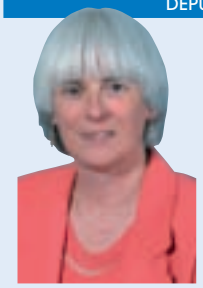
NEO-NATAL SERVICES

A Level Two unit caring for the youngest and sickest babies (from 26 weeks) will be provided at City.

A Level One unit supporting maternity will be provided at Sandwell, caring for babies from 34 weeks.

Our plans include investing around £4.7 million in redeveloping accommodation for these services on both sites.

DR ANDREA MAYNE
CONSULTANT PAEDIATRICIAN AND DEPUTY MEDICAL DIRECTOR



"The proposals for neo-natal care will deliver a significant improvement in the quality of the accommodation from which our neo-natal service is delivered, and ensure that we are able to properly care for the youngest and sickest babies needing treatment in our Level Two service."

BOUNCING BACK IN THE BLACK

Having made a small surplus of £3.3m, this year the Trust is planning for total income of at least £328,628,000 and plans to make a surplus of £4.5m.

Robert White, Director of Finance, explained why it's necessary for us to make more money than we spend.

He said: "A surplus of this size is needed now that the Trust has converted some of the historical cash support it was receiving into an interest bearing loan direct from the Department Health.

"Repaying cash support in this way helps to both stabilise the Trust's cash position and payback some of the deficits incurred in previous years.

"It is important that the Trust gets itself into a strong financial position in readiness for 2008/09 when increases to the NHS budget nationally are expected to be much lower than the levels seen since 2003," Robert added. But although our finances are now on track there still needs to be a cost improvement plan in place. This year we need to make savings of £13.5 million.

Robert explained: "Unlike in 2006/07 this is not reliant on a major redundancy programme.

This year's programme concentrates on maximising the benefits from the 'full year effect' of schemes started in 2006/07.

"Moreover, 15 per cent of the CIP is made up of income related schemes with the balance representing a range of pay and non pay efficiency gains.

"For example, as the length of stay for patients has been falling (due to increasing day case rates and lower delayed discharges), the number of beds managed by the Trust can reduce.

"This year will again be challenging as we maintain financial discipline whilst achieving challenging patient care targets.

"But we can take some assurance from our ability to deliver based on performance in the previous year. "

FREEDOM OF INFORMATION

Approximately five formal Freedom of Information requests are made to the Trust each month – plus a large number of informal requests for information.

The Freedom of Information Act allows a wide range of information about the Trust to be made available to members of the public, subject to some restrictions around data protection and privacy.

Regular requests include information on the costs of consultancy and agency staff, foreign patients, hospital acquired infections, numbers of staff and waiting times.

The Trust has two regular requestors – an MP and a certain tabloid newspaper.

GETTING READY FOR FOUNDATION STATUS

The Trust is preparing to submit an application for NHS Foundation Status during autumn 2007.

The application process will be launched with a public consultation exercise and we will be actively recruiting staff, patients and members of the public to join our membership.

More information is available in the Operating and Financial Review at the back of this report and further information will be made available later in 2007.

TIMETABLE FOR CHANGE

Nearly £10 million pounds of investment will be ploughed into improving neonatal, children's and surgical facilities at City and Sandwell hospitals under plans for service reconfiguration that were approved by the Trust Board on May 10 2007. The changes will be phased in over the next two years.

PAEDIATRICS

The aim is to complete all capital works and move to a single inpatient site by November/December 2007.

There will be a 24 hour Paediatric Assessment Unit (6 beds) plus a single inpatient unit (47 beds with the capacity to increase to 54 at times of peak demand) at Sandwell.

There will be a 24 hour 12-bedded Paediatric Assessment Unit at City Hospital. Benefits include improved accommodation for the paediatric inpatient service in more modern facilities at Sandwell.

NEONATAL

The aim is to fully complete these changes by April 2008.

Plans have been developed to improve the accommodation for neonatal care. At Sandwell the Level One unit will be based in refurbished accommodation within the maternity unit. At City the Level Two Unit will be provided from an extended, redeveloped unit meeting the latest standards for neo-natal facilities. The capital cost of the improvements is estimated to be £4.7 million.

PATHOLOGY

The aim is to have completed the capital work and associated service change by March 2009. It is planned to accommodate the laboratories at City by refurbishing the existing pathology departments and converting two wards in the main hospital (D9 and D10) to accommodate the rest of the service.

This £3.3 million capital investment will enable the Trust to meet CPA accreditation standards and by bringing the services together reduce the service's revenue cost.

Neonatal services will see £4.7 million of improvements under the Interim Reconfiguration plans.

SURGERY

Whilst not dependent on complex capital changes, delivering the proposals for surgery will require major changes in the way the Trust organises its surgical service.

It is proposed that these changes are delivered in a series of stages.

There will be a 24 hour Paediatric Assessment Unit (6 beds) plus a single inpatient unit (47 beds with the capacity to increase to 54 at times of peak demand) at Sandwell.

There will be a 24 hour 12-bedded Paediatric Assessment Unit at City Hospital. Benefits include improved accommodation for the paediatric inpatient service in more modern facilities at Sandwell.

The aim is to have completed the changes by December 2008, allowing room for adjustment before the next stage of the implementation of the Working Time Directive in August 2009. Members of the Birmingham and Sandwell Overview and Scrutiny Committee have referred the plans for emergency surgery to the Secretary of State for review.

At the time of print, the Trust was waiting for confirmation of the next stages in the process.

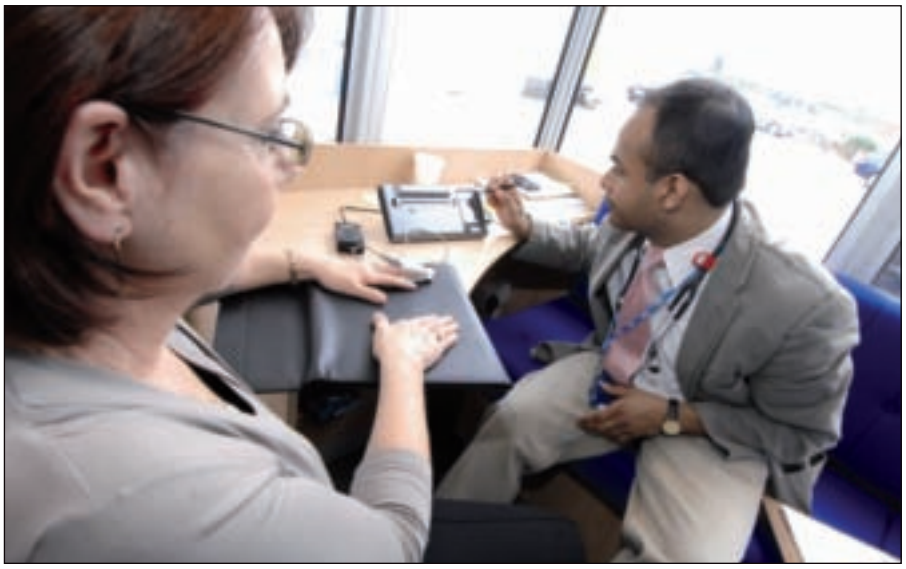
As the changes do not require significant capital building work, the Trust was continuing to plan for the changes so that if approved the original timetable could be met.

The steering groups will now develop detailed project plans for implementation.

These plans will be overseen by the Shaping Hospital Services for the Future Project Board.

Once the implementation plans are finalised the Trust Board will also agree a programme for major reviews of the impact of the proposals to ensure that the changes are delivering the expected benefits. The outcome will be made public.

SANDWELL STAFF TAKE HEALTHY HEARTS TO LONDON



Staff from the Trust were invited to the House of Commons to mark the national launch of a new Healthy Hearts charity.

Dr Elizabeth Hughes and Dr Jeetesh Patel from Sandwell Medical Research Unit (SMRU) based at Sandwell Hospital teamed up with Tony Deep Wouhra – Head of West Bromwich-based East End Foods – to create the Healthy Hearts Institute. The charity aims to target communities in order to increase the early detection of diabetes and heart disease – the deadly combination that is the leading cause of premature death in Britain and abroad.

It builds upon work done by staff at the SMRU over the past years where-health screenings have been carried out at venues across Sandwell including at temples and factories.

The charity was launched on the national stage in the Members Dining Room at the House of Commons by Secretary of State for Health Patricia Hewitt and MP Keith Vaz in November who had a stab at cooking a healthy curry.

Dr Jeetesh Patel said: "Healthy Hearts is a social enterprise initiative that generates funds to invest into the health of the local community."

Above – Dr Ashan Gunarathne from the SMRU screens for diabetes and heart disease

ANNUAL HEALTHCHECK

In 2005/06 the Annual Healthcheck replaced the former Star Ratings system.

The new system, introduced by the Healthcare Commission, scores organisations in the NHS on many aspects of their performance including the Quality of Services provided and Use of Resources.

The final assessment, announced in October 2006, was based upon information gathered throughout the year. The Trust was rated fair for Quality of Services and weak for Use of Resources. The rules for scoring ensure that any organisation that had a financial deficit last year automatically scores weak.

Out of 44 core standards, we declared that 36 were compliant in 2005/06 and 42 compliant in 2006/07. Given that the Trust has improved its performance and made a small surplus this year it is anticipated that the rating for 2006/07 will be improved.

TRUST IN 18 WEEK PLEDGE

Patients opting to be treated at City and Sandwell Hospitals will be treated in less than 18 weeks from GP referral to surgery, including diagnostic tests.

In Sandwell around 90 per cent of gastroenterology patients are already being treated within 18 weeks, three quarters of general surgical patients, two thirds of general medical patients and more than half of all ENT, cardiology and rheumatology patients.

At City around 80% of oral maxillofacial surgery patients are already been treated within this time, two thirds of cardiology and general surgery patients and more than half of patients in dermatology, urology, gynaecology and general medicine.

Chief Executive John Adler is confident that the Trust can reach the national targets in most specialties ahead of the December 2008 deadline.

"This is a really good target from a patient's point of view," he said.

"It is very tangible to them as they know they will have their surgery within 18 weeks of the time their GP referred them to our hospitals.

"We've already got some very short waiting lists and we're investing more money into bringing them down further so the waiting times are low across all specialties in our hospitals.

"Some of our longest waits, such as audiology have seen large reductions over the last few months and we are confident we will be able to maintain shorter waiting times and provide high quality care to our patients."

INVESTING IN THE FUTURE

More than £6 million has been pumped into four major projects aimed at enhancing the environment and boosting the quality of care offered to patients at Sandwell and City Hospitals.

Over the course of the last financial year the trust invested in four capital projects to improve facilities.

It invested £1.85 million in Sandwell Hospital's new critical care unit bringing it fully up-to-date with Department of Health specifications and making it one of the best of its kind in the country (see page 13).

Improvements have also been made to ward D12 at City Hospital. As part of the mixed sex ward project, ward D12, the hospital's isolation unit, was gutted and refitted to the tune of £500,000.

Previously the ten rooms had only a hand basin so the challenge was to redesign the ward to ensure each of the ten rooms had their own en-suite facilities.

Last year Sandwell Hospital's new £3.3 million mortuary opened (see below).

And at City Hospital patients are already reaping the benefits of the newly revamped and reorganised outpatients' department.

The £415,000 project brought all of the outpatient services together. They are now easily accessible to patients at the front of the hospital over the ground and first floors.

Diabetes has relocated and physiotherapy, occupational therapy and pain management are all together on the first floor along with a new physio gym.

On the ground floor there is a pre-admission suite with six consulting rooms, new plaster rooms and orthotics area and medical illustration have moved into new rooms on the ground floor.

Top – William Brown at work in one of the new Outpatients Plaster Rooms. Above – The brand new Physio Gym in Outpatients.

NEW MORTUARY AT SANDWELL

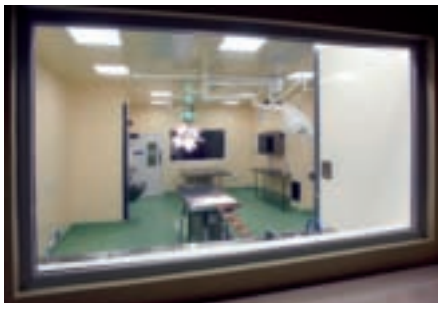
A £3.3 million mortuary complex has opened at Sandwell Hospital.

Funded by SWBH NHS Trust and the Home Office it also incorporates the West Midlands Regional Forensic Centre.

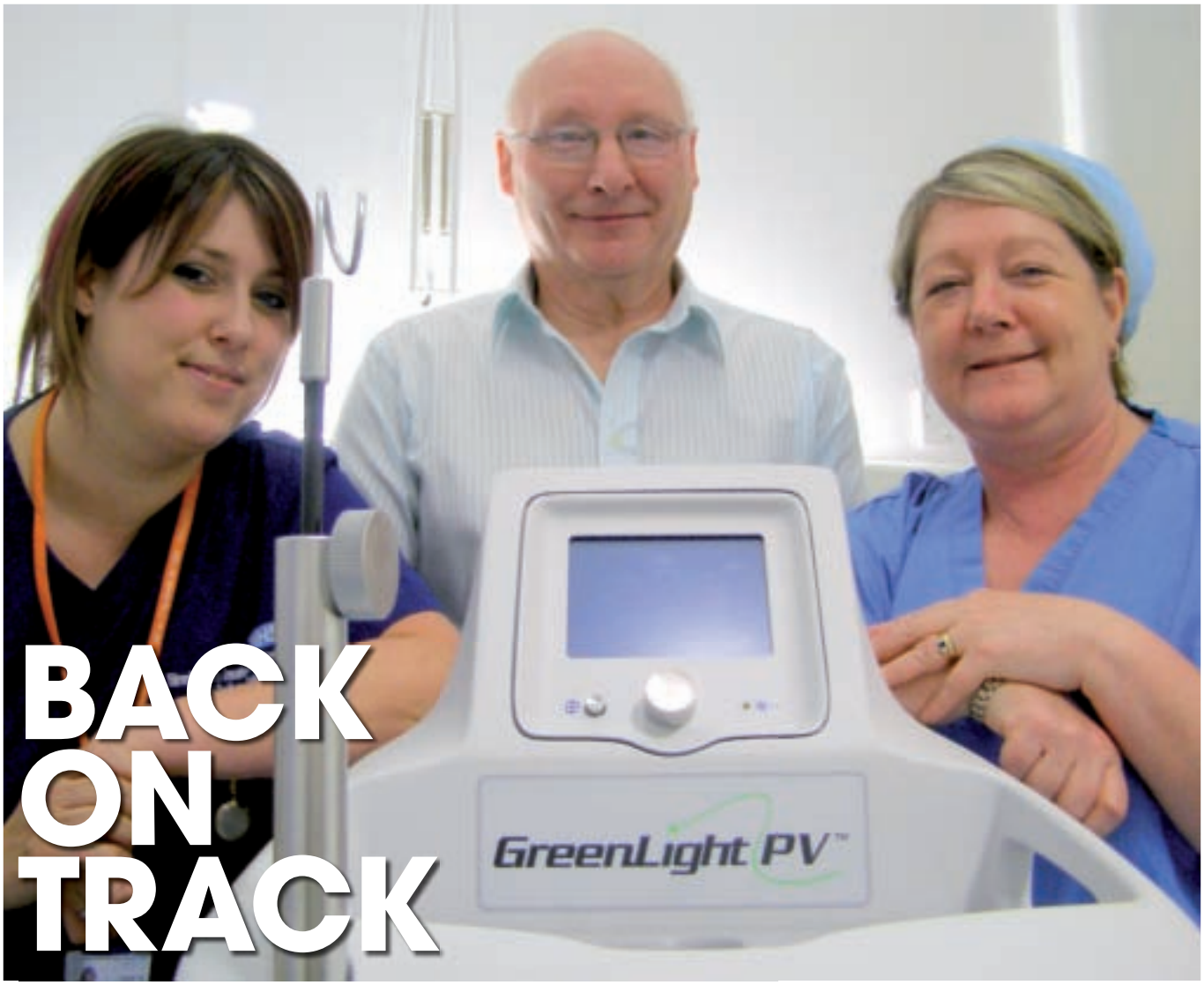
The state-of-the-art development replaced the hospital's mortuaryand now provides specialised forensic services to nine coroners covering the West Midlands, West Mercia, Warwickshire and Staffordshire police areas. There are two post-mortem rooms, one is dedicated to forensic use.

The new facility can store up to 108 bodies in secure lockable fridges. These include special obese units and separate forensic facilities.

Both post-mortem rooms have dedicated observation galleries, providing police, coroners' officers and solicitors with a clean, hazard-free environment in which to observe post-mortems and pathologists at work. There are two post-mortem rooms, one dedicated to forensic use.



Above – The forensic post-mortem room Right – Lawson Davis, senior mortuary technician with Diane Edwards, Histopathology manager



BACK ON TRACK

A Smethwick railway worker is back on track thanks to a new laser treatment for prostate problems.

Sandwell and West Birmingham Hospitals NHS Trust is the first NHS hospital in the area to offer the ground-breaking treatment.

It means patients avoid a six-day stay in hospital, instead spending a maximum of 24 hours on a ward following the procedure.

Michael White, aged 64, was one of the first to undergo the Green Light Laser treatment at the hospital's state-of-the-art Birmingham Treatment Centre, in Dudley Road.

He said: "I had problems with an enlarged prostate for five years and had to continually take tablets for it. But that's in the past now thanks to the new treatment.

"It was so simple and straightforward. I was barely in hospital, there was no pain and I just took a couple of weeks off work to fully recover.

> "It was so simple and straightforward. There was no pain, and I just took a couple of weeks off work." **Michael White**

"It has made such a difference to my life. Before I always had to make sure there was a toilet nearby, even if we went shopping I'd park near a loo.

It really was an inconvenience particularly with my job travelling on the trains every day as an assistant service manager."

The new therapy is for men who need surgery for bladder obstruction due to an enlarged prostate.

Generally the condition affects older men. Previously some 300 patients per year would have required the traditional surgery (TURP – Trans Urethral Resection of Prostate treatment) across the trust. This year it expects to treat half of them using the new laser. Mr Raghuram Devarajan, lead clinician in Urology, said: "We are providing this service in order to give patients more choice over their treatment.

It greatly reduces the length of hospital stay from four to six days to 12–23 hours.

"Careful assessment is made clinically before deciding if this treatment is appropriate for the patient.

"The procedure is carried out under anaesthetic and involves the use of the laser to vaporize the prostate via a telescope passed through the patient's urinary pipe.

"There are other advantages of the laser therapy over TURP, which appeal to our patients, such as a significant reduction in bleeding, and reduced risk of complications, meaning an earlier return to normal activity or work."

ROBERT'S BIG COMEBACK AT SANDWELL CCU

It was a normal Saturday night for West Bromwich steel worker Robert Harpin – a quiet drink down the pub and a game of dominoes with his friend followed by a spot of telly before heading up to bed.

But as Robert reached the top stair that night in September last year his life was never to be the same again.

The 56-year-old fell from the top to the bottom stair of his home in Stone Cross smashing his head on the metal radiator in his hallway.

Robert suffered a cerebral bleed, broke seven bones in his neck and a crushed vertebrae.

He remained in a coma for four weeks and underwent a major operation which involved him having part of his skull and a quarter of his brain removed.

Devastated wife Janet, who was in bed when she heard the terrific bang as her husband tumbled to the floor that night, was told three times to expect the worst during his ordeal. But now Robert is well on the road to recovery.

> "I can honestly say I feel that I'm definitely one of the lucky ones." **Robert Harpin**

He can feed himself, walk and hold a conversation – dotted with plenty of jokes and good humour – all things his wife was told he would probably never do.

The couple are thankful that Robert is here to tell his tale thanks to the care he received at the Queen Elizabeth Hospital and at Sandwell General Hospital.

Almost a month after his accident Robert was transferred to Sandwell Hospital's newly refurbished Critical Care Unit and it was here that he turned the corner.

Janet explained: "When I was told he was being transferred to Sandwell I feared it was because there was no hope for him and that the doctors felt it would be better to have him in a unit closer to his home.

"At that point all he could do was open his eyes but there was nothing there. It sounds silly but we joke that it was him coming back home to West Bromwich which was the turning point for him.

"When he was back at Sandwell Hospital in the Critical Care Unit our grandchildren visited for the first time.

"The unit was airy and relaxed and we felt, after speaking to their parents, that it was something they could cope with.

Robert thanked Criti cal Care Nursing Staff Imee Wong, Alison Annikey, Janine Lonsdale and Jo-An Ogania when he revisited the unit at Christmas.

Robert with his wife Janet and grandchildren Elyshia, 11, Rhys, 10 and Tayla, four.

"It was our 11-year-old grand child Elyshia, who said to Robert, 'Come on now granddad move your fingers!' and he did, and he opened his eyes and saw her.

"She was the first person he can remember seeing since the night of the fall and he always says that it was Elyshia who brought him back."

