

TrustReview

Sandwell and West Birmingham Hospitals



NHS Trust

EXCLUSIVE

Britains' smallest surviving baby

Her first year



WHAT'S NEW?

- Are you getting enough? (fruit & veg)
- Looking after the little ones
- Service gets thumbs up from patients
- Veg under the microscope
- USA in A&E

2003/04 Annual Report



Chairman Najma Hafeez:

IT'S BEEN A VERY FULL YEAR OF FANTASTIC ACHIEVEMENT, DEDICATION AND HARD WORK BY ALL OUR STAFF AND I WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK THEM ALL.

Welcome to our Annual Report for 2003/04.

I would like to thank our 329 volunteers, who work tirelessly to provide those extra aspects of care and attention to our patients and visitors.

There are many exciting developments in the second year of the Trust, including: the £32 million

Birmingham Treatment Centre at City Hospital (open December 2004) and the £18 million Emergency Services Centre at Sandwell (open April 2005).

This year we were given a two star rating and I am extremely proud of our achievements. Staff across all three hospitals worked hard to provide patients with the highest possible

standards of care, as witnessed by the 2,332 thankyou letters we have received.

It is frustrating that we just missed out on retaining our three star status because of the financial situation as, unlike other Trusts, we are still having to shoulder the increased costs of the Arson attack at Sandwell A&E at a time when the hospital is busier than it has ever been.

However, we must not rest on our laurels and we will strive to regain our three stars in 2005 which looks to be a very exciting year.

Chief Executive John Adler:



Our performance in 2003/04 was quite remarkable with targets achieved in A&E, inpatient and outpatient waiting times and cancer waits to name but a few. This is testament to the excellent work of staff across our three hospital sites.

We have much to look forward to with the approval of "Towards 2010", a programme of massive investment in health and social care across Sandwell and West

Birmingham giving us the opportunity to provide first class facilities for both hospital and community services after years of under-investment. This will be a huge boost for both patients and the staff who care for them.

It has also been a year of considerable changes with new policies on Junior Doctors working hours, the Consultant's Contract and Agenda for Change – all of these national initiatives have presented challenges but once embedded should give us a more flexible basis for going forward in the future.

In February, the Trust began its application for NHS Foundation Status, however, due to our star ratings, we have put our application on hold for the time being. We are still moving forward as a Trust and will continue to put in

place many of the elements of the work which formed the basis of our foundation application, such as giving staff and patients a greater say in how we develop and run our services.

Our key priority for the current year is to restore the financial health of the Trust. This can be done provided the issues are approached with determination. Our plans are in place and I am confident that we will be able to achieve our objective.

We have an excellent Trust and a great deal to look forward to in the future.

A special thank you to every member of staff for making Sandwell and West Birmingham Hospitals a Trust to be immensely proud of.

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INTRODUCTION SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

The Trust is one of the largest teaching Trusts in the United Kingdom with a reputation for excellent staff who provide high quality care from three hospitals:

- City Hospital in Birmingham
- Sandwell General Hospital in West Bromwich
- Rowley Regis Hospital in Rowley Regis

The Trust was established on 1st April 2002 following approval by the Secretary of State for Health to amalgamate Sandwell Healthcare NHS Trust and City Hospital NHS Trust.

The amalgamation was initiated by clinicians and managers at the two Trusts to enable services to be strengthened and developed for a larger population. The Trust has Two Star status, has a budget of over £250 million, employs more than 7,000 staff and serves a population of almost 500,000.

Our principal activities

The Trust is run by the Trust Board - this includes the Chairman, Chief Executive, Executive Directors, two Medical Directors and currently four Non-Executive Directors. Day-to-day management of services is split into divisions comprising:

Anaesthetics and Critical Care, Emergency Care, Facilities, Medicine A and Medicine B, Pathology, Surgery A and Surgery B, Woman and Child Health, Imaging and Information Management and Technology

Our Pledge to you

Our mission is to provide high quality healthcare to patients. Our key objectives for 2004/05 are:

- Improve the financial strength of the Trust
- Modernise pay/career structures
- Commission the Birmingham Treatment Centre and Sandwell Emergency Services Centre

- Play a full role in the Towards 2010 Programme, leading towards public consultation in 2005
- Implement the action plans incorporated in the Clinical Services Strategy
- Achieve CNST (Risk Management) Level 2 accreditation
- Implement our new approach to staff engagement
- Implement our Patient and Public Involvement Strategy
- Pursue NHS Foundation Trust status as a medium term goal



Rowley Regis Hospital



Sandwell General Hospital



City Hospital

Waiting times further reduced

The Trust has bettered the Government's target for reducing waiting times. The national target was to ensure that no patients were waiting longer than nine months for an operation at the end of March 2004. We

not only achieved this, we ensured that only 43 patients were waiting between 6-9 months.

We also achieved our Inpatient Waiting List Total target set by the Strategic Health Authority – we improved on the target of

6200, with 6093 patients actually waiting for elective admission at the end of March 2004.

We met national outpatient waiting times targets – no outpatient waited more than 17 weeks for a first

outpatient appointment. In fact, there were only relatively few – 597 waiting between 13-17 weeks. The Trust is striving to ensure no patient waits longer than 13 weeks by the end of this year.

The Trust met the National Standard for waiting times – for Inpatients and Outpatients in all specialities.