At Christmas Robert returned to the unit with members of his family to thank the nurses.

For Robert, who was given a tour round, it felt like his first time on the unit.

"I couldn't remember being there except that I recognised the nurses' faces," the 56-year-old said.

"If I had to say where I'd been, I felt like I'd been on an aeroplane and had been staying in a hotel."

Janet, who in contrast can remember every harrowing day spent in ITU at her husband's bedside, said: "It's an excellent unit. Although the machines are going all the time, the space around the beds meant that you weren't overwhelmed by the noise.

"The atmosphere was calming, when you consider everything that is going on in there is a case of life and death, and we felt fully supported by the staff at every turn."

Robert has further to go on his path to recovery and he is getting excellent support from the brain injury charity Headway.

Janet added: "He is lucky to be alive and we both appreciate that.

"We both still have a long way to go but when I think what could have been, we both feel very fortunate indeed.

"I was told to expect the worst but thanks to God and through everyone else's hard work he is here now."

Robert added: "I can honestly say I feel that I'm definitely one of the lucky ones."

THUMBS UP FOR SANDWELL'S NEW CRITICAL CARE UNIT

Sandwell's Critical Care Unit

Sandwell Hospital's new and improved Critical Care Unit reopened its doors to patients last July after a £1.85 million revamp.

The new unit is fully up-to-date with Department of Health specifications and is one of the best of its kind in the country.

Patients, staff and visitors enter through a video-protected door into the new unit which has been designed around a new, more spacious layout. As part of the improvements the former physical divide between the High Dependency Unit and Intensive Care Unit has been removed, integrating the two levels of care.

Originally the unit had 12 beds, and this has now been boosted by an extra four, including two isolation rooms.

All the beds are run flexibly on a points of care system which means that the number of beds that are open at any one time depends on how sick the patients are and the level of nursing required.

Other improvements include air conditioning, bed hoists and a reception area at the front of the unit.

There are sinks at every bedside with no-touch taps. And there is now a relatives' beverage bay and overnight stay area to allow them to take time away from clinical areas, while still being close by.

Relatives can also benefit from being able to phone directly through to the nurse caring for their loved one.

PLANNING FOR A MAJOR INCIDENT

Picture the scene. It's Sunday morning, pouring with rain and you're thinking about what vegetables to have with your Sunday dinner when your mobile rings.

An automated voice tells you the major incident plan has been activated. Sunday lunch is on hold. You abandon the kids and head into work.

There's been an explosion in the city centre and a building has collapsed. Over 100 people injured, ambulances en route to A&E.

Fortunately this time it's just a drill involving all the emergency services to test their responsiveness to a major incident. But the Trust has to be prepared for all types of incidents and has a range of plans in place to cope with major incidents, mass casualties, riots, terrorist, biological, chemical or radioactive incidents, pandemic flu and heatwaves.

Both the Trust's main hospitals regularly participate in and organise drills to ensure they are ready to respond in the event of a genuine incident.

Table-top, telephone and live exercises involving one or both hospitals or coordinated across Birmingham or the West Midlands, all have a part to play, as does the multi-agency drill that involved the fire service, police, ambulance and six hospitals, including City, and volunteers as live casualties earlier this year.

Feedback received so far has been encouraging. During this year's multi-agency drill, the Trust fully tested its systems, identifying how many beds could be freed up and how many nurses, doctors, surgeons and anaesthetists could come into the hospital within half an hour – at one point seven anaesthetists were on standby to drop everything and race in.

Specialist equipment, including a custom-designed decontamination tent is on hand and control rooms are equipped to ensure incidents run smoothly.

Deputy Chief Operating Officer Matthew Dodd said; "Exercises are a great way of finding out what works really well and teasing out the chinks in the armour.

"On our last drill we discovered access to the pharmacy out of hours was too complicated, there was no access to water or drinks in the control room and the TV radio couldn't pick up the local BBC radio station, which is a useful source of information.

"It's important that as many staff are trained as possible and staff who take part find these exercises a great way of learning and developing their confidence.

"Having confident, capable people running the show on these occasions is vital."

The Trust has a business continuity plan to help ensure the organisation continues to carry out its core functions in such a situation and has recently undertaken an influenza preparedness stocktake.

RISING OBESITY LEVELS

Birmingham and the Black Country are among the most unhealthy regions in the UK according to a recent health profile.

With around a third of adults and a quarter of children in the West Midlands predicted to become obese within the next four years, SWBH NHS Trust is already geared up to respond to this worrying trend. The trust owns two mobile gantry systems with attachable standing pants – to help patients weighing up to 69 stone stand upright; 120 electric profiling beds for patients weighing up to 42 stone, five bariatric electric profiling beds and 12 fridges for the larger deceased in Sandwell's new £3.1m mortuary.

As a result of new equipment and training to deal with larger patients, the number of moving and handling injuries among staff has reduced.

John Rigby, Karen Morsley, moving and handling trainers, and Sandra Mosses, moving and handling coordinator.

TRIAL SUCCESS MEANS EARLY DISCHARGE FOR PATIENTS

Women who are being treated for breast cancer at City Hospital are able to go home to their families sooner than before thanks to advances in their aftercare.

The length of stay in hospital for patients undergoing full or partial breast removal and axillary lymph node surgery used to be on average six days, with patients coming in one day before surgery and then being discharged on the fifth day after surgery.

However, this has now been dramatically reduced – to the delight of both patients and consultants – to just one day after surgery, and in some cases the same day as surgery.

It means that patients, who have often had a traumatic time coping with the shock of being diagnosed with cancer and subsequent surgery, are now able to return to the comfort of their own home much sooner.

City Hospital is one of the first in the country to offer early discharge to breast surgery patients following a successful pilot.

One of the patients to benefit from the early discharge plan is primary school teacher Naomi Abel. Under the scheme Naomi, aged 58, returned to her home in Tile Cross, Birmingham, the day after undergoing a mastectomy, following her diagnosis with breast cancer last year.

She said: "It was wonderful to be able to go home so quickly.

"Previously I had had a lumpectomy and I'd stayed in hospital overnight but I was awake every hour.

"It was great to be able to sleep in my own bed and have my own things around me."

Yvette Moore, Deputy Divisional Manager at Sandwell and West Birmingham Hospitals NHS Trust, said: "There are many benefits to the patient in reducing length of stay in an acute hospital including early mobilisation and recovery in a more acceptable home environment.

"It also reduces the risk of hospital-acquired infections associated with a longer stay in hospital."

Above – Breast cancer patient Naomi Abel with Mr Hamish Brown, Consultant Breast Surgeon, and Breast Care Nurse Geraldine Sheridan.

STAFF TAKE THE CREATIVE APPROACH

A range of creative projects have been developed by staff in a bid to help the Trust meet its financial targets and improve the quality of care.

The Planned Admissions Unit at City Hospital acts as a central point for surgical patients admitted on the day of their surgery, who have had pre-operative assessment.

It reduces the time patients stay in hospital, reduces delays and cancellations whilst offering a better service to patients as they are admitted.

A 'patch and plan' scheme has improved the service for patients coming to A&E with hand injuries.

Instead of being admitted onto a ward to wait varying lengths of time for an appropriate theatre slot, patients are 'patched' up, sent home and their care planned to bring them back for dedicated hand surgery at a convenient time and often as a day case.

The end result for patients is not compromised and feedback from patients is very positive.

A trial of long day shifts has been taking place on two wards. Performance is being monitored against previous years and initial findings show the scheme is a success.

These schemes formed part of the cost improvement plan along with other schemes that played their part in ensuring the Trust ended the year with a surplus.

Some schemes involved new, more effective ways of working and ensure the right staff are employed in the right places to do the right things.

Thanks to the innovation of staff, the majority of workforce impact was made through managing vacancies. The number of redundancies made as part of the cost improvement programme was much lower than expected – 140 mainly administrative, ancillary and managerial staff.

Domestic Jill Bennington hangs fresh curtains following a deep clean of ward Priory 5 at Sandwell.

Senior specialist IV nurse Chona Manapsal inserts a cannula into patient Dorothy Richard's hand.

MRSA RATES TUMBLE BY NEARLY 75%

The Trust is set to spend a further £295,000 on tackling infection during 2007–2008 – £200,000 on cleaning, and £95,000 to expand the IV team that has had such a big influence on reducing infection rates.

City and Sandwell hospitals have revealed their annual MRSA bacteraemia figures which show a 44 per cent reduction in cases of MRSA over the year and a massive 73 per cent reduction for the last five months.

MRSA rates have dropped thanks to determined efforts to cut down the spread of infection.

Constant emphasis on cleanliness and hand washing along with the introduction of a groundbreaking IV team has significantly reduced instances of the infection.

Cases of MRSA bacteraemia plummeted from 108 during 2005/06 (average of nine per month) to 61 during 2007/08 (average of five per month). The last five months have seen the greatest reduction – an average of 2.6 cases per month.

Between November 2005 and March 2006 there were 47 cases at the hospitals but during November 2006 and March 2007 there were just 13.

Trust chief executive John Adler has made it a personal mission to bring down infection rates across City, Sandwell and Rowley Regis hospitals.

"I'm really pleased with the progress we're making," he said. "We've come a long way in a relatively short space of time. Instances of MRSA are falling and cases of *C. diff* are also very low.

"It is important patients know we're doing everything we can to prevent infections and we monitor our performance very closely at a very senior level.

"We have an extremely ambitious target and we've come a long way towards meeting it. We will continue to see reducing infection as a priority and hopefully bring the rates down further."

A ground-breaking team of specialist nurses have made a significant contribution to the fall in infection rates among patients.

The trust is the first in the Midlands to set up a hospital IV Team to tackle phlebitis rates among patients who are being given drugs, fluids or blood intravenously through a peripheral cannula – a needle which is inserted into a vein, usually in the hand.

Phlebitis is an inflammation of the inner lining of the vein which causes pain and swelling. Once a vein has phlebitis it reduces its ability to resist infections so it is vitally important that if line associated infections – including MRSA – are to be reduced, cannulas must be inserted aseptically and monitored correctly.

The IV team was originally introduced as a pilot at Sandwell covering eight medical wards.

By the end of the eighth week of intense monitoring by the IV team phlebitis rates had reduced to virtually zero.

The impact of the IV Team in reducing phlebitis rates was so significant their remit was soon extended to all surgical wards at Sandwell with the same almost immediate success. In January the team began covering City.

THE TRUST NEEDS YOU...

TO FIGHT IN THE WAR AGAINST THE SPREAD OF *C.DIFFICILE!*

The Trust has been successful in bringing down rates of MRSA over the last year – and the fight still goes on.

But now there is another enemy on the horizon – *c.difficile* – and the Trust is set to turn its attention to driving down incidences of this new problem.

Director of Nursing Pauline Werhun checks her hand washing effectiveness with Staff Nurse Irena Ga tes

C.difficile is a bacterium that can be found in the gut of about three per cent of humans. In small numbers it goes unnoticed but in large numbers it can cause diarrhoea and colitis.

A lot of people acquire c.diff after using antibiotics, and it can also be caught from contaminated surfaces, items and hands.

Rebecca Evans, Head of Infection Control Nursing, said the Government had now set targets for each Trust to drive down cases of *c.difficile*. She said: "As part of the drive to reduce *c.diff* the Trust and infection control are putting together new initiatives to facilitate the reduction, prevention and control of the numbers of patients identified with *c.diff*.

"Collecting data on *c.diff* has been mandatory for several years but this is the first year the government is asking for reduction targets, as with MRSA. Our targets are currently being negotiated with the PCTs.

"Of prime importance in the fight against *c.diff* is the early recognition of patients with diarrhoea, prompt isolation of patients and instituting effective barrier methods for the prevention and control which includes good hand hygiene and the use of protective clothing such as aprons and gloves.

"Two facts that are imperative in the control and management of *c.diff* are antibiotic control and effective cleaning of wards and especially deep cleaning of bed spaces.

"A recognised method for the reduction of *c.diff* is cleaning with a neutral detergent and water first, followed by disinfection with a chlorine releasing agent (bleach) of all vertical and horizontal surfaces."

Play worker Kalavati Parmar with two-year-old patient Olivia Cole and Staff Nurse Irena Ga tes

SILVER COATED CATHETERS TO FIGHT INFECTION RISKS

It is not unusual for patients who are admitted to hospital to need a urinary catheter, but patients at Sandwell and West Birmingham Hospitals will now be better protected from infection risks by being treated with silver coated catheters.

Dr Adam Fraise, Consultant Microbiologist said: "This type of catheter has been proven to reduce rates of catheter associated infections.

"Introducing something into the body always carries a risk of infection, which can sometimes be quite severe. This silver coated catheter prevents organisms growing in the catheter, which would often be the primary source of an infection.

"The silver catheters are now being used as standard across City, Sandwell and Rowley Regis Hospitals.

"This change has required clear financial investment which sees a benefit to our patients and can also reduce additional hospital costs that are generated when patients acquire infections."

The catheters are coated with a hydrogel to prevent any allergic reactions to the silver.

BE BETTY'S MATE – TERMINATE

A simple hygiene message, rather than infection, was spread in a fun-filled publicity campaign called 'Be Betty's Mate – Terminate.'

Sandwell's very own medicines' matron Lois Swift took the role of Betty for the 2006 Saving Lives Week publicity drive which focused on simple measures like hand washing.

The campaign kicked off in style at Birmingham Treatment Centre when Betty came to life. She then visited Birmingham's Victoria Square and Queen's Square West Bromwich spreading the hand washing hygiene message.

Lois said: "I loved being Betty. We were able to target young people and families with children, with important infection control messages that I hope will be shared with others."

DOCTOR'S WATER AID

A Sandwell and West Birmingham Hospitals NHS Trust doctor is helping make fresh water a reality for hundreds of people living in Sub-Saharan Africa.

Dr Omer Khair is one of nine trustees of the charity SUWGIA – Sudan Water Grant For Incapacitated Areas.

The charity, which was set up by a group of Sudanese doctors living in the UK three years ago, is dedicated to the provision of clean water and promotion of hygiene and sanitation.

It has so far dug nine wells, each costing £3,500, in remote areas of the Sudan, including war-torn Darfur.

Dr Khair is a respiratory consultant and divisional director at the Trust. He has worked in the Sudan and treated many children who were seriously ill with diarrhoea picked up from drinking unclean water.

He said: "A shocking 5,000 children die each day from diarrhoea in Sub-Saharan Africa alone. Worldwide, diarrhoea is the biggest killer of children aged between one month and five years.

"The first well was dug in Nugdalla Village in the Blue Nile area of Sudan. It was a village of 300 people where there was very little clean water.

"Since the well was dug, there are 3,000 people living there – which speaks for itself."

He is raising awareness about the charity within the community and received a donation of £500 from his colleague, Sandwell and West Birmingham Hospitals Ear, Nose and Throat consultant surgeon Andy Batch.

"Since the well was dug in Nugdalla village, Sudan, the population has risen from 300 to 3,000"

Dr Omar Khair

If you would like to make a donation to the charity contact Dr Khair by calling 0121 507 4586 or log on to the website at www.suwgia.com

Left – Dr Omer Khair with colleague Mr Andy Batch

FROM RUSSIA WITH LOVE

A hospital consultant is making links across the seas after being appointed as the Royal College of Pathologist's international advisor for Europe and Russia.

Dr Richard Murrin works as a consultant haematologist at Sandwell and West Birmingham Hospitals NHS Trust.

Russian-speaking Dr Murrin spent two months treating patients in Chelyabinsk in the Urals as a medical student and he has a Russian-born wife.

Dr Murrin, who lives in Blackheath, Rowley Regis, is one of six international advisors selected by the Royal College of Pathologists each covering a different geographical area of the world.

Dr Richard Murrin

The advisors are charged with fostering appropriate relationships and academic links within Europe and Russia to enhance international standards of practice for pathology.

Dr Murrin will report back to the college's International Committee as part of his UK-based role.

The Royal College of Pathologists promotes excellence in the practice of pathology.

A DARN GOOD EFFORT!

A 90-year-old gran has knitted her way to raising £1,000 for a cancer support service at Sandwell General Hospital. Annie Ball, from West Bromwich, sold her woollen creations to friends, family and neighbours to raise the money. The money will benefit the Courtyard Cancer Information Centre, based in the main reception of Sandwell General Hospital. The centre provides information and advice to cancer patients.

Lynda Spiers and Annie Ball with her woolly friends

FAST-TRACK SYSTEM FOR SICKLE CELL PATIENTS

When Birmingham woman Joanna Thompson was admitted to hospital in Tanzania with excruciating pain it was a simple card provided by City Hospital that helped doctors fast track her treatment.

Joanna aged 44, was on holiday with her family in Dar Es Salaam, Tanzania, when she woke up with severe stomach pain.

She was experiencing a painful crisis, a common symptom of Sickle Cell Disease.

"As soon as I arrived at the hospital, I showed the doctors my Sickle Cell treatment card which enabled them to assess my condition and prescribe the medication I needed quickly," she said.

"Doctors at Lugalo hospital followed the treatment protocol on my card to the letter. It meant that I received the necessary drugs to help combat the pain and was considerably better the next day. Thank God for the treatment card."

Sandwell and West Birmingham Hospitals NHS Trust's Sickle Cell and Thalassaemia Centre (SCaT), the only one of its kind in the UK, launched the treatment card system in 2004.

SCaT lead nurse Cathy Dhanda, the brains behind the card, said "Patients cannot predict when a painful crisis may occur but when in pain they often require prompt treatment such as appropriate painkillers, oxygen and fluids.

"The patient's personal details, photograph, type of sickle cell and 'analgesic regime' are all provided on the treatment card so when they present themselves at A&E, doctors can quickly assess their condition and administer the correct treatment immediately."

Since the launch Cathy has issued more than 150 cards to her 350 patient database. They are free to patients and only cost the trust 80p to produce.

"My sickle-cell treatment card enabled the doctors to assess and prescribe for my condition more quickly"

Joanna Thompson

Sickle Cell Disease is a genetic disorder affecting more than 6,000 adults and children in Britain, most commonly people of African and Caribbean descent.

The disorder causes red blood cells to become mis-shapen, hard and sticky, making them difficult to move easily through blood vessels.

These 'sickle cells' block the flow of blood to the limbs and organs leading to unbearable pain and organ damage for the sufferer.

LET'S HEAR IT FOR AUDIOLOGY

Audiologists have dramatically reduced waiting times for adults with hearing problems from four years to just eight weeks.

The remarkable turnaround for thousands of people has been brought about by seven-day work rotas combined with a big team effort from all staff involved.

Suki Dhillon, consultant audiologist and audiology manager, said: "Everyone from the chief executive across to the 40-strong team, which makes up our audiology department, has pulled together to make this happen."

Last October the team was faced with a massive backlog of both new referrals for assessment and existing patients keen to switch hearing aids over from analogue to digital.

"We weren't that different from many other trusts in terms of waiting times," said Suki, "and we knew it would be a huge challenge to turn it around and meet a 13 week assessment target by this April."

An audiologist checks a patient's ear

To make the difference the team validated its waiting lists by writing to everyone on the lists to check they still needed appointments. It also set up weekend clinics at two centres, The Lyng Centre for Sandwell patients and the Hearing Services Centre for west and north Birmingham patients. In addition it tightened up on cancellations, rebooking appointments as soon as cancellations came in.

"When I say it was a team effort I really mean team," said Suki, "receptionists, administrative staff and the audiologists got behind the weekend rotas to clear this backlog and supercede the 13-week April target for assessment by five weeks."

In addition the team addressed waiting times for hearing aid fittings, cutting them in half from 52 weeks to 25 weeks.

"At the end of the day it is about providing a better service for our patients and that makes us happy," says Suki.

SHOUT OUT FOR INTERPRETING SERVICE

Clinical and support staff who need interpreters can make use of a round-the-clock telephone service which provides interpreters for more than 150 languages.

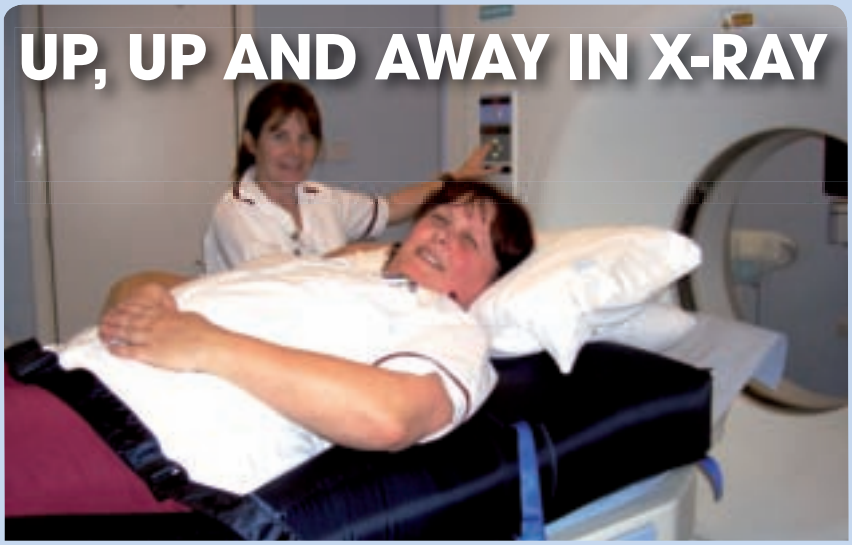
The remarkable service is available 24 hours, 365 days a year, ensuring patients and staff can communicate, whatever the language, about any clinical issues.