Mayor opens new centre for Action On Diabetes

When a dog sunk its teeth into Councillor Martin Prestidge when he was out delivering election leaflets it may well have saved his sight. It was during a visit to the doctor for a tetanus jab that a blood test revealed he had diabetes. The undiagnosed condition had affected his vision and he needed an intensive

course of laser treatment on his eyes.

Ten years on, and as Mayor of Sandwell Council, he was called on to perform the official opening of the new Diabetes Centre at Sandwell General Hospital.

The centre – which is one of the most advanced of its kind in the Midlands – is the result of £150,000 investment in new facilities and services and

fundraising carried out by the Diabetes Support Group.

Consultant physician Doctor Doug Robertson said: "The new centre is a much better environment for our patients.

"We also have a flexible appointments system so patients can choose when to come in."

Thumbs up for 'green' travel!



The Trust's 'green travel' initiative has been given the thumbs up by staff. A shuttle bus service operates between City and Sandwell Hospital five days a week. With the cross-over of staff between sites, plus the difficulties experienced in parking, the shuttle service has been a major success.

Over the past year, the number of passengers has increased from 200 to 1,000 per week! Due to the success of the service, the Trust has invested for the future – more have been introduced this summer.

Towards 2010 – a Programme of Investment

Between £400 - £750 million is set to be pumped into saving lives in West Birmingham and Sandwell under ambitious proposals approved in July 2004 by the Department of Health.

Proposals to improve the physical, social and mental well-being of people in the area have been

approved by the Boards of the Trust, Primary Care Trusts and the Strategic Health Authority.

The plans also have support from local councils and a wide range of health, social care and regeneration organisations. Now they have received the green light from the Department

of Health.

The monies would be used to improve services and facilities across the area, bringing care closer to people's homes and providing a wider range of services designed around the patient.

Patients, staff and members of the public will

be asked for their ideas and opinions in a large-scale consultation before firm options are put forward.

The Towards 2010 programme is a fantastic opportunity to look at the services we provide, the way we provide them and the facilities in which we provide them.

" The people of Sandwell and West Birmingham face some of the worst problems of poverty and poor social conditions in Western Europe. They deserve better health and social care facilities and services. Programme 2010 seeks to deliver better services and a better health experience for Sandwell and West Birmingham – people living disease free lives, people being cured of treatable illnesses and people receiving the care and support they need for their disabilities. **"**

John Middleton, Director of Public Health, Oldbury and Sandwell.

New Treatment Centre and Emergency Services Centre

More than £50 million is being invested in the **Birmingham Treatment Centre** at City Hospital and the new **Emergency Services Centre** at Sandwell.

The state-of-the-art **Emergency Services Centre** replaces Sandwell's old A&E department, destroyed in July 2002's arson attack. Staff and patients were evacuated in just 90 seconds – thankfully there were no serious injuries as flames ripped through the building causing ceilings to collapse and millions of pounds worth of vital equipment to be destroyed. Within weeks of the disaster a full emergency service was up and running - all thanks to staff.

Despite being in temporary facilities, the Trust continued to achieve A&E waiting times targets. In March demolition of the fire-ravaged A&E was completed and work on the building of the new Emergency Services Centre began.

The building will offer modern emergency services in facilities to rival the best in Europe, focusing on delivering shorter waiting times and a better environment for emergency medicine with improved links between clinical services. It will have fast track and minor injury and illness cubicles, a paediatric facility and a decontamination unit. It will also house x-ray services, a 32 bedded Emergency Assessment Unit and a 10 bedded coronary

care unit with cardiac catheterisation facility.

Last month A&E Consultant and Divisional Director of Emergency Care Colin Holburn and Deputy Manager Alison Morton, were given a sneak preview by David Irons, Project Manager for developers Interserve. The centre opens to patients in Spring 2005.

Health Minister Rosie Winterton also donned site attire when she visited City Hospital in July to see work progressing on the £32 million **Birmingham Treatment Centre** – due to be completed in December 2004. It will see around 170,000 patients a year and will transform the way patients are diagnosed and treated. Fast track systems will allow patients with

known conditions such as varicose veins and hernias to be seen, diagnosed and in some cases treated and sent home in less than 24 hours.

The centre will have an ambulatory surgical unit with six operating theatres with recovery facilities for 34 patients. Doctors will also run outpatient clinics for specialities such as oncology, ear nose and throat and paediatrics. Miss Winterton said: "This is a fantastic facility and will make a real difference to local people."

The centre is being funded through the Private Finance Initiative (PFI).

1 Artist's impression of the Emergency Services Centre.

2 A&E consultant & divisional director for Emergency Care Colin Holburn, Interserve project manager David Irons and deputy divisional manager for Emergency Care Alison Morton get a sneak preview of the new centre under construction.

3 Artist's impression of the Birmingham Treatment Centre.

4 Rosie Winterton, Chairman Najma Hafeez and Chief Executive John Adler.



KEEPING COSTS DOWN

Less money spent on the annual report, more on patient care. We are legally bound to

produce an annual report and in this format it is not only cost effective but a much easier read than a

traditional publication. It still provides the information we are required to make public but (we hope) in an interesting and entertaining way.

Your comments about the report are welcome.

Contact the Communications Department on 0121 507 5303.