The trust's interpreting service, which has five in-house interpreters and uses a bank of agency interpreters has seen a recent rise in the needs of patients from Eastern European countries.

It launched an electronic database for interpreter booking which is hoped will ensure more efficient use of agency interpreters in the same way as the trust bank service.

Interpreting services are available on 0121 507 3600.

UP, UP AND AWAY IN X-RAY



Patients at Sandwell Hospital's X-ray department are literally floating on air thanks to a new piece of equipment.

The department now has a new Airpal patient transfer system.

The Airpal is a mattress which goes under a patient, is inflated, and then helps the patient 'hover' onto the bed or equipment.

As well as making moving more comfortable for the patient it is also good news for staff as it takes the strain out of lifting. The equipment, which cost £2,500, was bought with funds raised by the hospital's League of Friends.

Superintendent radiographer Jane Sadler said: "It is brilliant, especially when the CT scanner is used on-call out of normal working hours as you only need two people to safely move a patient.

"It is much more comfortable for patients and helps to save our backs."

THE LATEST TECHNOLOGY HELPS DOCTORS GIVE BEST CARE

Doctors at the Birmingham Treatment Centre are making sure that patients have access to the best and latest treatments

Patients at City and Sandwell Hospitals are benefiting from some of the latest advances in medical technology.

Doctors are at the cutting edge of modern medicine and new interventions, treatments, procedures and equipment are continuously being considered and developed. Now life-saving operations are taking place under local anesthesia and patients can go home the same day.

The latest outpatient and day case techniques are becoming increasingly fashionable at the Birmingham Treatment Centre and more and more surgery is taking place without patients needing to stay in hospital.

The Trust has become the first in the region to formally offer patients radiofrequency ablation of small renal tumours.

The technique destroys cancer cells by delivering an electrical current direct to the tumour through a needle. Interventional Radiologists use ultrasound technology to guide the needle to the tumour cells and then radiofrequency to heat the needle to around 100°C for eight minutes to destroy the tumour.

The technique can be used on larger tumours but needs to be repeated ensuring the areas targeted overlap so nothing is missed.

The procedure is safe and effective and can be carried out as an outpatient or day surgery appointment rather than the average five day stay required with more traditional surgical methods.

Green Light Laser treatment is another use of the latest technology. The Trust has become the first NHS Trust in the Midlands to offer this exciting new day case operation. Read about Michael White's story on page 11.

Another Midland first is Percutaneous Vertebroplasty which dramatically improves the quality of life for patients suffering from fractures or compressions due to osteoporosis, metastases, myeloma or trauma by freeing them of pain. A special bone cement is injected into the vertebrae using x-ray guidance with the patient under local anesthesia and the patients go home within hours.

Dr Suresh Babu explained that the alternative is surgery to remove the vertebra with spine stabilization or for patients to live with the pain using longterm painkillers for pain relief.

"The alternatives have higher risk of complications and cost more," he said. "This new technique is of significant benefit to patients with vertebral fractures which are very common in patients with osteoporosis. Most tend to get better over time but a substantial number are left with considerable pain or need long term pain relief. This is a safe, effective procedure and complications are few and far between."

You might be forgiven for thinking you'd walked onto a Doctor Who set in Clinical Biochemistry after the team introduced robots to help improve accuracy and efficiency. The new robots have attracted attention from all over the country as scientists queue to see the latest medical attractions.

Nearly 3,000 samples are prepared by staff to go through automated analysers and staff record the results each day, removing and replacing each sample tube cap by hand. But now they have a team of robots to help them.

The robots read the sample bar code, remove the top, take portions from samples if necessary and place them in the correct analyser rack. After analysis the robot recaps the tube and places it in the right position in a fridge rack. All this used to be done by staff.

And that's not all. Other new technologies are coming on stream all the time. Doctors at the Birmingham Treatment Centre are making sure their patients have access to the best and latest treatments, providing high quality care that is less invasive and more convenient for patients.

HAPPY BIRTHDAY BTC!

Trust Chair Sue Davis with HRH The Duke of Gloucester and Chief Executive John Adler

City Hospital's Birmingham Treatment Centre celebrated its first anniversary in May 2007.

The centre opened in November 2005 but was officially opened by the Queen's cousin, HRH the Duke of Gloucester, on May 24 2006.

Since then thousands of patients and visitors have passed through its shiny revolving doors. An impressive 10,767 surgical procedures and 155,481 consultations have been carried out during that time.

The £35 million BTC boasts three floors of the latest outpatient, diagnostic and day case facilities. The centre offers a new way of meeting the needs of the local health economy and employs new models of care, new protocols for referrals and reduces the length of stay needed for surgical patients, outpatients appointments, diagnostic and day surgery procedures.

During the visit of HRH the Duke of Gloucester, Trust Chair Sue Davis welcomed the Royal visitor saying she was pleased to have the opportunity to showcase the achievements of the BTC.

Sue said: "We are very proud of this building and what it represents. Patients are seen quickly, during the day and can return home as soon as possible."

The Duke unveiled a plaque, which has been displayed within the central atrium of the BTC, to commemorate the day.

He said: "As an ex-architect I am delighted to see the processes that have been undertaken and to see how different parts of the hospital have come together to benefit patients and improve their hospital experiences.

"I would like to congratulate all who played a role in this process. It must be very rewarding to see the fruits of their labours."

Since the official opening the BTC has gone from strength to strength. Recently the BTC saw a further £100,000 investment in equipment to help transfer inpatient surgery from the main hospital site into the BTC. In June this year a new aseptic suite opened at the BTC which allows infusions for chemotherapy patients to be produced on site.

With the advancement in clinical practice more patients are now able to go home on the day of surgery or within 23 hours of their surgery taking place at the BTC. Those benefiting from this include Ear, Nose and Throat, Breast Surgery, Gynaecology and Urology patients.

In August this year the sixth operating theatre at the BTC opened which will help to further increase the hospital's operating capacity and ensure that more patients are able to go home on the day of surgery.

DRIVERS' TICKET PROBLEMS SOLVED

Significant concessions have been introduced into patient parking on all three sites.

Early in 2007, the Trust had problems with the use of one-time tickets at both its main sites.

Deputy Director, Estates, Steve Clarke explained; "The scheme's downfall has really been the success of the scheme, as the large number of valid tickets crashed the system and a high proportion of tickets stopped working. This caused a great deal of inconvenience to patients, visitors and staff."

Now Steve and his colleagues have found a solution and are installing new software and equipment in a bid to continue the provision of concessionary parking.

On Monday 18 June 2007, one time tickets were replaced with tokens. The cost is exactly the same, 10 tokens for £10. But the way the tokens are used is different to the previous tickets.

Patients or visitors should take a barrier ticket from the entry barrier to gain entrance to the car park as normal. Drivers need to hold on to this ticket.

When leaving, the driver goes to the pay station and inserts the ticket. The machine will display the cost of parking. The driver should insert **one** of the tokens into the coin slot and the ticket will be validated and returned to the driver. Then the driver can exit as normal, putting the validated ticket into the exit barrier machine.

People who have previously bought packs of one time tickets and still have valid tickets remaining, can exchange them for the new style tokens. The new tokens are valid indefinitely. The Trust also offers weekly or three monthly season tickets and refunds the cost of travel to patients on certain benefits.

If you have any enquiries please call Diane Alford on 0121 507 6425.

Tokens will be available for purchase from the usual outlets:

City Hospital	*BTC Main Reception Monday to Friday 8.30 am – 6.30 pm*
Sandwell Hospital	*Main Reception Monday to Friday 8am – 7pm*

AND THE WINNERS ARE...

Staff have been rewarded for their innovative ideas which improve the service offered to patients.

The winners of the 2006 Public and Patient Involvement Service Champions Awards were announced at the trust's Annual General Meeting last September.

The awards celebrate how services can be improved via patient involvement.

A total of 14 nominations were considered with each entry having to demonstrate improvement to patients.

Scooping the top prize of 'Highly Commended' was the Sandwell Tuberculosis Nursing Service.

The service has made a raft of changes including a ground-breaking information pack which is now being used across the country.

Taking the right medication at the right time is essential if patients are to make a good recovery from TB so the information pack includes a pictorial card which reminds patients of the name and dose of the drug to be taken.

Sandwell's TB Nursing Team Liz Worwood, support worker and TB clinical nurse specialists Jacqui Nation and Tracy Blackham with their Service Champion Award.

The team has also worked closely with the Chest Clinic to ensure that patients with a suspicious x-ray are referred directly to a TB nurse, who visits the patient at home within 24 hours.

This helps speed-up the diagnosis and ensures that infectious patients receive treatment at the earliest opportunity.

The Sickle Cell and Thalassaemia Service and the Critical Care Organ and Tissue Donation Service also received awards.

Winners of the new Service Stars Award were Sandwell's orthopaedics department for the introduction of a new Hip and Knee Club.

The club is a one-stop-shop where patients are provided with information about their surgery as well as getting the chance to meet other people going through the same treatment.

The club helps to screen out problems before patients come in for surgery and reduces hospital stay.

LEAGUE OF FRIENDS DONATE HOIST

The Rowley Regis League of Friends have donated a hoist to the hospital's Eliza Tinsley ward. Tony Beeson, chair of Rowley Regis League of Friends and volunteer patient transport driver said: "We hold car boot sales and table top nights throughout the year to raise money for equipment that will benefit patients. I know the ward is very appreciative for the hoist and we are pleased to be able to help."

Left to right – HCA Karen Priest, ward manager Inez Innis, HCA Paula Westwood, Irene Green and Tony Beeson from Rowley Regis League of Friends

GRACE'S GIFT TO FIGHT OVARIAN CANCER

Fundraiser Grace Leahy handed over £5,000 to buy a special freezer which will be used by researchers in their work to find a cure for ovarian cancer.

Grace raised the cash by running raffles and events from her Quinton home over the past two years.

The freezer keeps tumour and blood samples at a constant minus 80ºC. It will be used by the Cancer Research UK Trials Unit, which has a satellite office in the Birmingham Treatment Centre, at City Hospital.

The freezer allows samples to be stored properly within the unit as soon as they are taken from the patient, so that they can then be studied at a later date.

The freezer is timely as the unit is about to embark on a major piece of research which aims to find a way of treating a particularly advanced form of ovarian cancer.

Dr Chris Poole, Macmillan senior lecturer in Clinical Oncology at City Hospital, said: "The freezer will be a major help to us as we carry out our research into this trial. We are very grateful to Grace and all her supporters for their generosity."

Grace added: "I've been involved in fundraising for a long time now. I really enjoy it. I'd like to thank all the people who have donated and have helped me raise the money over the last couple of years."

(pictured) Grace Leahy and clinical research sister Helen Higgins next to the new refrigerator

SIKH TEMPLE'S £6,000 DONATION

Worshippers at a Birmingham Sikh temple made donations to buy £6,000 of equipment for City Hospital.

The Ramgarhia Sikh Temple, in Graham Street, funded two syringe pumps and two volumetric pumps.

Lawrence Barker, deputy manager of City Hospital Medical Engineering department, said: "We are extremely grateful for the donation. These pumps ensure that high risk drugs and fluids can be safely delivered to our patients."

MATRON TAKES STOCK

A game-for-a-laugh matron got a good soaking in a bid to raise funds for Rowley Regis Hospital.

Paula Mascall climbed into the stocks at the hospital's annual Gala Day last year and invited staff, patients and visitors to pelt her with wet sponges.

Also joining Paula in the stocks was League of Friends volunteer Vince Rudland. The pair raised £25 for the League of Friends.

Drenched Rowley Regis Hospital Matron Paula squares up for a sponging a t the hospital's Gala Day.

Volunteer Vince Rudland and Paula Mascall get a drenching from Tony Beeson, chairman of Rowley Regis League of Friends (left) and HCA Karen Priest (right)

VOLUNTEERS RAISE £10,000

Dedicated volunteers at City Hospital have raised a whopping £10,000 to fund new equipment on many wards.

The League of Friends has raised the cash over the last year thanks to the continued dedication of its team of volunteers.

Judith Whalley, League of Friends chairman, said: "I felt like Mother Christmas presenting goods to the wards. The League of Friends had a very successful year and the volunteers did a brilliant job."

For more information about becoming a member of the League of Friends call Alan Daniels, volunteer services manager and secretary of the City League of Friends, on 0121 507 5687.

WHAT THE DONATIONS BOUGHT...

- Six porters' chairs which require a £1 deposit (like a supermarket trolley) for visitors who have difficulty in walking down the corridor.
- Ten electronic scales for the community midwives.
- A special shower chair and armchair for patients with poor sitting balance for the Stroke Unit.
- Two 'Bird Respirators', to support the work of the respiratory physiotherapy team.
- An electric cot, mains operated ophthalmoscope and other equipment to support paediatric deaths and bereaved parents
- Red trays for the patient nutrition programme.
- A TV and DVD player for the Neonatal Unit to help entertain brothers and sisters of babies being cared for.

TRUST DOCTORS TRIAL THE HUMBLE ASPIRIN

Two trust doctors are taking part in an investigation to find out whether the humble aspirin can be used to prevent cancer of the foodpipe.

Gastroenterologists Dr Mark Anderson at City and Dr Nigel Trudgill at Sandwell are using aspirin alongside an anti-ulcer drug to try to prevent a condition called Barrett's oesophagus from developing into oesophageal cancer.

Barrett's oesophagus affects up to two per cent of the UK population and is responsible for around half of all oesophageal cancers.

Patients with the condition have stomach acid that rises from the stomach into the oesophagus usually causing frequent heartburn. The acid damages the cells in the lining of the oesophagus and in some cases they turn cancerous.

The Cancer Research UK funded trial aims to see if aspirin and the anti-ulcer drug can prevent this condition of the oesophagus worsening and its progression to cancer. The trial is one of the largest cancer prevention trials in the world, with 5000 patients who have Barrett's oesophagus being recruited for the trial from more than 50 UK centres.

Dr Anderson said: "Only a small proportion of those with Barrett's oesophagus will develop oesophageal cancer but an increasing number of people in the UK are developing this cancer.

"This research should provide us with valuable knowledge on how to prevent oesophageal cancer."

Above – Dr Mark Anderson and Dr Nigel Trudgill

NEW CANCER SUPPORT SERVICES LAUNCHED

A new support service was launched at City Hospital aimed at patients, carers and others affected by cancer.

The Courtyard Cancer Information and Support Service at Sandwell Hospital opened its partner service, Cancer Support, at City Hospital last May.

Cancer Support is situated in the Oncology Unit, in the Birmingham Treatment Centre and is a five-year project funded by Macmillan Cancer Support.

Since the launch of the Courtyard Centre at Sandwell Hospital in November 2001 more than 5,000 patients and visitors have had help and support.

Last year it kicked off its fifth anniversary with help from West Bromwich Albion football star Chris Perry. The centre staged a week of events to raise awareness of the services offered.

One of its latest developments is HeadStrong, a free service, for men and women whose hair has been affected by illness or cancer treatment. It is provided by Breast Cancer Care and the team at the Courtyard Centre.

HeadStrong provides practical and emotional support, tips and information on how patients can look after their hair and scalp before, during and after treatment.

It also offers advice on tying and wearing headscarves and the chance to try a range of hats, scarves, fringes and hairpieces in a comfortable and private setting.

Above – Volunteer Maureen Dudfield, Albion's Chris Perry and Courtyard Centre Manager Lynda Spiers.

GETTING BACK TO THE FLOOR

Have you every wanted your boss to come and do your job for the day and see how they cope?

Sandwell and West Birmingham NHS Trust gave staff the chance to do just that by launching a Back to the Floor programme in July last year.

Security Officers Lee Sweeney and Tony Williams demonstrate a restraint position on Director of Finance Robert White.

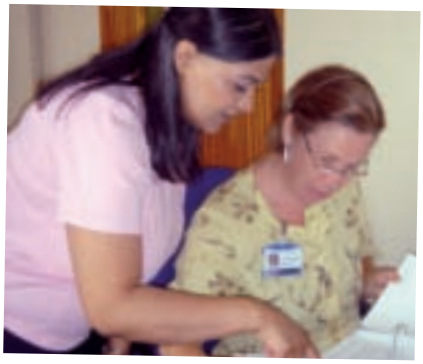
Chief Executive John Adler enjoys a laugh with patient Doris Stephens as he dusts her bedside locker.

Kicking-off the programme was none other than the Trust 'boss' Chief Executive John Adler who pulled on his overalls and spent a shift working as a domestic on City Hospital's ward D27.

During his visit John refilled water jugs, cleaned the bathroom and polished the floors. He said: "All in all it was a very enjoyable shift and a good opportunity to see what life is really like at the sharp end."

Since John's first Back to the Floor in July the programme has proved so successful John has gone back again and the scheme has been expanded to include other Non- and Executive Directors of the Trust.

Vice Chairman Roger Trotman serves food to patient Duncan Moore watched by Ward Manager Krishna Ram.



Elina Khan, Clerical Officer, explains the Contact Centre filing system to Chair Sue Davis.

In September Trust Chair Sue Davis got Back to the Floor when she worked in the Trust's busy Contact Centre which takes hundreds of calls a day from patients wishing to book an appointment.

Director of Finance Robert White swapped spreadsheets for security patrols when he joined the hospital's Security team helping to keep staff and patients safe.

And Vice Chairman Roger Trotman served meals to patients and emptied commodes during his stint on City Hospital's ward D26.

KEEPING GPs INFORMED

The Trust has launched Open Day events for GPs and primary care to keep doctors at practices across the region up-to-date with trust developments.

The first 'Strengthening Links with Primary Care' event was held in November last year with a second one planned this summer.

The new information events are in addition to a GP Homepage and a monthly GP newsletter, *GP Focus*, which Sandwell and West Birmingham Hospitals NHS Trust produces.

At the Open Days, hospital consultants from more than 40 disciplines are available to talk to GPs about recent developments.

Nicola Wright, GP Liaison and Communications Manager, who organises the events, said: "It is basically a two way opportunity for GPs to have unlimited access to our surgeons, while giving consultants the chance to talk to a large number of doctors about such subjects as the implications of payment by results, chronic disease management, avoiding emergency admissions, improvements in access to elective services and practice-based commissioning."

HOSPITAL HELPS GUIDE DOGS

Retired guide dog Rocky stole the show when he visited Sandwell Hospital's Ward Services department with his owner to collect a £3,000 cheque.

The Golden Retriever along with stud guide dogs Tam and Humphrey put in an appearance by way of thanks for the money which will help the Guide Dogs for the Blind Association.

The cash was raised by senior ward service officers Carol Hall, Joy Edis, Margaret Lewis, Carol Williams and members of the 160-strong Ward Services department – which provides the cleaning and food service to the wards. They held table top sales and raffles to generate the cash over the course of a year.

STAFF OPINION SURVEY 2006

An action plan has been drawn up to show how the Trust plans to improve the working life of its staff over the next year.

The plan is based on the findings of the NHS National Staff Survey 2006. The Trust bucked the downward trend this year for the overall response rate with 61 per cent of the 792 people sent surveys returning their completed form – two per cent up on last year and ten per cent higher than the national average.

Staff were quizzed on subjects ranging from how they felt about their Agenda for Change banding to whether they would be happy to be treated as a patient.

Colin Holden, Director of Human Resources, said: "Overall the Trust is generally in line with other NHS organisations.

"That said, there is clearly much scope for improvement, and that's what we intend to achieve by developing our action plan."

In a bid to improve the work life balance the Trust plans to carry out a review of ward staffing levels and improve the information available with respect to informing staff about flexible working and childcare support.

Fifty per cent of staff who responded said they had had a Personal Development Review (PDR) in the past year and most felt that their PDR had been useful in improving their work. As a result the Trust now plans to launch a revised PDR policy to cover all non-medical staff and provide executive leadership on the importance of undertaking effective PDRs.

Staff feel generally more positive about Agenda for Change in our Trust compared to others across the country.

Eighty three per cent of staff had received a new job outline/description compared to 78 per cent nationally and 54 per cent believed their rebanding was fair compared to 46 per cent nationally.

As part of the action plan a new terms and conditions group will be set up to consider queries with regard to Agenda for Change terms.

Most staff said they worked in teams, with clear objectives, and were encouraged to do so. The Trust also received good frontline management scores on helping with difficult tasks and being supportive in a personal crisis.