Your views matter

We aim to provide the highest possible standard of care but we like to hear what you think about our services – whether your views are good or bad. We need to know if patients or their relatives are unhappy so that we can put things right and stop the same thing happening again. We also like to know if you have had a good experience and staff appreciate receiving thank you letters or cards about the care they have given.

During 2003/04 we received:

- 2332 thank you letters
- 764 complaints (73.6% were responded to within the nationally set target of 20 working days. In most cases the delay was as a result of the complexity of the complaint.)

The majority of the complaints received were resolved at the local resolution stage of the complaints procedure - only 10 independent review requests were made.

As a result of complaints made, procedures and guidelines have been reviewed so that changes are made for the benefit of future patients. Complaints are also discussed at staff meetings to raise awareness of the issues that are of concern to patients and their relatives.

Where the money will be going ?

In 2004/5, the Trust will be investing over £23m. Schemes include:

City

£4,100,000 – Birmingham Treatment Centre equipment

£1,000,000 – Nightingale wards II and III refurbishment

£420,000 – Diabetes Centre

£400,000 – Millers restaurant upgrade

£210,000 – Pathology reception area

Sandwell

£12,750,000 – Emergency Services Centre (This is part of the £18m total scheme cost)

£1,500,000 – New mortuary facilities

£400,000 – Pathology reception area

£200,000 – Critical care improvement

£20,000 – Maternity upgrade phase II

Keeping Patients Informed

Keeping patients and carers informed is crucial to their satisfaction with the services the Trust provides. Our initiatives include:

- An **Information for Patients Strategy** to standardise patient information

- An **information centre** at each site
- In line with government guidelines, **bedside folders** will be available containing mealtimes, car parking facilities, toilets, safety procedures etc
- We would like to roll out the practice of forwarding copies of **consultant letters**, sent to GPs, on to patients to keep them informed
- An **information database**, containing details about medical conditions and procedures.

The Trust actively engages with its patients and public.

For example, regarding our proposals for NHS Foundation Status we consulted with;

- Patients and user groups
- The public
- Local community groups
- Stakeholders

Improving Patient Communication

The Trust has centralised the interpreting service's booking system and a new telephone interpreting system addresses the capacity vs. demand ratio – especially out of hours.

For those patients with sensory loss or impairment, a Trust-wide audit has identified communication aids required to assist staff and patients.



Interpreter Sultana Khanom with patient Abdul Muhsin and staff nurse Donna Gossage.

Patient & Public Involvement (PPI) Strategy Launch

PPI is a continuing process of listening, learning and improving and it is essential that this approach is adopted in everything we do.' This was the key message delivered at the Trust's PPI strategy launch earlier this year.

Chief Executive John Adler opened the event and the keynote speaker was Sir Harry Cayton, Director of PPI for the Department of Health. Trust staff, Birmingham & Black Country Strategic Health Authority, community and voluntary organisations, police, Primary Care Trusts and the PPI Forum, all attended the launch.

The PPI Strategy Working

Group was developed to implement the strategy at the frontline. So far, activities include:

- An audit to identify all PPI activity
- The Towards 2010 Programme PPI action plan is complete. Each Trust is now developing its own local action plan
- This year's National Inpatient Survey highlighted some key areas of improvement – notably in A&E waiting times for admission
- The young patients survey – our overall ratings remain high for care and for respect and dignity

- This year's Carers Week was 'carers and health'. The Trusts, together with many community and statutory agencies, supported the three-day event, which gave us the opportunity to say **THANK YOU** to our many carers for their hard work and support.

Did you know ...

Last year over 760,000 patients passed through our doors:

- 119,696 inpatients
- 454,907 outpatients
- 191,996 A&E attendances
- 42,561 day cases...
- ...and 8,248 births!

Carers Week – from far right: Head of PPI Yvonne Howell, Carers development officer Sam Hay with general public.



Lets Talk...

Communications is vital in such a large organisation and the Trust has various systems in place to ensure that staff are kept up to date with news and information:

- All staff receive a bi-monthly newsletter
- A well established email system enables two-way communication
- Regular briefing sessions with the Chief Executive provide a forum for managers to receive important information,

which they can then take back to their own departments.

The Trust launched a new intranet in 2004 to further provide organised knowledge and information at the click of a mouse.

The Trust works closely with the staff representatives and a running programme entitled 'Back to the Floor' has been successful – the Chief Executive and members of the Executive and Non Executive Team

have been visiting divisions, meeting staff and seeing for themselves issues facing frontline and support staff.

The results of the 2003 staff opinion survey have

identified areas where we need to make improvements. In our proposals for the future we have looked at ways in which we can increase staff involvement at all levels of the organisation.



Sickle Cell – an ‘ID-eal way to pain relief



Patricia Williams (left) and Liz Shaw, haemoglobinopathy sister.

Sickle Cell is a disorder in which red blood cells adopt an abnormal shape and block the circulation – leading to unbearable pain for the sufferer.

The Trust’s Sickle Cell and Thalassaemia Centre (SCAT) has a novel way to administer quick pain relief – by identity card. Each card has the patient’s photograph and personal

details. By presenting them the moment they get to A&E, they can bypass the queuing system and get the necessary pain relieving drugs that much quicker.

SCAT lead nurse Cathy Dhanda says, “They never know when the pain is going to hit them but when it does they need oxygen, fluids and pain killers. If they are in a lot of pain, and trying to get pain killers, their stress increases and their condition just gets worse.”