Eleven per cent said they had experienced discrimination in the last 12 months compared to 11 per cent nationally. Seventy seven per cent said they knew how to report concerns regarding negligence or wrong doing, the same as the national figure. The Trust scored better than average in taking effective action on violence, bullying, harassment and abuse, racial and sexual harassment than other Trusts in the country.

BEREAVEMENT TEAM HONOURED

Compassionate and caring bereavement staff at Sandwell Hospital are celebrating after scooping an award for their outstanding work.

The Bereavement Care Team offers a high quality service to patients and grieving relatives on the Critical Care Unit, providing a more personal approach in supporting families before and following the bereavement of a loved one.

The Chair's Award, launched in June 2007, recognises individuals and teams within the Trust who go above and beyond the call of duty. With a staggering 19 nominations from a wide range of staff recognising the team's importance and dedication, Kerry-Ann Farrow, Clinical Lead and Senior Sister, and her superb team won hands down.

She said: "It is fantastic that the team have been recognised for their hard work and dedication."

Sue Davis, Chair of the Trust, said "It is a real pleasure to present the first Chair's Award and clearly the Bereavement Care Team deserve the praise as the work they do is brilliant. The care the team provides to patients at the end of their lives and the support they offer to their relatives and loved ones is a tremendous asset to the Trust."

Last December the Bereavement Care Team invited over 130 relatives from across Sandwell to attend the first of many special memorial services.

(Left) Chair Sue Davis with Kerry-Ann Farrow

Relatives lit candles in memory of their loved ones and many hung poignant messages on a special remembrance tree, marking the lives of their family members.

EQUALITY AND DIVERSITY IN HOSPITAL

PATIENTS

The Trust provides services to over 500,000 people in Sandwell, western and central Birmingham and the surrounding areas.

The Trust serves an area with a highly diverse population. Much of western Birmingham is home to large minority ethnic communities with people from Black and Minority Ethnic groups comprising over 70% of the population in some places. Within Sandwell, black and minority ethnic groups account for over 60% of the population.

Our Race Equality Strategy is a working document outlining plans to ensure we promote equality of opportunity for ethnic groups in employment and service delivery.

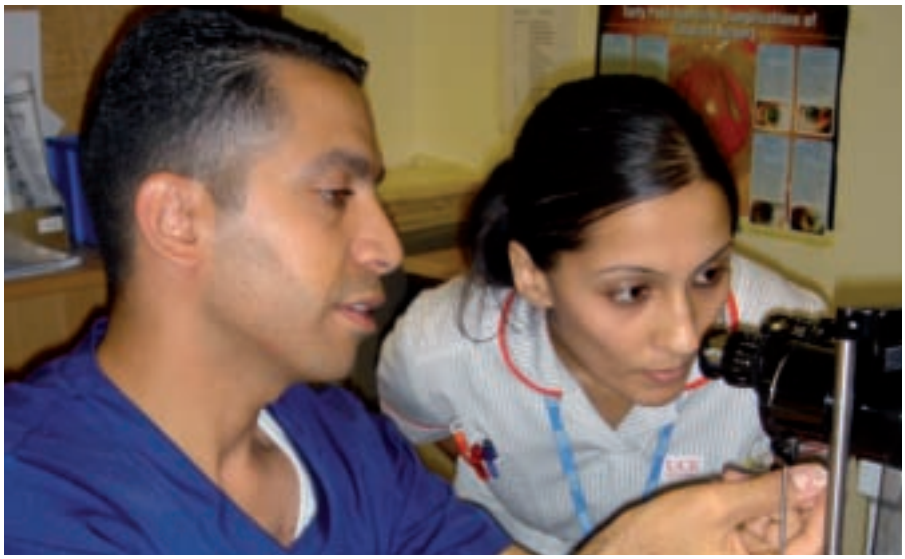
The RES is part of our Equality and Diversity Strategy which aims to ensure equality and diversity are mainstreamed into everything we do.

The age profile of our population also varies considerably. Over 25% of people are aged under 16 in some areas of western Birmingham contrasted to over 8% of people aged 75 years and over in some parts of Sandwell.

The population of western Birmingham is expected to grow by around 6% between now and 2015. Overall the population of Sandwell is expected to be more stable although a significant increase is expected in the older age groups. The wards in Birmingham served by the Trust are mainly within the 25% most deprived in England.

Almost all the wards in Sandwell are in the 25% most deprived in England with the remainder in the second most deprived 25%.

Both areas score significantly worse than the England average on a range of health indicators, including infant mortality, life expectancy, diabetes, heart disease and stroke.



Mohammad Talluzi and student nurse Assma Khan

STAFF

The 6,000 strong workforce is as rich and diverse as the communities it serves.

A truly effective diverse organisation is one in which the differences individuals bring are valued and used. Although 'equality' and 'diversity' are not new concepts for anyone working within the NHS, delivering on them remains an important challenge.

The Trust's commitment to equality and diversity as an employer means ensuring that we continue to recruit and retain the best people whatever their gender, ethnic background, sexual orientation, religion, age or disability.

It also means treating all individuals fairly and providing opportunities for the development of all our employees regardless of their differences.

All employees, whatever their role, have an individual responsibility for establishing equality and diversity within the Trust through both their conduct and commitment to the Equal Opportunities and Dignity at Work policies.

EMMA'S NEW ROLE

City and Sandwell Hospitals' critical care units received a shot in the arm with the appointment of a new consultant pharmacist.

Emma Graham-Clarke is only the second consultant pharmacist to be appointed in the country. Her new role aims to ensure that the highest level of pharmaceutical expertise is available to those patients who need it.

Emma, from Bromsgrove, spends around 50 per cent of her time in the critical care units.

She said: "I attend the ward round and help solve problems such as drug doses in renal replacement therapy and how to get drugs into patients who can't take tablets."

She also fulfils a mentoring role, teaching critical care nursing and medical staff as well as other pharmacists within the trust.

The Department of Health drew up guidance for the approval process for the consultant pharmacist post and Emma's new role was approved by the Strategic Health Authority.

Emma Graham-Clarke advises City critical care unit Sister Vanessa Taylor on infusion compatibility.

CLOT-FINDING CLINIC CUTS WAITING TIMES

One of the country's first rapid ultrasound clinics has been set up, in Sandwell's A&E department, to diagnose deep vein thrombosis.

Dr Kal Murali is one of the first consultants in the UK to run a specialised rapid access DVT clinic from A&E.

He has scanned more than 90 patients since setting up the clinic providing a quick diagnosis of deep vein thrombosis.

Dr Murali trained as a sonographer undertaking a Postgraduate Certificate in Ultrasound at the University of Central England and gained clinical experience by working with the radiology department at Sandwell Hospital.

He now runs the rapid ultrasound clinic for one hour a day, four days a week, using ultrasound – the same scan that is given to pregnant women – to detect DVTs, usually in the legs.

Combined with increased sessions by the radiology department, the new rapid access DVT clinic has drastically reduced the waiting time for DVT scans.

Patients with suspected DVT are treated as if they have DVT. They have to come into A&E daily for potentially life-saving injections until they can be diagnosed by undergoing an ultrasound scan. The new clinic plus the extra sessions provided by the radiography department, means that patients who had previously waited between 24-48 hours for a scan can be seen much quicker and there is less strain on A&E.

Dr Murali said: "This clinic highlights the close co-operation between the radiology and emergency departments for the common good of the patient.

(pictured) Liz Mulrey, senior sonographer and Heather Pearce, superintendent sonographer with Dr Kal Murali, A&E consultant, operating the ultrasound scanner.

FIGHTING HEART DISEASE

Numbers of deaths due to heart disease are falling in the Sandwell and West Birmingham area thanks to three major developments in heart care.

The first is an innovative angioplasty service, which has been extended to provide round-the-clock coronary balloon treatment for heart attack victims on both City and Sandwell sites.

This has been shown to be far superior to clot busters and is now the treatment of choice for all heart attack victims presenting to our trust 24-hours-a-day, seven days a week.

Secondly, the new development of device therapy with special pacemakers being implanted that can resynchronise the heart and reset the heart rhythm, if necessary, means that many patients with bad heart failure or at high risk of sudden cardiac death are protected and their symptoms improved.

Thirdly, the full integration of the cardiology rehabilitation and heart failure services across the trust and in the wider community means there is a seamless, safe care pathway for a patient back into the community.

Derek Connolly, consultant cardiologist and deputy divisional director for Medicine B & Emergency Care, said: "Coupling these three major developments with improved treatment of high cholesterol, blood pressure and smoking means that the number of heart disease deaths in our area is falling.

"While the area that the Trust and partner PCTs serve, does have a high level of heart disease, which remains our main killer, the new initiatives are making an impact. They have improved our patients' chances of surviving and having a good quality of life in their own homes."

LEMAR FAN'S HEART ATTACK

Music fan Sheila McGregor is singing out a safety message after suffering a heart attack at a Lemar concert.

The 42-year-old fan of the singer refused to believe she was having a heart attack while she was waiting to see her idol perform at the NIA in Birmingham.

Sheila, who had no previous cardiac history, was queuing to see Lemar when she suddenly felt terrible chest pain. She was admitted to City Hospital for life-saving emergency cardiac treatment and returned home only a few days after her treatment. Sheila now raises awareness of the danger of ignoring chest pain and reminds people they must speak up if experiencing it.

Shiela MacGregor recovers after cardi ac treatment

THE HIPPEST CLUB IN TOWN

Patients in Sandwell are discovering the benefits of being in a new club and reducing their stay in hospital.

The Hip and Knee Club meets on Fridays at Sandwell Hospital for patients under going hip or knee surgery.

More than 100 patients and their carers have been in the club which is credited with helping to drive down length of stay in hospital by five days.

The club, run by Surgical Care practitioners and their colleagues from Occupational Therapy and Physio, supports patients as they embark on their knee or hip replacement.

In a relaxed and informal atmosphere patients and their carers are introduced to the team that will provide their care during their in-patient stay. Physios, OT and Surgical Care Practitioners begin their physical and functional assessments thus avoiding the need for what can sometimes be multiple home visits and/or hospital appointments.

Ray Young, Orthopaedic Surgical Care practitioner, said: "Feedback from patients has been excellent. An audit of the first 50 patients and their families gave huge support to the club.

At this early stage it would appear to have reduced the length of hospital stay of those who have attended and gone through surgery to about five days. After the club the patients are raring to go.

"The hip and knee club is a successful multi-disciplinary effort supported by lots of 'backroom' staff – the team at its best."

IMPROVING THE CARE OF PARKINSON'S PATIENTS

A City Hospital doctor has helped draw up new guidelines for the diagnosis and management of Parkinson's disease across the country.

The new guidelines were launched by the National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Chronic Conditions. The guidelines will form the basis for professional practice in Parkinson's disease for years to come.

Dr Carl Clarke, Honorary Consultant in Neurology at City Hospital and Reader of Clinical Neurology at Birmingham University, played a vital part in the production of the guidelines in his role as clinical advisor to the technical team preparing the guidelines.

He said: "The NICE guidance will help to ensure that all patients with Parkinson's disease are seen by an expert in the diagnosis and treatment of the condition.

"It will also provide support for all patients and carers from Parkinson's Disease Nurse Specialists and allow better access to appropriate rehabilitation services."

Parkinson's disease is a common, chronic, progressive neurological condition, estimated to affect 100–180 people per 100,000 of the population.

There is a rising prevalence with age and a higher prevalence and incidence of Parkinson's disease in males.

In his work in developing the guidelines Dr Clarke was able to highlight the good practice that is already being carried out across Sandwell and West Birmingham Hospitals NHS Trust and the Birmingham area.

He said: "One of the key recommendations of the guideline is that Parkinson's disease patients have access to an expert neurologist or geriatrician, a Parkinson's Disease Nurse Specialist and full rehabilitation support.

"These recommendations are already in place at the Trust."

ALBION STARS PLAY SANTA

Curtis Davis and Luke McShane with 15-year-old patient (and Albion season ticket holder) Jack Simms.

Football stars from West Bromwich Albion Football Club turned Santa Claus when they delivered hundreds of pounds worth of Christmas presents to sick adults and children at Sandwell Hospital.

They handed out presents to almost 100 patients. As well as signing autographs and posing for photographs the players presented a table football game, donated by T-Mobile, to the children's ward.

The event is fast becoming a tradition between Sandwell Hospital and the Albion. It is organised by Sandwell Hospital's Children's Ward Nursery Nurse Wendy Moore.

NURSERY SCOOPS GOLD AND SILVER AWARDS

Gaining top marks is child's play for City Hospital's Little Saints Day Nursery.

Staff were presented with their silver and gold award for Quality Framework by Birmingham City Council. Dawn Yates, nursery manager, said: "The award is a quality assurance scheme which looks at levels of care and the activities we provide."

Staff who took part in achieving the award were: Alison Fielder, Lisa Hewlett, Dawn Yates, Laura Hemsley, Donna Hawkins, Colette O'Connor, Toni McCormack, Joanne Farmer, Joanne Dwyer, Dot Murphy, Rachel Otosio, Fiona Rowe, Ranjit Kaur and Christina Smith.

(pictured) Nursery manager Dawn Yates with Philip, Darnell and Libby, all aged three.

SANDWELL DOCTOR RUNS UP FUNDS FOR CANCER RESEARCH

A Sandwell General Hospital doctor put his best foot forward and raised funds for research into upper gastro-intestinal cancers.

Dr Sheldon Cooper raised £1,000 for the hospital's Upper GI Blues Group by taking part in the Great North Run.

He presented the cheque to Brian Childs who is chairman of the fund-raising and support group which is made up of more than 100 patients and carers who aim to raise awareness and fund research into gastro-intestinal cancers (cancers of the oesophagus, stomach and pancreas).

Dr Cooper decided to do the run on behalf of the group as a way of saying thank you to them for a donation of £2,500 that they made to the hospital.

Part of the cash they donated will go to a regional and national study which Dr Cooper is involved in as a research fellow at the hospital.

The study aims to look for the causes of the development of oesophageal adenocarcinoma – a type of gullet cancer which has become five times more common over the last 30 years.

Dr Cooper, a member of Bournville Harriers said: "I decided to do the run for the Upper GI Blues Group as a way of giving something back. The run was fantastic. There was such a brilliant atmosphere and I completed the 13.1 mile run in one hour and 56 minutes."

Dr Sheldon Cooper

TICKLED PINK

Breast Unit staff across the trust helped raise cash and awareness when they organised a host of events during national Breast Awareness Month.

At the City Breast Unit staff collected unwanted bras and exhibited them throughout the month before passing them on to charity.

Staff at Sandwell Breast Unit dressed up to celebrate Breast Cancer Care's *Think Pink, Wear Pink* day which was part of the awareness month last October.

The team raised an impressive £800, by paying £2 each to wear pink items ranging from t-shirts and jumpers to fabulously frothy cowboy hats! There were also four weeks of tombolas and name the teddies competitions all culminating with the World's Largest Coffee Morning, set up by Macmillan Cancer Relief. The trust's coffee morning raised an amazing £1,065. Theresa Harris, of the Sandwell Breast Unit, said: "Everybody really made a concerted effort this year. We were delighted to raise so much money for this excellent cause."

Pictured front row left to right – Sue Brookes, Kath Haywood, Cally Harrison, Janet Stone, Pat Ellis and Pat Reid. Back row, left to right are Lily Cooper, Teresa Harris, Charlotte Mullins, Cathy Zaidi-Crosse, Shirlie Cremin-Cullen, Pamela Alford, Joanne Magee and Erika Taylor.

CONSULTANT'S CLOSE SHAVE FOR CHARITY

Consultant surgeon Kevin Wheatley enjoyed a close shave and said farewell to his moustache to raise money for charity.

Mr Wheatley, consultant surgeon at Sandwell and West Birmingham Hospitals NHS Trust, raised money for Sandwell's Walkden Unit.

He set out to raise money to help fund treatment for colleague Denise Allmark's husband Steve, who hoped for pioneering treatment in America to treat a brain tumour.

Sadly Denise, ward manager on Newton 2, and Steve discovered the brain tumour had grown since initial diagnosis, making Steve no longer eligible for the treatment in America.

The couple asked for Mr Wheatley's fundraising cash to be donated to the Walkden Unit, a 14-bed Haematology and Oncology Ward where Steve received treatment several years ago after he was diagnosed with Leukaemia.

GREETINGS FROM ROWLEY REGIS HOSPITAL

Rowley Regis Day Hospital receptionist Lorraine Green has an artistic approach to raising money. Lorraine makes greetings cards and sells them to raise cash for County Air Ambulance and breast cancer charities. To date Lorraine has raised around £400 for the County Air Ambulance, as a way of saying thanks after they were called to tend to her husband Dave, who sadly died of a heart attack five years ago. She began raising money for breast cancer charities after she was diagnosed with the condition last March. She has so far raised £600.

Left to right – Chris Province, Lorraine Green Maureen Butler

PATIENTS TELL US WHAT THEY THINK OF US

Patient experiences have been put in the spotlight as Trust managers look to use patient feedback to improve care.

Results of the latest national inpatient survey, information from the Trust's own inpatient survey, trust and departmental satisfaction surveys, PALS feedback and complaints are being discussed by a Patient Experience Taskforce charged with responding to the patient comments.

The group is looking at areas of both good and poor performance and has staff and patient membership to develop plans for targeting areas that stand out.

The group is chaired by Head of Communications and PPI, Jessamy Kinghorn who hopes resulting improvements will make a real difference to patients.

At its meeting in March, the Trust Board stressed the need to use all sources of patient feedback to drive service improvement.

The National Inpatient Survey, undertaken by the Healthcare Commission, shows on the whole the Trust performing in line with other trusts around the country. Most of the questions in the Trust's own survey supported the findings of the Healthcare Commission survey. Two thirds of patients rated staff helpfulness and friendliness as excellent, a further one in four said it was good.

THE TRUST WAS AMONG THE WORST PERFORMING 20% OF NHS TRUSTS FOR:

* Choice of food
* Nurses talking in front of patients as if they weren't there

The taskforce has initially pinpointed five main action areas; staff attitude, cleanliness, food, A&E waiting times and choice of admission.

Already the Trust's PPI Forum is scheduled to carry out an audit of waiting times and a survey of patients and staff to improve waiting experiences in A&E.

A series of staff awards and a Chair's award scheme have been launched to reward staff for a range of attributes including hard work and positive attitude.

At the same time a manager's code of conduct and employment charter were launched to set out what the organisation expects of its staff what staff can expect from the Trust.

THE TRUST WAS AMONG THE BEST PERFORMING 20% OF NHS TRUSTS FOR:

* Information on treatment in A&E
* Choice of admission dates
* Short wait for admission to hospital
* Lack of mixed sex bathrooms
* Confidence and trust in doctors
* Doctors give clear, understandable answers to patient questions
* Staff did not say one thing while another said something else
* Privacy when condition or treatment was discussed
* Provision of information about condition or treatment
* Explanations given of purpose of medicines on discharge
* Explanations of danger signals patients should watch for after discharge
* Information about who to contact if patients were worried

The Birmingham and Midland Eye Centre

PATIENTS HAVE THEIR EYES ON SERVICE

Clinicians at the Birmingham and Midland Eye Centre have grabbed the initiative and carried out their own patient survey to assess aspects of pre and post operative care of patients undergoing ophthalmic surgery under local anaesthetic.

A two-part questionnaire was carried out before and after the operation on the day of surgery looking at pre-operative screening and care, the journey to theatre, local anaesthetics, comfort and patient anxiety as well as post operative information and communication. 128 useable questionnaires were returned, and the results were very encouraging, with patients full of praise for the service. Patients stated they were "highly satisfied," had received "superb," excellent" and "wonderful" treatment and staff were given full marks.

Dr Shashi Vohra, Consultant Anaesthetist is very enthusiastic about the surveys, "It's extremely important we find out what patients think of us," she said. "We were really pleased with the responses we received. Patients consider the care they receive here is of a high standard in the majority of categories we investigated. We were able to collect important information about which types of anaesthetic patients prefer and we've been able to make some recommendations to ensure the service we provide improves further."

NEED A PAL?

The Trust has a Patient Advice and Liaison Service (PALS) with PALS officers and volunteers going to talk to patients and visitors on the wards and seeking out their concerns to try to improve their time in hospital.

Over the last financial year PALS dealt with a total of 1,355 concerns.

The top five were:

- Clinical treatment
- Appointments
- Communication
- Admission/discharges
- Attitude of staff

Ryan and Libby Hobday, aged two, from Tipton, take a ticket from the new machine in Sandwell Hospital's Phlebotomy Department.

Listening to your views

- Patients waiting for blood tests in Sandwell's phlebotomy unit contacted PALS asking them if they could help. They were unhappy with the queuing system and the waiting room itself was cramped and unwelcoming. But thanks to patients' views expressed through PALS the phlebotomy area has recently benefited from a revamp and a new ticket number system and voice number calling box has been introduced to iron out any problems over waiting.
- Missed appointments for patients waiting for blood tests to be taken at the Birmingham Treatment Centre's overspill seating area are now a thing of the past. Patients can now hear when their number is called thanks to PALS as a new voice number calling box has also been introduced here following concerns raised through PALS.
- A new ACD phone queuing system was introduced in Sandwell's Foot Health department after patients told PALS they had experienced difficulties in contacting staff. The new system has improved patient access to book appointments and gain over-the-phone advice.
- PALS has made it easier for patients with mobility problems to get around the City Hospital site. PALS liaised with the Hospital's Volunteers Manager and League of Friends volunteers to purchase wheelchairs and make these available at the main entrance.