“To start with we are issuing cards to patients whom we know are more likely to need help out of hours,” she continued, “But eventually we hope to issue them to all the 260 patients on our database.”

This is the first time an ID card system has been used for a particular group of patients and other Trusts are considering similar schemes based on our experience.

‘The centre has been a godsend. It offers a more personal, one-to-one approach’. Patricia Williams, patient

A warm welcome for former City Hospital OBE Doctor

City Hospital gave a warm welcome to one of its former doctors this summer, but instead of peering down a microscope, he was looking into a television camera lens! Dr Hany El-Bana, who was awarded an OBE this year for his services to humanitarianism, visited the hospital to film part of a television documentary being made about his life and career.

Dr Hany worked in City’s pathology department in the 1980’s, where he had received a previous prize – the hospital’s annual Hamilton Bailey award. The accolade is awarded for the best clinical presentation given by a junior doctor and is judged by an external panel.

He has since gone on to become a prominent figure in the cause of humanitarianism. In 1984, he set up the charity Islamic Relief, which sets out to alleviate poverty and suffering amongst some of the world’s poorest people.

Dr Hany El-Bana



Equality and Diversity

We recognise that high performance through the development of people is essential in delivering high quality care. To achieve this, the Trust is committed to providing equal access in the recruitment, selection, promotion and training of staff and to eliminating discrimination and harassment on grounds of a person’s gender, disability, ethnic origin, sexual orientation, age or religion.

The overall Trust approach to diversity issues is led by the Diversity Strategy Committee, a sub committee of the Trust Board. We appointed a diversity project co-ordinator earlier this year to ensure the Trust is an organisation where equality of access is embedded in everything we do so that employees, whatever their differences, feel valued.

An Equality and Diversity Strategy has been developed which outlines the Trust’s approach to equality and diversity in employment and service delivery. Diversity awareness training, organised by the Learning and Development department, has been delivered to staff.

The Beacon Leadership Programme, organised by the Strategic Health Authority, aims to increase the representation of black and minority staff in middle and senior management positions in the NHS. We currently have one member of staff on this programme.

Gunshots & stabbings ... all in a day's work

A young man staggers into his local hospital, clutching a gaping, bleeding wound caused by recent gunfire.

Sounds like a typical Saturday night in America?

Wrong - this is a typical scenario which A&E doctors at City Hospital are unfortunately becoming increasingly experienced in dealing with.

In the last 12 months alone, the hospital has dealt with 142 gunshot wounds – a considerably higher figure than the previous period's total of 87.

City Hospital A&E consultant Mr Ansari says: "Unfortunately, stab wounds are becoming increasingly common nowadays too – and not just with knives. We have seen instances where a screwdriver has been used –



Mr Ansari in the resuscitation room at City hospital.

with just as fatal results." An astonishing 42 serious stab wounds, where the survival rate is minimal, were dealt with just in the last five months at the hospital. Unfortunately, these scenes are not new to Mr Ansari. He says: "I've worked in Saudi Arabia where trauma cases are at their most severe. Although there are no guns or stabbings the culprit is still manmade – they have huge cars, huge roads and they drive like maniacs. Different experiences require different disciplines."

At City Hospital the three A&E consultants are fully trained for the full range of disciplines – Mr Ansari in major trauma, Mr Moore, the lead for Paediatric A&E and Mr Okunribido, who leads in cardiac care. Mr Ansari says: "Staff have to work as a team to actively deal with patients who require urgent attention. I'm lucky – in this hospital, we are all trained in Advance Trauma Life Support (ATLS). ATLS is a strict, systematic approach designed to manage a

patient suffering with major trauma injuries."

The support doesn't stop there. "At City Hospital, I'm the regional representative of the Royal College of Surgeons of London for ATLS for the West Midlands region and am responsible for training doctors in the area of ATLS."

At this point, Mr Ansari's bleeper sounds – he has just been called to deal with the aftermath of yet another violent incident in the city of Birmingham.

Are you in the right place?

Ensure you get the best possible treatment by making the right choice:

Pharmacy

Offers advice on medicines, common complaints (coughs, colds, aches and pains), healthy eating and giving up smoking. You can talk to your pharmacist in confidence – even about the most personal symptoms. Most pharmacists now have a quiet area away from other customers where you

can speak to the pharmacist more privately.

NHS Direct (0845 4647)

Offers 24-hour advice from doctors and nurses on what to do if you or a family member feels ill, health conditions, local health services (doctors, dentists and out-of-hours pharmacies) and self-help or support organisations.

Your GP surgery

Offers a range of services including: general medical advice and treatment, prescriptions, referral to a

specialist or hospital, immunisations and tests.

An out of hours emergency service is available but this should only be used for medical problems that cannot wait to be treated until normal surgery hours.

NHS Walk-in Centre –

Boots the Chemist, 66 High street, Birmingham
Offers fast and convenient access to healthcare advice and treatments for minor illnesses. They do not replace local GP or hospital services but support

existing local services and are open from 7am until 10pm, 7 days a week.

A&E (999)

When it comes to your health or the health of someone in your family, it is often very obvious if the person is seriously ill and needs emergency car – either take the person to A&E or phone 999 for an ambulance.

Rowley's first Wedding



Staff on the Eliza Tinsley Ward at Rowley Regis Hospital pulled out all the stops for an extra special day on April 25th. They played host to the wedding between Imogen Mortiboys and Robert Harrison, who had cancelled their dream church wedding so that the bride's terminally ill father, David Mortiboys, could see his daughter get married.

Special permission from the Archbishop of Canterbury's office to marry was granted just two days before the event so it was quite a rush to get everything organised.

Staff Nurse Jackie Jones said: 'The dayroom was transformed into a church with an altar at the front and chairs either side. The vicar was lovely, down

to earth and made everyone laugh and Imogen's father, despite his poorly state, gave his daughter away.'

Pauline Werhun, Director of Nursing, Midwifery and Therapies, added: 'The families were so grateful, the staff did us proud and made the day so special. There was not a dry eye in the room as Mr Mortiboys gazed proudly and was

granted his wish to see his daughter married.'

Sadly, Mr Mortiboys passed away the following week but no doubt Imogen will be so pleased that her father was there to give her away on her special day.

So, quite a different Sunday shift for staff on Eliza Tinsley ward – and definitely one to be remembered.



Physician Assistants Blaze a Trail in A&E

There's a new breed of health professional at work on the A&E departments – the Trust is the first in the country to employ Physician Assistants recruited from America on two year contracts. Their role is well established in the US after being introduced in the 1960s to make use of the medical skills of servicemen returning back from the Vietnam War with no civilian qualifications.

PAs qualify after a two-year intensive medical course, focusing on general and acute medicine. Working under the supervision of a designated doctor, they undergo rigorous re-certification every six years

plus 100 hours of continuing professional development every two years.

Among the six PAs recruited to work at the Trust is Jami Smith from Pennsylvania. She said: "Many of the patients we see are very interested in the PA role and ask where we are from and why we are here."

The Trust's Medical Director Dr Hugh Bradby added: "PAs provide a level of expertise greater than some trainee doctors and are able to hit the ground running. Some of the PAs are highly skilled in Emergency Room medicine and are used to dealing with the same type of incidents we see here every day."



Physician Assistants Bridget Tevis, Donald Allison and Jami Smith

Junior Doctors Hours

From August 2004, the European Working Time Directive came into force and the Trust has implemented this on schedule. We have recruited extra junior doctors and put in place the necessary changes in order to be compliant.

The Trust is also looking at a variety of measures to ensure that junior doctors are working effectively (particularly at night) including: ensuring that they are not carrying out tasks that can be undertaken by other groups of staff, improved handover between shifts and multi-disciplinary team working.

Clare Short visits City hospital



A&E, patient wards, Catering, Oncology, Pharmacy and Pathology, Eye Hospital – just a few of the many City Hospital areas which Birmingham MP Clare Short spent time in earlier this year. So, what was her verdict? Here are a few of her comments ...

I spent four days at City and can honestly say the sense of dedication and commitment to care for patients throughout the entire hospital is quite

remarkable and very humbling. I found people working fantastically hard, believing sincerely in what they do and I admire them greatly.

There is a wonderful spirit of collaboration throughout City that I think my colleagues at Westminster could learn from. I found it truly admirable.'

Supporting Staff at Work

Children can play all day but still be close at hand to their mums and dads at the Trust's three nurseries.

Situated on site at City and Sandwell, and close by to Rowley Regis Hospital, they are excellent examples of how the Trust is helping to ensure its staff have access to quality childcare.

This year saw Rowley Regis and Sandwell gain very good OFSTED reports where inspectors judged children to be "making very good progress towards early learning goals."

And in April, nursery staff at City were presented with Quality Framework Bronze Awards at Birmingham Council House



after successfully completing ongoing

training in all aspects of childcare.

Out of the frying pan and under the microscope for Indian veg

The karella – a vegetable which can be fried, boiled or eaten raw – is well known to many Indian families for its culinary versatility. However, the vegetable's reputation as an Indian remedy for lowering blood sugar levels in diabetics has got scientists at Sandwell Medical Research Unit (SMRU) 'heated up.'

The study by Research

Scientist Dr Jeetesh Patel and Consultant Chemical Pathologist Dr Elizabeth Hughes is an example of just one of the groundbreaking academic and commercial projects undertaken by the SMRU every year.

Clinical research has been conducted from the unit at Sandwell General Hospital for over ten years and, during this time, the team have established an excellent reputation in the areas of diabetes and coronary heart disease prevention. As part of this research free health screenings have been carried out in the Asian

community testing blood sugar, cholesterol, blood pressure and obesity levels over the last year.

Dr Patel explained: 'According to the British Heart Foundation, Indians living in the UK have a 40 per cent higher risk of heart disease and a higher rate of mortality compared to the general population in the UK. The health screening will help us to look at why this is the case with a long term objective to produce initiatives in the prevention and management of heart disease.'



Dr Jeetesh Patel, research scientist at Sandwell Medical Research Unit, carries out experiments into the Indian vegetable karella

Trust gets Beacon Status



The Trust has been awarded 'Learning & Skills Beacon Status' following an Adult Learning Inspection (ALI) – making the Trust one of only two Black Country 'beacons' to hold such a prestigious award! The award recognises post-16 years learning

providers/colleges who have achieved excellent inspection results and are assessed as top providers by the Learning and Skills Council (LSC).

The Trust's Learning & Development department was also presented with the 'Committed to

Excellence Award' at a Learning & Skills Conference earlier this year. The Trust also achieved Investors in People (IIP) recognition and was awarded practise status for the Improving Working Lives (IWL) standards.