Helping members of the public to access health information

- Patients can access health information in the PALS and Health Information Centre which is based in the Birmingham Treatment Centre.
- Thanks to a partnership with Heart of Birmingham Primary Care Trust patients can get health information in the Health Exchange Kiosk, hosted by PALS.
- A Health Information Centre is open at Rowley Regis Hospital offering patients, relatives and other members of the public access to health related information. A second centre is due to open at the Birmingham Treatment Centre over the next financial year.

The Health Exchange Kiosk at the Birmingham Treatment Centre

THINGS CAN ONLY GET BETTER FOR PATIENTS

A series of initiatives has been developed to improve the patient experience and ensure the provision of high quality care.

Further development of these will be a key part of ensuring that we provide high-quality care to all our patients and an important part of our response to patient choice. The key priorities include:

- addressing healthcare associated infections. The Trust has focussed on reducing MRSA infections through our "Saving Lives" action plan and delivered significant improvements in the final months of 2006/7. The Trust's infection rates for *clostridium difficile* are already low for our peer group;
- delivering an action plan in response to the issues raised by our annual patient survey and introducing a more frequent patient survey to monitor progress;
- undertaking a review of ward-level staffing and skill-mix issues to ensure that we have the best possible mix of staff to care for our patients within the resources available to us;
- investing in further capital work to ensure that as far as is possible within the constraints of our older buildings we meet standards for single-sex accommodation.

It is intended over time that these initiatives will develop into a more comprehensive patient experience programme for the Trust.

You can find out more about PALS either by calling 0121 507 5836, e-mailing pals@swbh.nhs.uk or logging onto the Trust website at www.swbh.nhs.uk

FULL STEAM AHEAD INTO 2007–2008

As the annual report went to press, the new financial year was already well underway.

In the first three months of the 2007–2008 period, Sandwell and West Birmingham Hospitals continued to put in a strong financial performance, kept low infection rates for MRSA and *C.Difficile* and was making good progress towards the 18 week wait target.

Significant progress was being made developing pilot projects for the Towards 2010 programme, an Outline Business Case was being submitted for the purchase of land in Grove Lane on which to build the new hospital and the Trust was preparing for a Foundation Trust application.

There were a number of changes to the Trust Board in the spring and early summer and staff and patients said some sad goodbyes and welcomed some new faces.

TRUST'S TOP NURSE RETIRES AFTER NEARLY 40 YEARS

A surprise leaving do was held in June, in honour of Sandwell and West Birmingham Hospitals NHS Trust's popular Director of Nursing Pauline Werhun, to recognise her 38 years service.

Pauline began her career in 1969 when she joined what was then the old Hallam Hospital in West Bromwich – now Sandwell General Hospital – as a nurse cadet at the age of 16.

Since then she has risen through the ranks becoming Director of Nursing at Sandwell Hospital in 1997 and Director of Nursing for Sandwell and West Birmingham Hospitals NHS Trust in 2002 following the merger.

Pauline's first job when she joined Hallam Hospital was working in the sewing room where she was employed darning patients' socks, mending pyjamas and stitching bed sheets back together. She was also involved in measuring new members of staff for uniforms and ensuring all nurses' skirts fell the required six inches below the knee.

In 1976 she returned to the newly opened Sandwell Hospital where she embarked on training to become a staff nurse and later worked for five years as a district nurse while caring for her two young sons.

In 2002 Pauline was awarded the CBE in the Queen's New Year Honours list for her services to nursing. The Chief Nurse of England recommended her for the honour in recognition of her work developing an integrated nursing strategy for hospitals, mental health, community and private nursing which she presented to the Department of Health.

Above: Pauline as a pupil nurse in 1972. Below: Pauline on her retirement.

Chief Executive John Adler was among the many who paid tribute to Pauline. He said: "Pauline has given long and distinguished service to this Trust over many years. Her passion for excellence is second to none and it is no exaggeration to say that she is the heart and soul of our hospitals. Pauline will be sorely missed by her many friends and colleagues within the Trust and across the wider NHS."

NEW MEMBERS FOR TRUST BOARD

A leader of the Birmingham business community and a former Head of Finance for the NHS have been appointed to serve as Non Executive Directors on the Trust Board.

Dr Sarindar Singh Sahota and Mrs Gianjeet Hunjan joined the Trust Board in August and September respectively.

Dr Sahota brings to the board a wealth of experience from the business world and has extensive knowledge of regeneration, community development and service provision for disadvantaged groups.

Dr Sahota, aged 57, said: "I am looking forward to using my experience gained in different fields for the benefit of the community and to helping to improve the health and well being of people in the area."

Mrs Hunjan is a qualified accountant, who served in the NHS for many years, most recently as Head of Finance at Birmingham East PCT. She also serves as a governor at two local schools.

In the various financial posts she has held, Mrs Hunjan has been involved in many service developments and service redesigns for the benefit of patients, members of the public and staff.

She said: "Having lived in Sandwell and Birmingham for many years, I welcome the opportunity to make a positive contribution to my local hospitals."

END OF TERM FOR BOARD MEMBERS

The Trust has said goodbye to Richard Griffiths and Professor Alasdair Geddes whose term of office as Non Executive Directors on the Trust board ended in May (Richard) and June (Alasdair) 2007.

Richard, who is President and Chair of the West Midlands wing of Amicus, joined the Trust Board of Sandwell Hospitals NHS Trust in 1999 and continued with the new Trust following the merger in 2002.

Professor Geddes, who is Emeritus Professor of Infectious Diseases at the University of Birmingham, served four years on the City board as the University representative, then five years on the Sandwell and West Birmingham Hospitals NHS Trust Board.

Sue Davis, Chair, said: "I would like to thank both Alasdair and Richard for their dedicated service to the Trust and wish them all the best for the future."

NEW CHALLENGE FOR CHIEF NURSE

Sandwell and West Birmingham Hospitals NHS Trust is delighted to welcome Rachel Overfield as she takes up her new post as the Trust's Chief Nurse in August.

Rachel, who was previously Director of Nursing and Midwifery at Worcestershire Acute Hospitals NHS Trust, brings a wealth of senior nursing experience to the Trust.

In a determined bid to improve the experiences patients have at the Trust's hospitals, Rachel will have responsibility for the nursing and facilities divisions.

Chief Executive John Adler said: "I am sure that Rachel will enjoy the challenge of her new role as the Trust moves forward with an ambitious agenda for the next few years."

BRAVE CITY STAFF HONOURED

Four City Hospital staff have been commended for their bravery after a patient took them hostage at gun point.

Security Guard Kevan Parry, Sister Amanda Jones, Ward Manager Judy Brown and Dr Rosa Ireson were handed awards from West Midlands Police in recognition of their actions on Ward D15 following a recommendation from Trust Chief Executive John Adler.

It comes as the patient, Adam Fett, was jailed for five years for the attack. Fett was being treated on ward D15 on December 6 last year when he pointed a gun at Dr Ireson, Judy and Amanda and ushered them into the drugs room.

The nurses managed to alert security and as police were called Security Guards Kevan Parry and Mark Lee made their way up to D15.

Kevan said: "As I looked in the window I could see the nurses in the drugs room and Amanda was pointing to indicate to me where the patient was who was injecting himself in the groin with drugs.

"All I knew was that I had to get them out of there, so I walked in, said 'hello' to the girls and to the patient and put myself between the gun and the hostages, turning my back to the gun man so that he wouldn't feel threatened. I said to him: 'Look you don't want to hurt anyone do you? So let the women go'. So I told the girls to go and Mark ushered them out. I was then left in the room with him on my own, trying to calm him down while he was threatening me with the gun which he had shoved to my head.

"I honestly wasn't thinking about anything. I just tried to keep him happy, quiet and delay him until the police arrived."

Kevan, aged 46, managed to keep Fett talking for around 90 minutes, going through a pretence of trying to get him keys to the drugs trolley, which enabled armed police to get in close and eventually disarm him using a tazer gun.

Kevan added: "I didn't realise at the time that it wasn't a real gun – although a ball bearing firing gun could still make a mess of you. When it was all over, I was more worried about my wife giving me hell!"

Kevan's wife Karen, who works in City Hospital Postgraduate Centre, said: "I'm extremely proud of him. I wouldn't like to think that if given the same situation he would do it again, but knowing Kevan – he would. It's just the way he is."

The four were handed commendations for their actions but they acknowledge that there were many other staff members involved in helping bring the incident to a successful conclusion that night.

HELP OFFERED TO SMOKERS

England went Smoke Free on July 1st. The Trust realises that giving up is not easy and offers help to smokers, including patients, their relatives and staff who want to stop smoking.

As we all know, stopping smoking will reduce the risk of serious smoking-related diseases to both smokers and those around them.

However, following the ban on smoking in public places, being a smoker has become a decidedly inconvenient habit too!

If you are a smoker and want to ensure you don't die a premature death from a smoking related disease Kathy Lee and Trevor Thompson (pictured right), Smoking Cessation Advisors, are the people who can help you.

Kathy said: "We have seen a steady increase in people attending our clinics in anticipation of the ban though we realise some people decided to wait for it to come into force before deciding to quit. We help anybody who wants to quit, and the most common reason we hear is that smokers simply find it too much effort to go outside to allocated smoking areas away from the public, so they decide to give up."

Do you want help to stop smoking?
Kathy runs clinics every Tuesday, Thursday and Friday from 9 to noon in Outpatient One in the Birmingham Treatment Centre, at City Hospital and Trevor runs clinics at Sandwell Hospital.
If you live in the Birmingham area and want to make an appointment or for more details about the service call 0121 224 4710.
If you live in the Sandwell area and would like to find out more about clinics held in the area call Sandwell Stop Smoking Service on freephone 0800 0731388.

WHY YOU SHOULD QUIT – ADVICE FROM OUR EXPERT

As a Hospital Trust we employ some of the best medical experts in the country who can tell you why smoking isn't good for your health.

Here Lead Respiratory Nurse Anne Lowe, explains why she thinks you should go smoke free.

What is your area of speciality?
Respiratory medicine, caring for people with a range of lung diseases.

How many patients do you see whose condition can be attributed to smoking?
About 70% of patients have smoking related lung disease.

What reasons would you use to convince someone to quit?
Experience has taught me it is down to the individual to decide when the time is right to quit smoking. I would simply remind them of the damage smoking does.

What is the worst smoking related case you have treated?
A lady in her early 40s who died leaving behind three children and her husband. She knew that smoking was killing her but simply refused to give up.

Describe the damage that smoking causes to the area of the body that you treat?
Smoking can cause lung cancer, Chronic Obstructive Pulmonary Disease (COPD), and emphysema. While smoking does not cause asthma it will aggravate asthma and an asthmatic who smokes will have asthma which is far more difficult to control. Children who have parents who smoke are more likely to develop asthma than children whose parents do not smoke.

Anything else to add?
It is never too late to stop smoking. Yes it will be difficult but look at how much you have to gain. Don't do it for any one other than yourself.

SHELTERED SMOKING – FOR VISITORS ONLY!

Our Trust is charged with improving health and we would prefer it if patients, visitors and relatives didn't smoke.

Smoking has long been banned in our buildings but from July 1st it became illegal to smoke anywhere on Trust grounds unless you are using one of our dedicated smoking shelters. (Staff are not allowed to smoke any where in Trust buildings, grounds or in the smoking shelters.)

The shelters can be found at various locations around our three hospital sites. Anyone caught smoking outside the shelters could face a hefty fine.

The Trust could also be hit with a penalty to pay – not a good use of NHS resources!

OPERATING AND FINANCIAL REVIEW

INTRODUCTION

The Trust performed very well in 2006/07 in its delivery of patient care targets and the management of its budgets. National waiting time targets were met for elective (planned) admissions for inpatient, daycases and outpatients. All cancer waiting time targets were also achieved. For another year the four hour waiting time target in Accident and Emergency (98% of patients treated, discharged or admitted within four hours) was achieved at a rate of 98.44%. These achievements occurred when the absolute number of patients treated exceeded those seen in 2005/06. The good management of our resources resulted in a surplus of £3,399,000 marking a financial turnaround compared with the previous year.

The reversal in financial performance was aided significantly by a £19.5m cost improvement programme. As the majority of the Trust's cost structure (spending) is on salaries and wages, this naturally involved a reduction in the overall number of WTE's employed in the Trust, although the bulk of savings were realised through management of vacancies. A formal rationalisation programme was conducted in the spring of 2006 aimed at ensuring the Trust was as productive as possible when analysing key performance indicators such as income/cost per admission. The cost improvement programme formed just one part of an overall recovery programme, a final version of which was approved by the Trust Board in May 2006. The recovery programme aims to restore the Trust to overall financial balance in 2007/08.

One of the key components of the £3,399,000 surplus in 2006/07 is a net additional contribution from PCTs associated with work undertaken on 'early 2010' exemplar projects. These projects are designed to change the model of care for patients towards a more community or primary care focus. The additional income, labelled 'enabling funds' was made available by Heart of Birmingham teaching PCT and Sandwell PCT to commence work on changing certain acute based models of care. The 2006/07 reported surplus assists towards the Trust's duty to break even taking one year with another. For the 2006/07 financial year, the Trust can report that it met all of its in-year financial duties, as it:

- Met or exceeded a breakeven position
- Managed within a preset external financial limit (the EFL is a mechanism that controls the amount of cash spent)
- Met the CRL (capital resource limit places an upper limit on the level of new equipment and buildings expenditure)
- Achieved a capital cost absorption rate of 3.5% (the Trust is required to pay a dividend of 3.5% to the DoH based on the value of its assets, generated from a pre-dividend surplus)
- Improved its compliance with the Better Payment Practice Code (the Trust has not met the target where 95% of valid trade creditor invoices should be paid within 30 days of receipt. It did however increase this to 69% in 2006/07 up from 54% in 2005/06).

In addition to increased cost management, the Trust's clinical and operational areas continue to develop, seeking new treatments and improvements in healthcare to ensure that resources are used to best effect for patients.

On the following pages, you will find a summary of the Trust's Financial Results taken from our full annual accounts. If you would like to see these in full, then you can obtain a copy free of charge by writing to: Robert White, Director of Finance & Performance Management, Sandwell & West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH or telephone 0121 507 4871. >>

ABOUT THE TRUST

Sandwell and West Birmingham Hospitals NHS Trust is one of the largest teaching trusts in the country. It provides a wide range of acute healthcare services to the population of Sandwell and western Birmingham. The Trust also provides a range of more specialist services to a wider population including the Birmingham and Midland Eye Centre and the gynae-oncology centre for the Pan- Birmingham Cancer Network. It has an annual income of £328m and employs c.6,000 staff making it one of the largest employers in the locality.

The Trust operates from three hospital sites:

- City Hospital, Birmingham.
- Sandwell District General Hospital, West Bromwich.
- Rowley Regis (Community) Hospital.

Sandwell General Hospital and City Hospital are busy acute hospitals providing many specialist services and a full range of emergency services, including Accident and Emergency at both sites. Rowley Regis Community Hospital provides continuing care, rehabilitation and respite care as well as a range of outpatient and diagnostic facilities.

The Birmingham Treatment Centre is situated on the City Hospital site and provides state of the art facilities for a wide range of outpatient clinics and day case surgery.

The Birmingham and Midland Eye Centre is also situated on the City site and is the regional specialist eye hospital providing inpatient, day case and outpatient services.

The Birmingham Skin Centre at City Hospital provides a complex range of dermatology services to patients from Sandwell, Birmingham and beyond.

The Trust is a teaching hospital of the University of Birmingham School of Medicine. The Trust also delivers undergraduate and specialist education for nurses and professions allied to medicine in conjunction with the University of Birmingham, the University of Wolverhampton and the University of Central England. The Trust is accredited as a centre for NVQ training and provides vocational education to local employers as well as to its own staff. It has a broad portfolio of research and development activities.

Almost half the Trust's admissions come from the Sandwell PCT catchment area, with a further 25% from Heart of Birmingham PCT, Birmingham East and North PCT and South Birmingham PCT are the next largest commissioners, accounting for 14% of our admissions.

Policy and environmental Influences

The purpose of the Trust is laid down in statute. Its activities are however guided by the national frameworks for delivery of care complete with inspection regimes and achievement of specific targets such as waiting times.

The strategic context of this delivery is set out below and captures the environmental influences which shape overall objectives.

National

2006/07 has seen an expansion of the patient choice initiative to provide free choice of provider for elective hospital treatment and extending choice to other NHS services. Information for patients about services provided through organisations like the Healthcare Commission has been significantly improved and new NHS contracts continue to be rolled out across the NHS.

The introduction of Practice Based Commissioning, continuing development of NHS Foundation Status, introduction of more providers from the voluntary and private sectors and ongoing implementation of payment by results based on the national tariff, are key aspects of the context of the Trust's performance.

Policy and environmental Influences

Other important factors include national drives to develop the Integrated Service Improvement Plan as a vehicle for planning across the local health economy and increased emphasis on the provision of healthcare outside hospitals and the development of new models of care.

No new national targets have been set for 2007/8 but four 'development priorities' have been identified from the existing targets for 2007/8 and some issues identified as priorities to prepare for 2008/9. The four key priorities are:

- **18 Weeks Referral to Treatment**
  85% for admitted patients and 90% non-admitted by March 2008.
  Trust currently at 47% admitted and 94% non-admitted.

- **MRSA and Hospital Acquired Infection**
  Hit existing MRSA targets c. three cases per month for SWBH for 07/08. Set local *C Difficile* targets: aim to maintain current low rates.

- **Health Inequalities**
  PCT focus on 'best buy' interventions and mortality reduction targets.

- **Financial Health**
  NHS to be in balance by end of 2006/07 and deliver £250M surplus in 2007/8.

The Operating Framework also requires the NHS to prepare for the 2008/9 focus on:

- patient choice in maternity services;
- end-of-life care improvement;
- compliance with equality legislation;
- weighing and measuring children;
- data driven quality and productivity improvements.

2007/8 is also a key year of transition in the process of system reform within the NHS with many of the major changes due to take full effect in 2008/9. These changes represent a major challenge for the Trust's plans for 2007/8. They include:

- **Patient choice**
  extended choice rolled out in 2007/8. Free choice in 2008;

- **Payment by Results**
  final year of transition to full payment by results;

- **Foundation Trusts**
  50% of trusts expected to be FTs by end 2008/9;

- **Practice-Based Commissioning**
  all practices to hold budgets in 2007/8;

- **Growth**
  2007/8 final year of above average growth in PCT allocations;

- **Public Engagement**
  strengthening of local voice *eg* service review programme. >>

Policy and environmental Influences

The Trust's plans for 2007/8 are designed to ensure that the organisation is able to respond to these significant changes in the national context in which we operate.

Local

Locally significant factors include:

- the 'Towards 2010 Programme' plans for a major redevelopment of local health services;
- plans for interim reconfiguration of pathology, neonatal, paediatrics and surgery;
- the Trust's financial plans and the actions arising from them;
- the outcome of work by McKinsey (supported by the Strategic Health Authority) to benchmark the productivity of the Trust against our peer group;
- the Annual Healthcheck Action Plan;
- infection control plans;
- primary care trust plans to develop local alternatives to acute hospital care;
- new local *C. Difficile* targets in addition to MRSA targets;
- PCT focus on 'best buy' interventions and mortality reduction targets;
- maximising the potential and the capacity of the Birmingham Treatment Centre.

Challenges and opportunities

The most significant issues for the development of the Trust's future strategic direction include:

- the highly diverse nature of the population that we serve;
- the fact that we serve some of the poorest communities in England with some of the highest levels of ill-health;
- developing a sustainable approach to the provision of services across our three hospital sites that maintains good local access to high quality services;
- making the best use of the new elements of our estate (*eg* the BTC);
- addressing the fact that many of our hospital buildings are over 100 years old and not fit for purpose for the 21st century;
- operating within a crowded and potentially highly competitive local acute healthcare market;
- responding to the challenges of the national policy agenda especially patient choice, payment by results and increased provider competition;
- strengthening our strong local base with general practitioners and the local population.

These policies and other environmental influences shape the way the Trust sets its future strategic priorities.

Strategic priorities

Sandwell and West Birmingham Hospitals NHS Trust exists to contribute to improving the health of the population of Sandwell, western Birmingham and surrounding areas through the provision of the highest quality healthcare.
In delivering this vision we will:

- provide acute hospital services that are high quality, effective and efficient;
- build on strong local partnerships to support primary and community services including developing a role as a provider of services outside of the hospital;
- strengthen our local services through the provision of some more specialist regional services and our continued commitment to education, teaching and research; >>

Strategic priorities

- work closely with local people and our patients to ensure our services are responsive to the range of needs in the communities we serve;
- ensure that all our staff are involved in the design and development of services and properly supported to deliver their roles to the best of their abilities.