From left - Marion Buddesingh, staff nurse, Ear, Nose & Throat and Vannessa A-Mooten, trainee microbiology scientist.

'I'm training to be a biomedical scientist and the library facilities at City are really helping me with my studies' Vannessa A-Mooten

Recruitment update

As a major local employer of around 7,000 staff recruitment activity is inevitably complex given the broad nature of the professional groups employed within the Trust.

A Recruitment Steering Group was set up in January to address recruitment issues.

As the Trust Recruitment Co-ordinator based at Sandwell Hospital Linda Randall is available to offer her support and assistance to all managers involved in the recruitment of staff. It may simply be making the advertisement more creative and attractive to potential applicants to organising an Open Day for the department.

Research and Development

The Trust has one of the largest and most successful research programmes in the West Midlands. During 2003-2004 research continued to thrive, with over 200 projects underway and £14 million in research income attracted to the Trust.

This research work led to some 300 peer reviewed publications, many written in collaboration with colleagues in the United Kingdom and abroad. The Trust's strong research activity in heart disease, inflammatory diseases, cancer, drug therapy and other treatments is recognised as being of national and in many instances international importance.

We also have research of growing importance in ambulatory and emergency care, diagnosis of disease and the genetics of complex disease.

Did you know ...

- The Trust's '*Health & Social Care Employment Project*', part funded by the European Social Fund, helps low skilled, lone parents, disabled or disadvantaged people in our community return to work. They are currently acquiring the necessary skills and experience required to gain substantive posts within the Trust.
- Staff work best for patients when they can strike a healthy balance between work and other aspects of their outside work – a range of **flexible working patterns** is now available for Trust staff including; flexi-time, part time, term time only and team-based rostering.
- After being awarded practise status for the **Improving Working Lives** standards, the Trust is putting together the steps required to meet next year's standards for being a good employer and attracting and retaining staff. This includes a wide range of flexible working options, appreciating the diversity of our staff, and personal development for all staff groups.



Did you know ...

...the Trust employs 7,163 employees:

City Hospital	4,130
Sandwell Hospital	2,775
Rowley Regis	198
Community based	50
Heartlands	10
Good Hope	3

Suits You Matron!

Five members of staff gamely 'modelled' the nursing uniforms worn throughout the years to help promote the launch of the Trust's Nursing Strategy at the end of last year.

The strategy, entitled 'Patients – Our Driving Force', looks at the future direction of nurses, midwives and therapists focusing on quality of clinical care and responding to the Trust's modernisation agenda.

Director of Nursing, Midwifery and Therapies Pauline Werhun explained: "This strategy is the first

of its kind because it not only focuses on nursing but also brings together those professions allied to health such as physiotherapists, occupational therapists, speech and language therapists, dietitians and chiropodists."

"The most significant challenge in the NHS today is ensuring there is sufficient staff with the appropriate knowledge and skills to meet the huge changes taking place in the way we care for patients. This strategy addresses how we intend tackling these crucial issues."



Teenagers get insight into NHS careers

Local schoolchildren learnt about NHS career options earlier this year by spending a day at Sandwell Hospital finding out about the different choices available to them if they continued with science-related subjects.

The youngsters, aged 15-16, were encouraged

to consider a medical or science degree. They also heard about a range of different medical jobs, met a junior doctor and took part in basic life support training.

The Trust is also working with the Widening Participation Unit (WPU) at the University of Birmingham to promote

NHS careers to young people in the region. Sandra Cooke, from the WPU, said: "We want to ensure that those pupils who have the potential to succeed in becoming doctors and other health care professionals are

encouraged to feel that they can do so. These students all have the potential to succeed in higher education and we want to show them that it is very possible to get into medical school."

And it's not just the pupils ...

Around 30 teachers from across the Black Country also went 'back to school' when they attended a Careers Forum at Sandwell Hospital. The 'pupils' viewed presentations by hospital

staff including cadet nurses, a physiotherapist, midwife, dietician, pharmacist and an administrator. The forum aimed to give the teachers an insight into careers in the NHS to pass on to their 'real' pupils.

Lead midwife Sharon Archer and teacher Georgina Bishop, from Willingsworth high, Tipton



Britain's smallest surviving baby

Aaliyah Hart

was born at City Hospital in May last year. Her mother Lorraine looks back on her incredible first year...

My beautiful baby daughter beamed as the nurses sang a chorus of Happy Birthday to You. I had taken Aaliyah back to City hospital's neonatal unit, where she spent the first six months of her life linked up to machines. She giggled as she was passed between the staff.

Since the day she was born, weighing just 12 oz and measuring little more than a Biro in length, Aaliyah's life has been full of firsts – getting through the first hour and day of her life, the first time I fed her with a bottle instead of through a syringe into her nose – but today was special. It was her first birthday. I had three birthday cakes baked – one for the nurses, one for us at home and one for a big party which we threw at a friend's restaurant for 30 family and friends. It was such a happy, joyous occasion that a few months before I never dared imagine.

I had longed for a baby for many years and was about to try IVF, so when I discovered I was pregnant on Christmas Eve 2002 it was the best present I could have hoped for. But four months into the pregnancy scans revealed the water in my womb was low and I was told my baby had stopped growing. It was likely she would be stillborn – she was given a ten per cent



pictured at actual size

"She truly is a miracle baby. In the 20 years I have been working here I have never come across such a tiny baby"

Rosemarie Reeve,
Clinical Nurse Manager

chance of survival but I was determined to give her that chance. Like mother like daughter, Aaliyah was determined to live.

Six months into my pregnancy little Aaliyah arrived – she was whipped away as medics fought to stabilise her. I caught a quick glimpse of her face – it was like a little peach.

I went down to the Intensive Care Unit and I nearly fainted when I saw her. She was the tiniest

were up and her eyes were wide – she was ready to fight for each tiny breath of life.

The neo-natal team were brilliant – Aaliyah would not be here without them. They helped me too. Every day I asked 'Will she live? Will she be okay?' They didn't want to give me false hope but I took confidence from them, and I knew she would be home soon.

Aged six months and weighing 5 lbs, I brought

little thing, dwarfed by the life support machine. I just cried and cried. The doctors were concerned her lungs were too small to take in the oxygen she needed to breathe. Although she was the size of a newborn kitten – straggly and frail – her fists

Aaliyah home. It was strange at first as I was anxious not having the security of the nurses around me, but I was reassured by the fact they were just a phone call away.

Twelve months on and she is still small – at 10 lbs

REP's Children



she is half the weight of a normal one-year-old – but she is bright as a button. She is being closely monitored at the hospital attending regular clinics with her paediatrician, dietician and physiotherapist.

The last 12 months have been a life changing experience for me in so many ways but I feel I have been blessed. Aaliyah's strength and determination is my inspiration.

The Trust is openly encouraging a select group of local mums to ignore Noel Coward's famous song 'Don't put your daughter on the stage Mrs Worthington' and let their tots enjoy the limelight!

Together with Birmingham's Repertory Theatre, it is establishing 'REP's Children' – a project to provide every baby

born in Sandwell or City hospital in October this year (plus families) a free theatre experience every year for the first 10 years of their lives!

The REP's project's co-ordinator Selene Burn said: 'We're excited about the prospect of establishing a unique relationship with a group of children and providing them with a stimulating

theatre experience on an annual basis.'

Between 250 and 400 babies are expected to benefit from the project, and their first visit to the theatre will be March/April 2005. The REP will be creating an interactive, multi-sensory theatre event that will reflect the culturally diversity of the population.



"This little girl came out struggling around and was adamant she wanted to live"

Dr. Jeff Bissenden, Consultant Paediatrician

UK's largest newborn hearing screening service launched



The Trust launched the UK's largest newborn hearing screening service this year. Led by City Hospital, six hospitals and eight Primary Care Trusts across Birmingham, Solihull and Sandwell will be testing the hearing of newborn

babies within 24 hours of their birth!

With a combined annual birth rate of 22,000, the hospitals, maternity units and primary care trusts across the region, will all be facing an enormous yet, very rewarding challenge.



	Sandwell Hospital	City Hospital
Number of births	2,589	3,436
Heaviest baby	Boy 5.35kg	Girl 5.28kg
Lightest baby	Twin girls 0.44kh & 0.33kg	Girl 0.35kg
Top months for Births	August	March

Celebrating Ten Years of Rowley Regis Hospital

This year marks the tenth anniversary of the opening of Rowley Regis Hospital by Her Royal Highness the Duchess of Kent.

Among the original staff at the opening was Maureen Butler – who now works as an Overview Specialist ensuring the hospital runs smoothly. She joined the team originally as a domestic and was on site to ensure the hospital was spick and span and ready to welcome its first patients back in 1994.

She remembers: "Just a week before we had a massive flood and the whole hospital was beneath 18 inches of water but we still opened on time! It's absolutely fabulous working here. We call it 'Our People's Hospital' as everyone who comes in here, whether it is the staff or the public, feel it's home from home."

Also among the original nursing staff was Nina Perry who has just gained promotion to Sister on McCarthy Ward. She said: "I've always been based on this ward which is general rehabilitation – working with patients who may have fractured hips or arms following a fall in their homes or patients with Parkinson's Disease whose mobility may have deteriorated.

"They spend a spell with us here and we help them get back on their feet. I still find it rewarding to see them actually walking out of the ward at the end of their rehabilitation. The hospital set out to have a more homely atmosphere and this has been achieved. Relatives sometimes say it's like a hotel with all the carpeted corridors and quite often our patients say they don't want to leave!"



Nurse Nina Perry



Maureen Butler, Rowley Regis Hospital Overview Specialist

Training and development

The figures below indicate the total number of participants in development activities in the last financial year:

Division	Participants
Medicine A&B	890
Emergency Care	211
Nursing & Therapies	174
Imaging	262
Pathology	357
Surgery A&B	759
Anaesthetics & Critical Care	188
Women & Child Health	586
HR & Organisational Development	330
Governance	63
Development	130
Finance	385
Facilities	865
IM & T	382
Chief Executives	33
Operations	667
NVO courses	194
Cadets	41

OUR Risk Management Strategy

The Trust is committed to providing a responsive, high quality service to patients and their carers by promoting a philosophy of openness and accountability, and by effectively communicating with the local community.

To achieve this, we need to identify, manage and reduce the effect of events or activities that could result in a risk to patients, staff and members of the public – risk management.