PROGRESS IN 2006/7

The Trust began the year facing significant challenges. 2006/07 however was a year of significant change including the successful delivery of a number of key areas of our plans including:

- Restoring financial stability
  - *delivering a £19.5 million Cost Improvement Programme;*
  - *delivery of an end of year surplus of c. £3.3m;*
- Setting strategic direction
  - *Towards 2010 public consultation undertaken;*
  - *public consultation on interim service reconfiguration undertaken;*
  - *strengthened joint approach with local commissioners;*
- Improving productivity
  - *reducing average length of stay from 6.5 to 5.5 days;*
  - *more activity through c.150 fewer beds than 2004/05;*
- Developing services
  - *tackling MRSA rates;*
  - *new approaches to treatment: 23 hour stay breast surgery, green light laser prostate surgery;*

PERFORMANCE AGAINST OUR CORPORATE OBJECTIVES FOR 2006/7

Table 1 overleaf contains a summary of the corporate objectives for 2006/07 with a 'traffic light' indication of their achievement. The top six priorities are in bold type.

Progress in most areas has been good. The exception in terms of meeting national targets has been that the Trust is currently unable to meet the 48 hour waiting time target for the Genito-Urinary Medicine Service. There has however, been marked improvement in-year and the Loan Deficiency Payment (LDP) agreement for 2007/8 includes plans for service development to ensure further improvement in the future.

2007/8 will be another crucial year in the development of the Trust and the services we provide. It is a year in which we are setting out to build on the foundations laid in 2006/7 to:

- continue to secure our future financial stability;
- progress our plans for a new acute hospital through 'Towards 2010';
- finalise and deliver our plans to ensure a stable service configuration between 2007 and the opening of the planned new hospital;
- continue to meet the standards and targets expected of NHS Trusts;
- continue to improve the quality of the care we provide;
- launch an organisation-wide service improvement programme.
- prepare for the rigour of an application for Foundation Trust status.

These objectives will need to be delivered against the background of continuing change within the NHS nationally as the next stages of the system reform programme take effect. >>

Table 1. Corporate objectives 2006/07

1	**DEVELOPING OUR STRATEGIC PRIORITIES**	
1.1	**Identify and deliver the priority short-term changes required to ensure that the Trust continues to provide high quality sustainable services.**	
1.2	Begin early implementation of 'Towards 2010' models of care in three priority areas including orthopaedics, stroke and respiratory services.	
1.3	**Ensure the submission of the "Towards 2010" Outline Business Case in line with the agreed timetable of April 2007.**	
2	**FINANCE, PERFORMANCE AND WORKFORCE**	
2.1	**Deliver financial balance in 2006/7 in line with the assumptions set out in the financial plan.**	
2.2	Develop the Financial Recovery Plan for the Trust to produce a plan that secures the future financial stability of the organisation.	
2.3	**Ensure the Trust continues to deliver on key national targets. Red = GUM target**	
2.4	Continue to implement Connecting for Health in line with national timescales.	
2.5	Implement the Electronic Staff Record in line with national timescales.	
2.6	Use the new contracts and pay structures agreed through Agenda for Change (AfC) and the consultant contract to support delivery of the Trust's overall objectives.	
3	**CLINICAL GOVERNANCE AND SERVICE QUALITY**	
3.1	**Reduce MRSA and other hospital acquired infections by improving infection control within the Trust.**	
3.2	Maintain achievement of current CNST standards (Level 2 general and Level 1 maternity) and achieve Level 2 in maternity for 2006/7.	
3.3	**Maintain compliance with Healthcare Commission core standards for acute hospitals and achieve Healthcare Commission developmental standards for 2006/7.**	
3.4	Improve our systems for identifying and responding to patient feedback about the services we provide.	
3.5	Improve the provision of information to patients about our services to support patients choosing treatment at our hospitals.	
4	**CORPORATE GOVERNANCE**	
1.1	Establish a Board development programme to support the Board in responding to changes in the NHS and prepare for a future application for NHS Foundation Trust status.	
1.2	Develop the Trust's risk management and assurance framework systems to ensure that the organisation has a clear view of key risks, controls and assurances.	
1.3	Establish a programme setting out the next steps to prepare the Trust for a future application for NHS Foundation Trust status in response to the FT Diagnostic exercise undertaken in 2005/6.	

2007/08

Our Annual Plan for 2007/8 sets out:

- the progress we made against our objectives for 2006/7;
- our corporate objectives for the year ahead;
- the main actions we will take to deliver these;
- summary activity, financial and workforce plans for the next twelve months;
- the way in which we will monitor and report on our progress.

THE TRUST'S STRATEGIC OBJECTIVES 2007/08

The plan has been developed with input from across the Trust management and clinical management teams. Successful delivery of the objectives that have been set through this process will ensure that we continue the process of developing the Trust as a provider of high quality healthcare services to the population of Sandwell, western Birmingham and surrounding areas.

During 2006/7 the Trust produced a new strategic direction for the long-term future of the organisation covering the period 2007–2014. As part of this process the Trust Board agreed eight strategic objectives for the organisation for this period. These are set out below.

1. **Make best use of our resources.**
   We will ensure that the Trust makes the best use of the resources available to stabilise our financial position and provide a secure base for future development.

2. **Develop our secondary care services.**
   We will develop our ambulatory and diagnostic services, continue to deliver on national access targets and develop our more specialist secondary care services.

3. **Deliver care closer to home.**
   We will work with primary care to deliver services as close to people's homes as possible.

4. **Respond to our patients.**
   We will seek to understand what our patients think about our services. We will seek to ensure services respond to patient needs including the needs of the diverse community we serve.

5. **Improve quality and standards of care.**
   We will continue to work to improve the quality of care we provide including addressing issues of infection control, patient environment and privacy and dignity.

6. **Develop 21st century facilities.**
   We will work with our local partners to make a success of plans to redevelop local health services through the Towards 2010 programme.

7. **Promote education, training and research.**
   We will continue to promote education, training and research as part of our services, especially where this helps to improve the future quality of care that we can provide.

8. **Improve effectiveness as an organisation.**
   We will work to improve our effectiveness as an organisation through improved governance, HR and IT systems and through the achievement of NHS FT status. >>

The Trust is setting out to transform the way hospital services are delivered for the people of Sandwell and western and central Birmingham between 2007 and 2014. This transformation will enable the Trust to achieve its strategic objectives and deliver its core vision. Figure 1 provides an overview of the scale of change.

Figure 1. Aims for service transformation 2007–2014

WHERE WE ARE TODAY 2007	OUR THREE-YEAR AIMS c2010	OUR SEVEN-YEAR AIMS c2013/14
Provider of acute hospital services to 0.5m people in Sandwell and West Birmingham	Provider of acute hospital services to 0.5m people in Sandwell and West Birmingham.	Provider of acute hospital services to 0.5m people in Sandwell and West Birmingham.
Services provided from two parallel acute sites, plus community site.	Two acute sites with 'maximum front door facility on each but concentration of some services. Community site used as pilot for 2010 model.	New single site hospital located in Smethwick area plus BTC. Supported by range of community facilities.
Average levels of productivity: LOS c.six days, DC rates c.75%. Approx 1,200 beds.	Improving levels of productivity: Falling LOS, increased DC rates *etc.* Approx 900–1,000 beds.	Significant improvement in productivity: LOS c.three days, DC rates c.85% Approx 600–700 acute beds + c.300 community beds/bed equivalents
First port of call for much of urgent and emergency care in our area.	Working in partnership with primary care to deliver new approaches to urgent care alongside A&E.	Part of a well-developed network of urgent and emergency care.
Provider of large proportion of care for people in our catchment with long-term conditions.	Supporting primary care in moving appropriate work out of hospital.	Supporting primary care as part of a community-focused network of services for people with long-term conditions
Fundamentals of clinical governance in place to ensure quality care. Some standardisation of care across sites.	Developing approach to clinical governance (*eg* focus on outcomes). Increasing standardisation of care.	Highly developed clinical governance ensuring services deliver the highest quality outcomes.
Split-site acute services unable to invest in new technologies.	Larger acute services introducing new techniques/technologies that improve care and productivity.	State of the art acute services attracting and retaining the best staff.

The organisational and management challenge in delivering these changes will be significant but the Trust is committed to this strategic direction as the best way of ensuring the Trust will be the right size, providing the right services, in the right place at the right time.

Our medium term strategy has several themes:

- Improving hospital productivity.
- Developing new models of care.
- Service configuration changes.
- Improving the patient experience.
- Developing the organisation to Foundation Trust status.

Our strategic objectives set the overall context for the Trust's annual planning for 2007/8. Our corporate objectives for the year are designed to enable the organisation to make progress towards these objectives.

2007/08 Corporate Objectives

1. Continue the Trust's financial recovery.
2. Continue to improve access to our services.
3. Deliver proposed service configuration changes.
4. Develop services that demonstrate '2010' approach in action.
5. Make progress towards the new hospital through 'Towards 2010'.
6. Improve our productivity.
7. Continue to improve the quality of our services.
8. Respond to changes in medical workforce.
9. Improve our effectiveness as an organisation.

Annual Healthcheck 2006/07

In 2005/06 the Annual Healthcheck replaced the former Star Ratings system. The new system, introduced by the Healthcare Commission, scores organisations in the NHS on many aspects of their performance including the Quality of Services provided and Use of Resources. The final assessment, announced in October 2006, was based upon a range of information gathered throughout the year.

Quality of Services

In 2005/06 the Trust was rated fair for Quality of Services. The Trust has made its declaration for 2006/07 and believes it has made significant progress. Out of 44 core standards, we declared 36 were compliant in 2005/06 and 42 compliant in 2006/07.

Use of Resources

In 2005/06 the Trust was rated weak for Use of Resources because it was in deficit. The rules for scoring ensure that any organisation that has a financial deficit automatically scores weak. Given that the Trust is on course to make a small surplus this year it is anticipated that the rating for 2006/07 will be improved.

Emergency preparedness

The Trust has a major incident plan for each of its hospitals that is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance and subsequent and revised guidance. It also has an Influenza Pandemic Contingency Plan, Hospital Evacuation Plan and Business Continuity Plan. Plans are signed off by the Operational Management Board which is a sub-committee of the Trust Board and are monitored by an Emergency Preparedness and Contingency Planning Group that meets monthly. Plans are available on the Trust's intranet site and in each of the Trust and hospital control rooms. The plans take into account a wide variety of scenarios and numerous potential impacts on the operations of the Trust. The policies are regularly reviewed and regular major incident exercises are conducted on each site.

Foundation Trust status

The Trust was a pilot site for the national Foundation Trust diagnostic and action planning process during 2005/6. The Trust is committed to applying for Foundation Trust status as soon as practical. This is because:

- FT status offers opportunities to develop new approaches to engaging with our staff and our patients at a time of major change for the organisation;
- FT status supports us in continuing to improve our corporate and clinical governance systems;
- it will be better to achieve FT status earlier in the process for designing and procuring the new acute hospital than later;
- we do not wish to lose competitive advantage with surrounding trusts by being significantly slower in achieving FT status.

On our current plans, the most suitable date at which we believe we could launch an application for FT status would be early autumn of 2007. If successful this would lead to authorisation as an FT by July 2008. The FT application process is now proceeding in waves at three monthly intervals and the Trust is continuing to work with PCT partners and NHS West Midlands on the most appropriate timetable for an application. The application process will be launched with a public consultation exercise and we will be actively recruiting staff, patients and members of the public to join our membership. >>

NHS Plan

The Trust is continuing to work towards achieving the NHS Plan – investing in and reforming our services with new ways of working, reducing waiting times and improving our hospitals. There are many examples of our commitment to the Plan in this Annual Report.

Partnership working

The Trust is an active member of the Local Strategic Partnerships for Sandwell and Birmingham, regularly attending forums and events. We also work closely with the acute Trust PPI Forum and the local PCT PPI Forums. There are many examples of partnership working with local NHS and non-NHS organisations, the largest of these is the Towards 2010 partnership, comprising SWBH, Sandwell and Heart of Birmingham PCTs, Birmingham and Sandwell Councils , Birmingham and Solihull Mental Health Trust and Sandwell Mental Health Trust.

Clinical governance

In order to ensure patients receive the highest possible quality of care, Trust procedures are under continuous review and development. This process of clinical governance is central to our commitment to improve care for patients. It ensures the Trust measures and improves the quality of its clinical services in order to provide the best possible care.

Clinical Negligence Scheme for Trusts

Following an external assessment, the Trust achieved re-accreditation at Level 1 against the CNST standards for its Maternity Services. The Trust already has Level 2 accreditation for its General Acute Services. During 2007/08 the Trust is aiming to reach Level 2 for Maternity as well.

Health and safety

The two outstanding HSE Improvement Notices in connection with slips, trips and falls have been satisfied in full. The Trust participated in York University's audit of its Safety Alert Broadcast System (SABS). The audit found the Trust's system to be robust and efficient. Moving and handling incidents have shown a continuous decrease in correlation with the Trust's extensive programme of moving and handling training.

In the 2006 Staff Survey, staff said they see less errors/near-misses and are more likely to report them when they occur. In addition, they indicated an increased confidence in the incident reporting system being operated in a fair and open manner and that findings of investigations are communicated effectively.

Trust as employer

Trust staff can access a range of benefits. These include support for parents through nursery provision for young children, a childcare voucher scheme for parents to save money on their childcare and discounts on holiday playschemes. As part of the Improving Working Lives initiative, the Trust supports staff with carer responsibilities through the Right to Request Flexible Working, Carers Leave Entitlements and a Carers' Handbook.

Sandwell and West Birmingham Hospitals is committed to pursuing equality and valuing the diversity of its staff. The Trust recruits staff and draws service users from a wide range of circumstances and backgrounds. In particular, Birmingham and Sandwell are two of the UK's most culturally diverse areas. The Trust regularly reviews its equal opportunities practices, policies, and training in the light of new legislation.

Diversity is included in induction training which is given to all new staff and is also included within internal courses provided by the Trust where appropriate. As part of the equality and diversity agenda, the Trust has supported the development of employee networks. These networks celebrate diversity and contribute to the continued embedding of equality for staff within the Trust. The networks are:

- a black and minority ethnic network;
- a lesbian, gay, bisexual and transgendered network;
- a network for staff with disabilities. >>

Trust as employer

The Trust has a race equality scheme in place and is finalising the consultation on its disability equality scheme. However, the Trust is looking to produce a single equality document that will establish a framework for future equality legislation and vision for the Trust's equality agenda.

Agenda for Change

Agenda for Change (AfC) assimilation phase (*ie* putting everyone on AfC Bands and terms and conditions) was completed in 2006/07, the bulk of staff having been assimilated in 2005/06. We banded over 2200 unique jobs covering over 6500 staff. Overall it was received favourably with staff feedback showing a positive comparison with other Trusts. Ongoing work will encompass new jobs which have to pass through the AfC process. In addition, the Key Skills Framework (KSF) element of AfC will be built into all future Personal Development Reviews.

Occupational health – healthy workplace

A sickness absence strategy has been piloted involving an Occupational Health nurse triage system to improve the speed of assessments. Plymouth NHS Trust and Sandwell and West Birmingham NHS Trust prepared a report for the Health and Safety Executive 2007. The report is available at: www.hse.gov.uk/research/rrpdf/rr531.pdf

Environmental impact

The Trust has continued to demonstrate a positive commitment to environmental issues and sustainability and in association with the Carbon Trust and the Energy Efficiency Advice Centre staged an Environmental Awareness week in October 2006.

Numerous staff members volunteered to be 'energy champions' in their wards and departments, a role which is to be further developed to achieve continued reduction in energy use and carbon emissions throughout the Trust. In addition to the initial Trust wide Environmental Management audit of 2003, a further audit was undertaken in July 2006, which showed continued improvement in addressing environmental objectives and targets.

The Trust's compliance when assessed using the NHS Environmental Assessment Tool (NEAT) indicated a score of 'very good' for all three sites. The Trust showed improvement in reducing emissions to air, disposal to land and management of discharges. Many recommendations resulting from the environmental and energy audits have been introduced resulting in reduced energy consumption and carbon emissions.

Future strategy

The Trust has launched two important documents that set out our short and long term future strategies. Our Strategic Direction and the Annual Plan 2007/08 are available by calling 0121 507 5303. >>

SERVICE PERFORMANCE 2006/07

Table 2. The Trust performance against all national patient access targets as at 31 March 2007.

Patient access targets 2006–07	National target	Trust performance	Comments
Inpatient maximum waiting time	26 weeks	**19 weeks**	Only 39 patients >16 weeks
Outpatient maximum waiting time	13 weeks	**9 weeks**	Only 98 patients > 7 weeks
Inpatient milestone	100% at 20 weeks	**Achieved**	
Outpatient milestone	100% at 11 weeks	**Achieved**	
Cancer two-week wait from GP referral to appointment with specialist (% seen)	=> 98%	**100%**	
All cancers: one month diagnosis (decision to treat) to treatment	=> 97%	**99.9%**	
All cancers: two month GP urgent referral to treatment	=> 94%	**99.3%**	
A&E waits (% seen in less than four hours)	=> 98%	**98.44%**	Includes HoBtPCT minor injuries activity
Patients receiving thrombolysis within 60 minutes of calling for professional help	=> 68%	**61.1%**	Based on 11 month data, the Trust performs very well on primary angioplasty as an alternative to thrombolysis.
Patients waiting for longer than three months for revascularisation	0%	**0.1%**	England average 0.156%
Waiting times for rapid access chest pain clinic	=>98%	**99.7%**	
Waiting times for MRI and CT scans	13 weeks	**10 weeks**	Only 15 patients > 7 weeks

PATIENT ACTIVITY 2006/07

Table 3. A summary of patient activity in 2006/07 showing the increase over activity in 2005/06

Referrals	2006/07	2005/06
Inpatient elective	**13,887**	14,146
Inpatient non-elective	**65,076**	59,313
Day cases	**45,831**	44,109
Outpatients	**498,419**	476,394
A&E attendences	**231,934**	226,778
Referrals	**138,580**	142,718

FINANCIAL PERFORMANCE 2006/07

The Trust commenced the year with a plan to break-even. During the year, plans were altered to deliver a planned surplus which has resulted in an excess of income over expenditure of £3,399,000. This represents a significant improvement over the deficit incurred in 2005/06 of (£5,726,000), largely the result of strong cost control and ensuring that all income due to the Trust was identified and invoiced to commissioners. The cost improvement programme of £19,500,000 was widely communicated with staff, commissioners and the Strategic Health Authority. Its successful delivery was crucial to the Trust's recovery plan.

Table 5. Income and expenditure 2006/07 as compared to 2005/06

Actual results	2006/07 (£000s)	2005/06 (£000s)	% change
Healthcare income	289,019	271,030	6.6%
Other income	38,517	42,358	-9.1%
Total income	327,536	313,388	4.5%
Pay expenditure	220,244	222,758	-1.1%
Non-pay expenditure	81,151	75,104	8.1%
Depreciation and dividends *(rounding)*	22,742	21,252	7.0%
Total expenditure	324,137	319,114	1.6%
Surplus/(deficit)	3,399	(5,726)	
Percentage of turnover	1.0%	(1.8%)	

As Table 5 shows, actual income grew by 4.5% with costs growing by 1.6%. The surplus achieved represents 1.0% of total turnover (income).

Income from commissioners and other sources

The Trust receives the majority of its income from Primary Care Trusts as Table 6 overleaf shows. The Trust carried out a number of procedures and additional treatments above the level planned by the PCTs which gave rise to additional income. This additional income was however offset by the costs associated with delivering the extra activity.

The main components of the Trust's c.£328m budget are shown in Table 6. As can be seen in Figure 2 overleaf, over 80% of the Trust's resources come directly from Primary Care Trusts. The increase from the Department of Health (when compared with 05/06) relates to the market forces factor payment (local wage cost variations) and the Trust's entitlement to transitional gains under PbR (payment by results).

Financial strategy and management of expenditure

The financial strategy in 2006/07 focused on increasing productivity and improving cost control whilst ensuring all patient care activity and quality targets were met. The strategy was to move beyond simple cost reduction measures and towards better use of the assets within the hospitals. For example, the Trust achieved a reduction in the average length of stay from 6.4 days in 2005/06 down to an average of 5.7 days by year end. This was achieved by increasing day surgery rates as well as increasing the number of patients admitted on the day of elective surgery (from 55% to 75%). These results were aided by working with clinicians to change clinical practice and adopting ideas in use in other health settings. >>

Table 6. The Trust's income sources

Income sources	2006/07 (£000s)	2005/06 (£000s)
Strategic Health Authorities	2,876	3,056
NHS Trusts and FTs	4,284	3,864
Department of Health	15,977	8,423
Primary Care Trusts	263,111	253,949
Non NHS (including RTA)	2,771	1,738
Education and research	20,582	22,436
Other non-patient services	8,060	9,903
Other	9,875	10,019
Total income	327,536	313,388

Figure 2. 2006/07 Income Sources

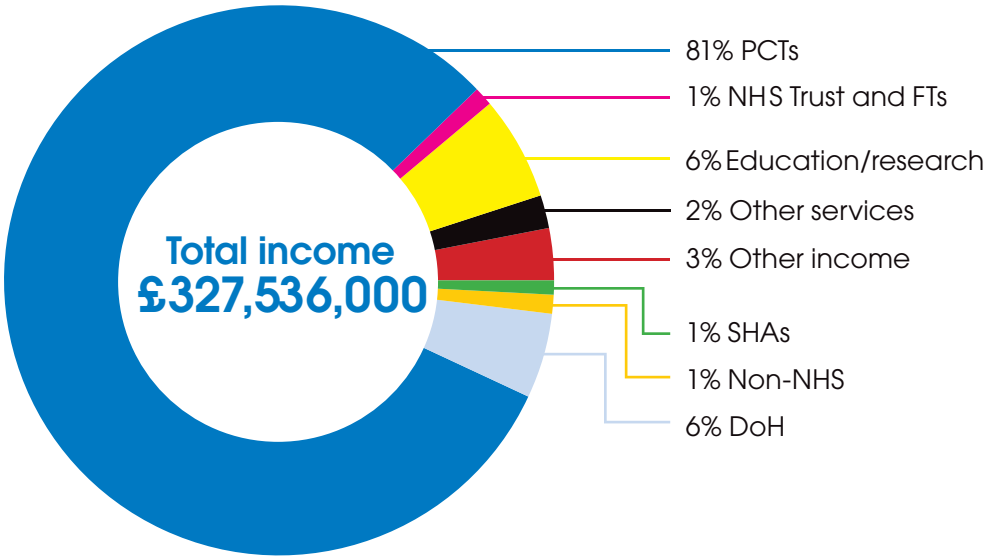
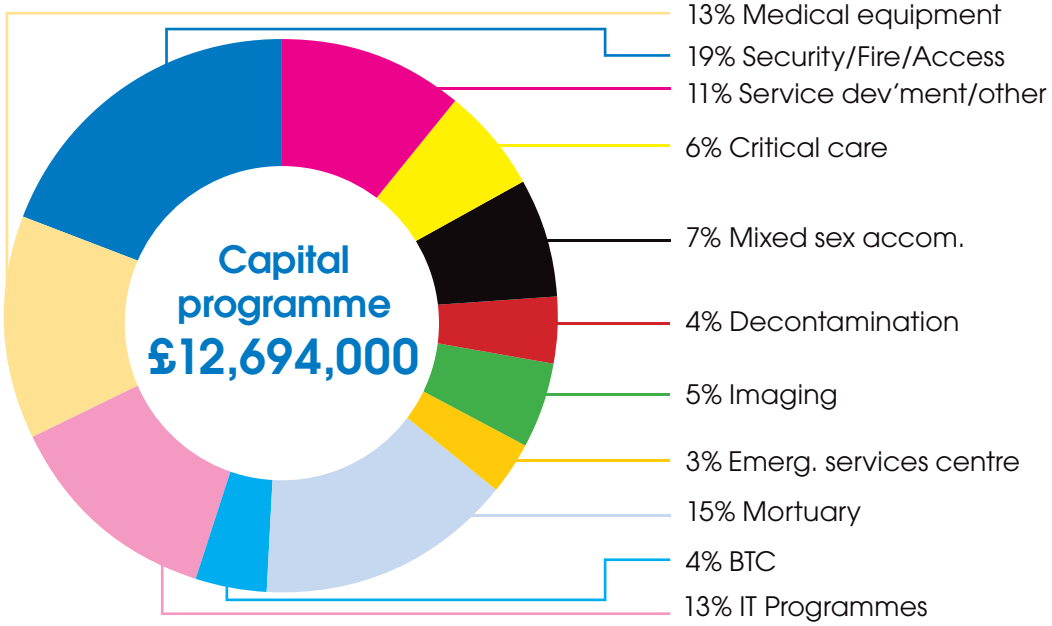


Figure 3. Capital Programme



Financial strategy and management of expenditure

>> The role of surgical care practitioners was developed to support improved pre-operative assessment and expansion of the range of care provided. Further gains were made by reducing the number of long stay patients (those staying >28 days) by 40% and reducing delayed discharges by 45% by working with Social Service and PCT partners. Internally this manifested itself through new clinical models of assessment and expanding medical capacity for this work. The Trust's bed-holding reduced significantly despite significant increases in emergency admissions. During this period of increasing activity, infection rates were reducing.

The reductions in capacity, coupled with the cost improvement plan, reduced the number of staff employed. Staffing reductions in the early part of the financial year were managed through SERP (supplementary establishment reduction programme). The Trust consulted with its staff on this discrete programme in terms of the content, timing and process for ensuring productivity improvements were delivered. The outcome of this process can by seen in Table 7 (taken from note 6.2 to the accounts).

Table 7. Average number of persons employed

	2006/07			2005/06
	Total	Permanently employed	Other	Total
Medical and dental	814	807	7	811
Ambulance staff	0	0	0	0
Administration and estates	1,341	1,303	38	1,493
Healthcare assistants/other support staff	564	560	4	756
Nursing, midwifery + health visiting staff	2,542	2,529	13	2,462
Nursing, midwifery + health visiting learners	3	3	0	93
Scientific, therapeutic and technical staff	903	893	10	946
Social care staff	0	0	0	0
Other	0	0	0	0
Total	6,167	6,095	72	6,561

Key to the success of the recovery plan is the management of risks which could affect delivery. The principal risks to the organisation are managed as part of the assurance framework which combines all aspects of governance and controls. The Governance and Risk Management Committee is key to providing this assurance by overseeing the timely and robust identification of risks together with mitigation plans (as reported by the Governance Board.) The main component of the recovery plan is the cost improvement programme.

Use of capital resources

The Trust utilised virtually all of its capital budget in 2006/07. Some of the focus on this programme included items of equipment expected to contribute to improving efficiency. For example, an investment of new equipment was made so more surgical activity could transfer into the BTC (Birmingham Treatment Centre). Similar investments were made in Urology for high cost equipment and consumables that reduced the average length of stay in hospital from six days to 23 hours in some cases. These are just two examples of areas where advancements in medical equipment and techniques can improve the patient experience and contribute to a reduction in overall costs. The content of the £12.6m capital programme is shown in Figure 3 opposite. The CIP is managed by a Financial Recovery Board and overseen by the Finance and Performance Committee which reports directly to the Trust Board. >>

SUMMARY FINANCIAL STATEMENTS 2006/07

Table 8. Income and expenditure account for the year ended 31 March 2007

	2006/07 (£000s)	2005/06 (£000s)
Income from activities	289,019	271,030
Other income	38,517	42,358
Operating expenses	(315,827)	(310,998)
Operating surplus/(deficit)	**11,709**	**2,390**
Profit/(loss) on disposal of fixed assets	(114)	(9)
Surplus/(deficit) before interest	**11,595**	**2,381**
Interest receivable	803	397
Interest payable	(12)	0
Other finance costs – unwinding of discount	(39)	(34)
Other finance costs – change in discount rate on provisions	0	(141)
Surplus/(deficit) for the financial year	**12,347**	**2,603**
Public Dividend Capital dividends payable	(8,948)	(8,329)
Surplus/(deficit) for the financial year	**3,399**	**(5,726)**

Table 9. Balance sheet as at 31 March 2007

	2006/07 (£000s)	2005/06 (£000s)
Fixed assets		
Intangible assets	509	649
Tangible assets	261,058	250,063
Investments	0	0
	261,567	250,712
Current assets		
Stocks and work in progress	3,601	3.528
Debtors	20,974	24,920
Investments	0	0
Cash in bank and in hand	987	918
	25,562	29,366
Creditors – amount falling due within one year	(25,693)	(21,276)
Net current assets/(liabilities)	(131)	8,090
Total assets less current liabilities	261,436	258,802
Creditors – amount falling due after more than one year	(4,500)	0
Provisions for liabilities and charges	(5,229)	(4,203)
Total assets employed	251,707	254,599
Financed by		
Public Dividend Capital	168,412	188,094
Revaluation reserve	70,841	61,824
Donated asset reserve	2,923	3,200
Government grant reserve	2,075	1,121
Other reserves	9,058	9,058
Income and expenditure reserve	(1,602)	(8,693)
Total taxpayers' equity	251,707	254,599

Table 10. Cash flow statement for the year ended 31 March 2007

	2006/07 (£000s)	2005/06 (£000s)
Operating activities		
Net cash inflow/(outflow) from operating services	30,872	11,210
Returns on investments and servicing of finance		
Interest received	762	368
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	762	368
Capital expenditure		
(Payments) to acquire tangible fixed assets	(11,875)	(14,433)
Receipts from sale of tangible fixed assets	0	360
(Payments) to acquire intangible assets	(60)	(196)
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of intangible assets	0	0
Net cash inflow/(outflow) from capital expenditure	(11,935)	(14,269)
Dividends paid	(8,948)	(8,329)
Net cash inflow/(outflow) before management of liquid resources and financing	10,751	(11,020)
Management of liquid resources		
(Purchase) of investments with DH	0	0
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	10,751	(11,020)

Table 10. Cash flow statement for the year ended 31 March 2007

	2006/07 (£000s)	2005/06 (£000s)
Financing		
Public Dividend Capital received	5,769	21,713
Public Dividend Capital repaid (not previously accrued)	(25,451)	(10,492)
Public Dividend Capital repaid (accrued in prior period)	0	0
Loans received from DH	9,000	0
Other loans received	0	0
Loans repaid to DH	0	0
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	(10,682)	11,221
Increase/(decrease) in cash	69	201

Table 11. Statement of total recognised gains and losses for the year ended 31 March 2007

	2006/07 (£000s)	2005/06 (£000s)
Surplus/deficit for the financial year before dividend payments	12,347	2,603
Fixed asset impairment losses	(4,669)	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	17,581	5,503
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	991	591
Defined benefit scheme actuarial gains/losses	0	0
Additions/(reductions) in 'other reserves'	0	0
Total recognised gains and losses for the financial year	26,250	8,697
Prior period adjustment	0	0
Total gains and losses for the financial year	26,250	8,697

Remuneration report

The Trust has a Remuneration and Terms of Service Committee, whose role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the committee is comprised of the Trust's Chair and all Non-Officer Members (Non-Executive Directors) – as at 31st March 2007, these were:

- Sue Davis (Chair)
- Isobel Bartram
- Professor Alasdair Geddes
- Richard Griffiths
- Cllr Bill Thomas
- Roger Trotman
- Professor Jonathan Michie

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance, and taking into account comparison with remuneration levels for similar posts, both within the National Health Service and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for 'performance related pay'.

It is not the Trust's policy to employ Executive Directors on 'rolling' or 'fixed term' contracts; all Directors' contracts conform to NHS standards for Directors, with arrangements for termination in normal circumstances by either party with written notice of 6 months.

The salaries and allowances of senior managers cover both pensionable and non-pensionable amounts. Najma Hafeez left the Trust on 31 March 2006 and was replaced in June 2006 by Sue Davis. Bill Thomas acted as interim Chair during the intervening period. Doug Carroll ceased to be a Non Officer Member (Non-Executive Director) during the year and was replaced by Jonathan Michie. Paul Assinder, Director of Finance left the Trust in August 2005 and was replaced by Robert White.

The pension information in Table 12 opposite contains entries for Executive Directors only, as Non-Officer Members (Non-Executive Directors) do not receive pensionable remuneration.

Cash equivalent

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pensions payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown in Table 13 relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figure and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Table 12. Salaries and allowances of senior managers

	2006/07			2005/06		
	Salary (£000s) *bands of £5000*	Other remun.* (£000s) *bands of £5000*	Benefits in kind *To nearest £100*	Salary (£000s) *bands of £5000*	Other remun.* (£000s) *bands of £5000*	Benefits in kind *To nearest £100*
Chair						
Sue Davis	15–20	0	0	0	0	0
Najma Hafeez	0	0	0	20–25	0	0
Non-officer Member (Non-executive Director)						
Isobel Bartram	5–10	0	0	5–10	0	0
Alasdair Geddes	5–10	0	0	5–10	0	0
Richard Griffiths	5–10	0	0	5–10	0	0
Roger Trotman	5–10	0	0	5–10	0	0
Doug Carroll	0–5	0	0	5–10	0	0
Jonathan Michie	0–5	0	0	0	0	0
Bill Thomas	5–10	0	0	5–10	0	0
Chief Executive and Executive Directors						
John Adler Chief Executive	135–140	0	0	135–140	0	0
Robert White Director of Finance	115–120	0	0	50–55	0	0
Paul Assinder Director of Finance	0	0	0	45–50	0	0
Pauline Werhun Director of Nursing	90–95	0	0	85–90	0	0
Hugh Bradby Medical Director	45–50	120–125	0	45–50	115–120	0
Richard Kirby Director of Strategy	90-95	0	0	85–90	0	0

* Other pay includes an amount related to nationally determined awards.

Employee benefits

There were no employee benefits paid in 2006/2007 (nil in 2005/2006).

Management costs

	2006/07 (£000s)	%	2005/06 (£000s)	%
Management costs	**9,947**	3.25	10,389	3.6%
Income	**305,621**		288,266	

Management costs are defined as those on the Department of Health website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007923>>

Table 13. Pension benefits of senior managers

	Real increase in pension at age 60 (£000s) *bands of £2500*	Lump sum at age 60 related to real increase in pension (£000s) *bands of £2500*	Total accrued pension at age 60 at 31 March 2007 (£000s) *bands of £5000*	Lump sum at age 60 related to accrued pension at 31 March 2007 (£000s) *bands of £5000*	Cash Equivalent Transfer Value at 31 March 2007 (£000s)	Cash Equivalent Transfer Value at 31 March 2006 (£000s)	Real increase in Cash Equivalent Transfer Value (£000s)	Employer's contribution to stakeholder pension *To nearest £100*
Chair								
Sue Davis	0	0	0	0	0	0	0	0
Najma Hafeez	0	0	0	0	0	0	0	0
Non-officer Members (Non-Executive Directors)								
Isobel Bartram	0	0	0	0	0	0	0	0
Alistair Geddes	0	0	0	0	0	0	0	0
Richard Griffiths	0	0	0	0	0	0	0	0
Roger Trotman	0	0	0	0	0	0	0	0
Doug Carroll	0	0	0	0	0	0	0	0
Jonathan Michie	0	0	0	0	0	0	0	0
Bill Thomas	0	0	0	0	0	0	0	0
Chief Executive and Executive Directors								
John Adler Chief Executive	0–2.5	0–2.5	35–40	110–115	495	458	18	0
Robert White Director of Finance	2.5–5	7.5–10	20–25	60–65	261	213	30	0
Paul Assinder Director of Finance	0	0	0	0	0	472	0	0
Pauline Werhun Director of Nursing	0–2.5	0–2.5	35	106	593	557	15	0
Hugh Bradby Medical Director	2.5–5	10–12.5	67	197	1,222	1,111	58	0
Richard Kirby Director of Strategy	0–2.5	0–2.5	14	42	130	116	8	0

Retirements due to ill-health

During 2006/07 there were 10 (2005/06,18) early retirements from the NHS Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £459,771 (£1,202,629). The cost of these ill-health retirements will be borne by the NHS Business Services Authority – Pensions Division.

Better payment practice code

Table 14.

	2006/07		2005/06	
	Number	£000s	Number	£000s
Total non-NHS trade invoices paid in the year	**86,667**	**71,353**	95,040	71,057
Total non-NHS trade invoices paid within target	**59,731**	**51,449**	51,457	40,062
% of non-NHS trade invoices paid within target	**69%**	**72%**	54%	56%
Total NHS trade invoices paid in the year	**2,457**	**18,596**	2,148	16,265
Total NHS trade invoices paid within target	**1,260**	**8,599**	536	5,824
% of NHS trade invoices paid within target	**51%**	**46%**	25%	36%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998

	2006/07 (£000s)	2005/06 (£000s)
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

Profit/(Loss) on disposal of fixed assets

	2006/07 (£000s)	2005/06 (£000s)
Profit on disposal of fixed asset investments	**0**	0
(Loss) on disposal of fixed asset investments	**0**	0
Profit on disposal of intangible fixed assets	**0**	0
(Loss) on disposal of intangible fixed assets	**0**	0
Profit on disposal of land and buildings	**0**	0
(Loss) on disposal of land and buildings	**0**	0
Profit on disposal of plant and equipment	**0**	0
(Loss) on disposal of plant and equipment	**(114)**	(9)
Totals	**(114)**	**(9)**

Interest payable

	2006/07 (£000s)	2005/06 (£000s)
Finance leases	0	0
Late payment of commercial debt	0	0
Loans	12	0
Other	0	0
Totals	**12**	**0**

A copy of the Trust's full audited Statutory Financial Statements can be obtained from Robert White, Director of Finance and Performance Management, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham, B18 7QH.

ACCOUNTING POLICIES

The financial statements of the Trust have been prepared in accordance with the 2006/07 NHS Trusts Manual for Accounts issued by the Department of Health.

Application of some accounting policies requires an exercise of judgement. Provision is included in the accounts for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Estimates are, wherever possible, based on professional advice or information, primarily from the NHS Litigation Authority and the NHS Pensions Agency. There have been no changes to the basis of calculation of provisions in 2006/2007.

Provision is included within the Trust's accounts for doubtful debts. This provision is created where there is significant doubt over the Trust's ability to collect some debts. The basis for calculating the majority of this provision has not changed in 2006/2007 with the exception of two areas:

- Road Traffic Act (RTA) Debtors. In 2006/07 an assessment has been made based on the age and the recovery rate of the debt. This has resulted in a significant increase in the provision.
- In 2005/06, provision was made for non specific non NHS debts over 6 months old. In 2006/07 this has been amended to cover outstanding debts greater than 60 days old.

RESOURCES NOT RECORDED ON THE BALANCE SHEET

The majority of the Trust's financial and physical resources are recorded on the balance sheet at 31st March 2007, although this clearly excludes its major resource – the 6,000 staff it employs. As it is funded through the Public Finance Initiative (PFI), the Birmingham Treatment Centre is not shown on the Trust's balance sheet. This is a major physical resource from which a substantial proportion of day case, out-patient and diagnostic services are provided on the City site.

AUDIT

The Trust's external auditor is PricewaterhouseCoopers LLP. The cost of work undertaken by the auditor in 2006/07 was £205,000. All of the work undertaken by the auditor can be classified as 'audit services' and comprises £137,000 in respect of statutory accounts and associated activities and £68,000 related to the work undertaken in support of the Department of Health national assessments on use of resources. The external auditor did not undertake any work in 2006/07 specifically commissioned by the Trust.

As far as the directors are aware, there is no relevant audit information of which the Trust's auditors are unaware, and the directors have taken all of the steps that ought to be taken as directors to make themselves aware of any relevant audit information, and to establish that the Trust's auditors are aware of that information. The members of the Audit Committee are Richard Griffiths (Chair), Roger Trotman, Isobel Bartrum, Professor Alasdair Geddes, Cllr Bill Thomas and Professor Jonathan Michie.

Table 15.
Register of interests as at 31 March 2007

Chair	
Sue Davis	▶ Director – West Midlands Constitutional Convention ▶ Director – Local Authorities Mutual Investment Trust ▶ Director – Meeting Point Trust Ltd ▶ Director – RegenWM ▶ Member – GMB Trade Union ▶ Elected Member – Telford & Wrekin Borough Council ▶ Elected Member – Great Dawley Parish Council ▶ Non-Executive Director – Council on Tribunals
Non-Officer Members (Non-Executive Directors)	
Isobel Bartram	▶ None
Prof. Alasdair Geddes	▶ None
Richard Griffiths	▶ President of West Midlands Region for Amicus
Prof. Jonathan Michie	▶ Director - Mutuo ▶ Director - Association of Business Schools
Cllr. Bill Thomas	▶ Leader of Sandwell Council ▶ Elected Member – Sandwell Council ▶ Director – RegenCo ▶ Director – Brandhall Labour Club Ltd ▶ Non-Executive Director – Birmingham International Airport
Roger Trotman	▶ Non-Executive Director – Stephens Gaskets Ltd ▶ Non-Executive Director – Tufnol Industries Trustees Ltd ▶ Member of the West Midlands Regional Assembly ▶ Member of the West Midland Business Council ▶ Director of S J Feasey & Company Ltd – resigned 19 March 2007
Officer Members (Executive Directors)	
John Adler	▶ None
Dr. Hugh Bradby	▶ Limited private practice work predominantly at the Priory Hospital Birmingham ▶ Director – Harborne Golf Club Ltd
Richard Kirby	▶ Trustee – Birmingham South West Circuit Methodist Church
Pauline Werhun	▶ None
Robert White	▶ Directorship of Midtech clg
Associate Members (other Board Directors)	
Tim Atack	▶ None
Kam Dhami	▶ None
Matthew Dodd	▶ None
Colin Holden	▶ None
Graham Seager	▶ None
Former non-Officer Member (Non-Executive Director)	
Prof. Doug Carroll	▶ None

STATEMENT ON INTERNAL CONTROL 2006/07

1 SCOPE OF RESPONSIBILITY

1.1 The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

1.2 In my role as Chief Executive of the Trust I fulfil my own responsibilities as its Accountable Officer in close association with the Chief Executive and senior officers of the West Midlands Strategic HA and the Chief Executives of the local Primary Care Trusts. Governance and risk issues are regularly discussed at a variety of Health Economy wide fora, including formal review meetings with the Strategic HA and monthly meetings of Chief Executives.

2 SCOPE OF RESPONSIBILITY

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

a) Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives.

b) Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

2.2 The system of internal control has been in place in Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2007 and up to the date of approval of the annual report and accounts.

3 CAPACITY TO HANDLE RISK

3.1 The Trust has a Board approved Risk Management Strategy which identifies that the Chief Executive has overall responsibility for risk management within the Trust. All managers and clinicians accept the management of risks as one of their fundamental duties. Additionally the Strategy recognises that every member of staff must be committed to identifying and reducing risks. In order to achieve this the Trust promotes an environment of accountability to encourage staff at all levels to report when things go wrong, allowing open discussion to prevent their re-occurrence.

3.2 The Risk Strategy states that all staff will have access to risk management information, advice, instruction and training. The level of training varies to meet local and individual needs and will be assessed as part of the annual formal staff appraisal process.

3.3 Information with regard to good practice is shared via training sessions provided by risk professionals, Divisional Governance Group meetings, staff newsletters, the intranet, e-mail communication and staff briefing sessions.

3.4 The Trust operates 'Your Right to be Heard', a policy in which concerns and risk issues can be raised anonymously. The letter and the Trust's response to points raised are published in full, in a bi-monthly newsletter that is distributed to all staff. In addition the Trust operates a Board approved Whistle-blowing Policy.

4 THE RISK AND CONTROL FRAMEWORK

4.1 The Board approved Risk Management Strategy includes the following:

a) Details of the aims and objectives for risk management in the organisation.

b) A description of the relationships between various corporate committees.

c) The identification of the roles and responsibilities of all members of the organisation with regard to risk management, including accountability and reporting structures.

d) The promotion of risk management as an integral part of the philosophy, practices and business plans of the organisation.

e) A description of the whole risk management process and requirement for all risks to be recorded, when identified, in a risk register and prioritised using a standard scoring methodology.

4.2 The risk management process is an integral part of good management practice and the aim is to ensure it becomes part of the Trust's culture. It is an increasingly important element of the Trust's Business Planning process and budget setting and performance review frameworks. The risk management process is supported by a number of policies which relate to risk assessment, incident reporting, training, health and safety, violence and aggression, complaints, infection control, fire, human resources, consent, manual handling and security.

4.3 The Assurance Framework (AF) identifies the risks to the Trust's strategic and corporate objectives, the key controls in place to manage these risks and the level of assurance with regard to the effectiveness of the controls. The framework identifies any gaps in both the controls and the assurances that the controls are effective.

The Internal Auditor gave an opinion of **significant assurance** on the controls surrounding the implementation of the Trust's AF. Its implementation and operation in providing a comprehensive means of managing risks in relation to the organisation's objectives has improved from last year's assessment of limited assurance. Further improvements are necessary and consequently, an action plan has been produced to address gaps and weaknesses. In future the assurance framework will be further refined to include a mapping of key elements such as risks, controls and assurances in order to fully embed the framework in all areas of the Trust.

4.4 The **Internal Auditor's** Annual Report and opinion on the effectiveness of the system of internal control is commented on below. It is important to note that the Auditor's opinion contains a number of areas where '**significant assurance**' has been assigned, for example, financial ledger, reporting and budgetary control, cash management, nonpay expenditure, external contract management, Practice Based Commissioning & Joint working relationships, Research Governance and Health and Social Care Standards. However, the overall composite opinion provided was one of '**limited assurance**' as further improvements are needed in certain areas. These are described below.

a) **Financial and other business activities**

Internal Audit has given an opinion of 'limited assurance' in respect of certain control systems, namely payroll and expenses, income and debtors, capital accounting, ordering and receipting and payment by results. Action plans to address identified issues are agreed between relevant managers and auditors and their delivery is reviewed by the Audit Committee. >>

4.4 b) Corporate governance

A limited assurance opinion was provided during the year. All key issues have however, been addressed as new Standing Orders and Standing Financial Instructions have been issued. The terms of reference of all Board committees have similarly been revised and updated

Assurance framework and risk management

As stated above an opinion of 'significant assurance' has been given to this area. Considerable progress has been made in addressing a range of weaknesses identified. The Assurance Framework is embedded in the organisation and is regularly reviewed to ensure the Board receives full assurance as to how the principal risks to the organisation are being identified and managed, including evidence of the controls in place. The changes made in this area have been in place for the majority of the year and are regularly reported to the audit committee. Improved alignment with the Standards for Better Health has also been observed.

c) Other opinions

The Internal Auditor also provided an opinion of 'limited assurance' in the areas of communication with the WM Deanery and business continuity.

4.5 The Trust's Public and Patient Involvement Strategy (PPI) facilitates the input of the Trust's Patient Forum to the annual business planning round. As part of its ongoing commitment to staff and public involvement in decision making the Trust holds all of its Board meetings in public. Such meetings will cover the full gamut of clinical, corporate and business risk and discuss and monitor the delivery of corporate objectives and the detail of the Assurance Framework. The Trust Chair encourages as wide a range of public contributions in such discussions as possible from attendees. The Trust Board has held specific meetings with various public groups on specific issues of policy.

4.6 In support of the 'Towards 2010' Programme, and service reconfiguration proposals, the Trust has met frequently with the Joint Local Authority Overview and Scrutiny Committees in Birmingham and Sandwell.

4.7 As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

5 REVIEW OF EFFECTIVENESS

5.1 As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an independent opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work programme. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by reports and comments made by the external auditor, the Healthcare Commission, CNST and RPST assessors, clinical auditors, accreditation bodies and peer reviews.

5.2 I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee, Finance and Performance Management Committee, Governance & Risk Management Committee, Governance Board, Health and Safety Committee and the Adverse Incidents, Complaints and Litigation Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

5.3 The Trust Board is responsible for reviewing the effectiveness of internal control and the Board is supported in this by the corporate committees list below.

a) **Audit Committee**
This committee considers the annual plans and reports of both the External and Internal Auditors. It also provides an overview and advises the Trust Board on the internal control arrangements put in place by the Trust.

b) **Finance and Performance Management Committee**
The FPMC receives regular monthly reports on financial performance and activity with particular regard to national targets. The committee also reviews all identified financial risks, proposed treatment plans and monitors their implementation.

c) **Governance and Risk Management Committee**
The G&RMC receives regular reports from departments and divisions in respect of material risks, stratified by severity. It oversees the work of the Trust's Governance Board where potentially significant risk (*ie* 'red' risks) is scrutinised and where appropriate placed on to the Trust's corporate Risk Register. Progress in implementing the mitigation plans is monitored.

d) **Patient and Public Involvement Committee**
The PPIC provides various stakeholders with the opportunity to bring issues to the attention of Trust Board members.

e) **Remuneration Committee**
This is a committee of non-officer members (non Executive Directors) which sets the pay and conditions of senior managers.

5.4 Individual Executive Directors and managers are responsible for ensuring the adequacy and effectiveness of internal control within their sphere of responsibility.

5.5 Internal Audit carry out a continuous review of the internal control system and report the result of their reviews and recommendations for improvements in control to management and the Trust's Audit Committee.

5.6 Specific reviews have been undertaken by External Audit, CNST, RPST and the HSE as well as various external bodies. A number of peer reviews have also been undertaken during the year.

5.7 In the Trust's Core and Developmental Standards declaration for 2006/07, two standards were declared as unmet. The first standard (C21) concerns services provided in environments, their design and the ability to meet national specifications for cleanliness levels. This was assessed as 'not met' due to two issues. Firstly, a large proportion of the Trust's estate is very old and requires significant investment to be brought to current standards. Secondly, the Trust has implemented a system of cleaning based on the National Standards for Cleanliness. In December 2006 guidance was issued that set out new for standards of cleanliness. >>

5.7 >> Achievement of these standards required additional resources which were not available during 2006/07. A Strategic Outline Case has been approved to invest in new buildings and a rolling programme of capital schemes to improve the interim condition of the estate is being implemented. The Trust has assessed the additional investment required to achieve the cleaning standards set out in the December 2006 guidance. An additional £200k has been included in the 2007/08 financial plan to improve performance.

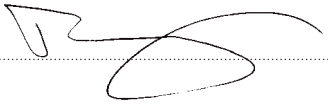
The second standard (C4b) concerns keeping patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised. A recent audit has highlighted that although good practice exists in some areas, there is a need to ensure that effective systems are in place throughout the organisation to demonstrate that staff operating medical devices are competent to do so. The effective implementation of the Trust Policy for Ensuring Competence in the Use of Medical Devices during 2007/08 will contribute to the improvements needed.

6 SIGNIFICANT CONTROL ISSUE

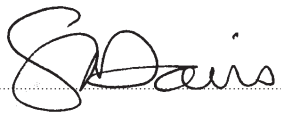
6.1 The Internal Auditor gave an opinion of 'no assurance' in respect of the systems and services necessary in meeting access targets for GUM services. The 2006/07 contract arbitration by the SHA placed responsibility for achieving this target on the Sandwell PCT as they had declined to provide the necessary investment identified by the Trust. Nevertheless, the Trust improved performance against the target in 2006/07 through internal initiatives and has secured significant additional investment in 2007/08.

6.2 The Trust's performance overall has once again been strong in respect of the delivery of patient care and meeting quality standards. The Trust overachieved on the duty to breakeven by posting a surplus which contributes to reducing prior year deficits. The improved position benefited from a significant increase in financial and business risk monitoring and assurance reporting during 2006–07.

6.3 Within the balance sheet, as at 31 March 2007, the income and expenditure account holds a cumulative deficit (see note 23 to the annual accounts) arising from financial performance prior to 2006/07. The Trust Board approved Financial Plans in 2006/07 and 2007/08 aimed at ensuring all financial duties are met at the end of an SHA agreed 5 year recovery period (2003/04 to 2007/08). The surpluses posted in 2006/07 and planned for 2007/08 contribute towards eliminating the cumulative deficit. During 2006/07, the Trust received enabling funds (additional income) from both Sandwell and Heart of Birmingham PCTs. These funds are linked to collaborative preparatory work in respect of the 2010 Programme and also contribute to restoring financial balance. In the same year, an income reduction in respect of RAB (resource accounting and budgeting) was applied to the Trust and has been taken account of in assessing financial performance for cumulative break-even purposes.

Signed  Chief Executive
(On behalf of the board)

Date 3 September 2007

Signed  Chair
(On behalf of the board)

Date 3 September 2007

INDEPENDENT AUDITORS' STATEMENT TO THE DIRECTORS OF THE BOARD OF SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

We have examined the summary financial statements for the year ended 31 March 2007 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement and the related notes. We have also audited the information in the Trust's Remuneration Report that is described as having been audited.

This report, including the opinion, has been prepared for and only for the Board of Sandwell and West Birmingham Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of Directors and Auditors

The Directors are responsible for preparing the Annual Report, including the Remuneration Report. Our responsibility is to audit the part of the Remuneration Report to be audited and to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

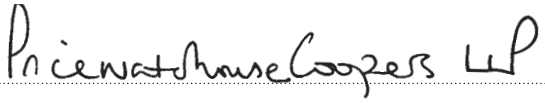
We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and on the information in the Remuneration Report to be audited.

Opinion

In our opinion:

- the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007; and
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements and the date of this statement.

Signed 

PricewaterhouseCoopers LLP
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Date: 3 September 2007

LIST OF CLINICAL SPECIALTIES AND SERVICES

	CITY HOSPITAL	SANDWELL HOSPITAL	ROWLEY REGIS
Accident and emergency	✸	✸	
Anaesthetics	✸	✸	
Audiology	✸	✸	✸
Breast services	✸	✸	
Cardiology	✸	✸	✸
Cardiac rehabilitation	✸	✸	
Chemical pathology	✸	✸	✸
Chest medicine	✸	✸	
Chiropody	✸	✸	✸
Clinical haematology	✸	✸	✸
Clinical toxicology	✸		
Colorectal services	✸	✸	
Continuing care			✸
Critical care/ITU	✸	✸	
Dermatology	✸	✸	
Diabetology	✸	✸	✸
Dietetics	✸	✸	
Elderly day care	✸	✸	✸
Endocrinology	✸	✸	
ECG direct access	✸	✸	
ENT	✸	✸	✸
Gastroenterology	✸	✸	✸
General haematology	✸	✸	
General medicine	✸	✸	
General surgery	✸	✸	
GU medicine		✸	
Geriatric medicine	✸	✸	✸
Gynaecology	✸	✸	
Haemoglobinopathy	✸		
Haematological oncology	✸	✸	
HDU (High Dependency Unit)	✸	✸	
Imaging	✸	✸	✸
Infection control services	✸	✸	✸

	CITY HOSPITAL	SANDWELL HOSPITAL	ROWLEY REGIS
Interventional radiology	✸	✸	
Lymphodema	✸		
National Poisons Information Service	✸		
Neonatal	✸	✸	
Nephrology	✸	✸	
Neurology	✸	✸	
Neurophysiology	✸	✸	
Neuro-rehab	✸	✸	
Obstetrics	✸	✸	
Occupational therapy	✸	✸	✸
Oncology	✸	✸	
Ophthalmology	✸	✸	✸
Oral maxillofacial surgery	✸		
Orthotics	✸	✸	✸
Orthoptics	✸	✸	✸
Paediatrics	✸	✸	
Pain management	✸		
Physiotherapy	✸	✸	✸
Plastic surgery	✸	✸	
Psychosexual	✸		
Rehabilitation	✸	✸	✸
Respiratory/lung function	✸	✸	
Respite care			✸
Rheumatology	✸	✸	✸
Speech therapy	✸	✸	✸
Stroke unit	✸	✸	
Thoracic medicine	✸	✸	✸
Trauma and orthopaedics	✸	✸	✸
Urgent GP services	✸	✸	✸
Urodynamics	✸		
Urology	✸	✸	
Vascular surgery	✸	✸	

This list reflects services for which we have contracts for activity. It may not therefore be a comprehensive list of every service offered within the Trust.

For example, therapy services such as Physiotherapy take place at all sites but at Sandwell/Rowley there will be SLAs with the PCTs who employ the staff. At City these staff are employed by the Trust and we have some direct access arrangements.

USEFUL TRUST INFORMATION

Directions and further information

Road Visit our website at **www.swbh.nhs.uk**, click on 'Visitor Information' and 'How to Find us'.

Public transport Centro Hotline 0121 200 2700
National Rail Hotline 0845 748 4950.

CITY HOSPITAL

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

City Hospital is situated on the Dudley Road. The main patient and visitor car parks can be accessed off Western Road.

Getting here by public transport

Bus 11A, 11C, 66, 66A, 80, 81, 82, 83, 87, 88.
Metro Jewellery Quarter.
Rail Birmingham New Street.

SANDWELL HOSPITAL

Lyndon
West Bromwich
West Midlands
B71 4HJ
Tel 0121 553 1831

Sandwell Hospital is situated in Lyndon off the A4031 All Saints Way. The main patient and visitor car parks can be accessed off Hallam Street.

Getting here by public transport

Bus 404, 404A, 404E, 405, 405A, 406H, 407H, 410, 451.
Metro West Bromwich Central.
Rail Sandwell and Dudley.

ROWLEY REGIS HOSPITAL

Moor Lane
Rowley Regis
West Midlands
B65 8DA
Tel 0121 553 1831

Rowley Regis Hospital is situated in Moor Lane, close to Rowley Regis Crematorium. The patient and visitor car park is accessed via the main entrance in Moor Lane.

Getting here by public transport

Bus 127, 238, 258 and 404A.
Rail Rowley Regis.

PARKING

There is no charge for the first 20 minutes parking which enables patients to be picked up and dropped off. At City and Sandwell Hospitals parking charges are £2 for the first hour, rising by 50p every hour to the maximum of £10 for a stay over eight hours. Concessions are available for frequent visitors and patients receiving certain benefits may be able to claim back some or all travel costs. Parking at Rowley Regis costs 50p for up to six hours, £10 for over six hours.

GETTING INVOLVED

If you would like to get involved with the Trust, either through joining one of the local Patient and Public Involvement Forums, in one of the PPI user groups, on a patient information reading panel or would like to receive regular information about the Trust, write to:

Communications Department,
City Hospital,
Dudley Road,
Birmingham B18 7QH
Tel: 0121 507 5303

TRUST BOARD EXECUTIVE MANAGEMENT TEAM (SEPTEMBER 2007)

Chief Executive	**JOHN ADLER**
Medical Director	**DR HUGH BRADBY**
Director of Finance and Performance	**ROBERT WHITE**
Chief Nurse	**RACHEL OVERFIELD**
Director of Strategy	**RICHARD KIRBY**
Chief Operating Officer	**TIM ATACK**
Deputy Chief Operating Officer	**MATTHEW DODD**
Director of Human Resources	**COLIN HOLDEN**
Director of Estates/New Hospital Project Director	**GRAHAM SEAGER**
Director of Governance Development	**KAM DHAMI**
Head of Communications and PPI	**JESSAMY KINGHORN**
Deputy Chief Operating Officer	**MATTHEW DODD**
2010 Programme Implementation Director	**JAYNE DUNN**

TRUST BOARD NON-EXECUTIVE MEMBERS (SEPTEMBER 2007)

Chair	**SUE DAVIS CBE**
Vice-Chair	**ROGER TROTMAN**
Non-Executive Director	**DR SARINDER SINGH SAHOTA**
Non-Executive Director	**GIANJEET HUNJAN**
Non-Executive Director	**ISOBEL BARTRAM**
Non-Executive Director	**CLLR BILL THOMAS CBE**
Non-Executive Director	**PROFESSOR JONATHAN MICHIE**

Find out more at www.swbh.nhs.uk

BLOOMING MARVELLOUS!

Green-fingered patients are caring for gardens at Rowley Regis and City hospitals as part of their recovery to health.

Flowers and vegetables have been planted at Rowley's Day Hospital courtyard garden and in the Occupational Therapy garden by patients attending two weekly gardening groups.

Occupational therapist Cheryl Coley, occupational therapy technical instructor Elizabeth Davenport and George Scriven, physiotherapy technical instructor set the gardening clubs up.

The groups have been running since last June and are made up of patients who are recovering from stroke, Parkinson's disease, falls or who have osteoarthritis or rheumatoid arthritis.

Patient Pam Kent says gardening clubs aided her recovery. Pam, who worked as a senior staff nurse in Dudley, woke up one morning unable to move her body. She spent 20 weeks in hospital and at one point couldn't feed or clothe herself.

Although she needs sticks to help her walk and has difficulty using her hands she now is one of the more active members of the gardening group, attending twice weekly.

She said: "It gets me out of the house and working as part of a team – something I miss as I'm not able to go to work at the moment. I've seen a great big improvement since joining the group in November."

Staff at City Hospital also came up with gardening as a way to help stroke patients get back on the road to recovery. Nurses and occupational therapists teamed up with patients to create a Therapy Garden outside the hospital's rehabilitation assessment unit and day hospital.

As well as helping patients in their recovery, the garden also provides a colourful environment and calming atmosphere for patients to relax away from the ward.

(pictured) Rowley Hospital physiotherapy technical instructor George Scriven with volunteer Doug Holloway and patient Pam Kent.

SANDWELL'S RECIPE FOR LOVE

Love was on the menu at Sandwell's Hallam Restaurant when catering staff came up with a romantic menu to celebrate Valentine's Day this year.

Staff decorated the restaurant with hearts, flowers and images of cupids and clinking champagne glasses while diners tucked into bowls of fresh strawberries and cream.

Gloria Evans, catering supervisor, said: "We enjoy decorating the restaurant for our themed days and getting into the spirit of things by dressing up in hats. We hope that it helps brighten up our customers' day a little."

Julia Moss, Catering Assistant and Gloria Evans, Catering Supervisor.

City Hospital
Millers Restaurant
7.30am–2.30pm
Boaters
8am–3pm
Arches Tea Bar
9am–10pm

Sandwell Hospital
Hallam Restaurant
7.30am–7pm
Coffee Pot
8.30am–3.30pm

Rowley Regis Hospital
Coffee Pot
10am–1pm