Objectives identified for 2004/05 include:

- Establishing a **Risk Management Committee**
- Developing a **Trust Risk Register**
- Developing a **risk assessment programme**, incorporating financial, business, clinical, health & safety, human resources and Trust reputation
- Establishing a **Trust-wide approach** to incident/hazard reporting.

Safeguarding Standards of care

We are always reviewing our procedures to ensure patients receive the highest possible quality of care – this process is known as Clinical Governance. This is central to our commitment to improve care for patients. It allows

the Trust to measure and improve the quality of its clinical services – it is about ensuring that we provide the best care for our patients.

We have complied with the Department of Health's framework for reporting on clinical governance.



Senior Staff Nurse Helen Gay clearly sees the benefits of Clinical Supervision

Clinical Supervision

How do you really know if you are doing a good job to the best of your abilities? Well, a Clinical Supervision session can now give staff the opportunity to discuss, reflect and learn in a discussion environment. The emphasis is not about competencies or assessment – but about professional lifelong learning and clinical governance.

Mary Partridge, Lead Nurse Clinical Supervision, says: "The sessions are not hierarchical and therefore they're different to managerial supervision – they're a promising start of the Trust's ongoing commitment to develop regular, protected time for reflection and discussion of practice in order to achieve, sustain and develop high quality care and support."

From September this year, there will be a mandatory group support for newly qualified staff nurses to provide a period of support at a crucial time.

The courses are already proving popular and beneficial to staff. Senior Staff Nurse Helen Gay and Sister Jackie Cartmell, both at Birmingham Midland Eye Hospital A&E Department, said: "We consider Clinical

Supervision as a way to offer support that will benefit professional learning and ultimately-patient care."

Denise Moffitt, Professional Development Sister and Melanie Kite, Sister, Coronary Care at City said: "We feel motivated and excited about implementing a more structured approach to support and development."

Urology services get thumbs up from patients

Cancer patients have praised the services provided by the urology teams at Sandwell and City Hospitals, a recent patient survey revealed. One hundred and thirty five patients being treated for conditions such as bladder, kidney and

prostate cancer were quizzed as part of the survey.

It asked patients about their last outpatient visit and looked at issues around waiting times, cleanliness and the way in which they were given information.

Bearwood pensioner Gunars Salders said he was very pleased with the care and quality of information he had received since being diagnosed with prostate cancer two years ago. The 71-year-old said:

"Everything has always been explained to me in a straight-forward fashion and my appointments have always been on time. Everyone is so patient. Even if you ask the same question six times, they don't mind."



Gunars Salders with urology clinical nurse specialist Heather Wilkins

Number of Consultants
Did you know that ... the Trust has **266 consultants** and appointed 16 new consultants last year?

Surgical Assistants in the one-stop hernia clinic

Patients suffering from a hernia are now able to visit City's new 'one stop' clinic. After a referral from a local GP, patients are given an appointment at the clinic where they have a consultation to see if they are suitable for the operation. If so, the operation is carried out – under local anaesthetic – and the patient can go home the very same day!

City consultant Mr Obeid says: "Our clinic is among the first in the country to offer such a service and I consider it the 'Rolls-Royce' of treatment for patients. The beauty of this is that we have more human contact with the patient – I can explain to the patient how the hernia develops, discuss their symptoms,

check the medical background and records, carry out an examination and fully explain the procedure which is about to take place.

"This can be very comforting and reassuring for someone who is going through what is an understandably stressful time. The fact that the waiting time between consultation and operation is minimised helps to reduce the patient's stress levels. Throughout the whole process, from the moment they enter the clinic, they are literally 'hand-held'."

Philip Fisher, from Birmingham, visited the clinic this summer. He said "The reason I'm here is because my finance

director was listening to Classic FM on the radio! He'd heard a report about a private clinic offering the service – at around £1,700. I did consider going private but my appointment at City Hospital came through really quickly."

Mr Obeid is aided by Surgical Assistant Jenny Simpson. She is one of a growing number of nurse practitioners who perform minor operations with guidance from a consultant, if required. In the hernia clinic, Jenny carries out the pre and post operative work. "Jenny is marvellous," says Mr Obeid, "She has such a calming effect on the patients and she is extremely thorough in her work."

And the patient's verdict? Mr Fisher said: "It's amazing that you can have a procedure like this carried out so quickly and under local anaesthetic. I've been extremely well looked after."



From A to B with ease

Patients who attend any NHS hospital for non-emergency treatment are responsible for their own travel arrangements, to and from the hospital. But, did you know that if you are unable to travel (due to a medical condition) the hospital can provide transport?

All NHS hospitals have to follow guidelines, which contain strict criteria for assessing if a patient is eligible for the service.

In March, the Trust introduced a call centre to manage its own Patient Transport Services.

All reservations are now made through the centre – resulting in an improved service for patients who require assisted transport. So far, the call centre has reduced the number of abortive journeys and ensured that the correct type of transport is available – benefiting both the patient and the Trust.

Agenda for Change

Agenda for Change is the most radical shake up of the NHS pay system since the NHS began in 1948 – applying to over a million NHS staff with the exception of doctors, dentists and executive managers.

- **A New Pay System** – For the first time, staff will be paid on the basis of the jobs they are doing and the skills and knowledge they apply to these jobs.

- **Personal Development** supported by a new knowledge and skills framework – allowing staff to progress by taking on new responsibilities.
- **Flexibility** – Employers will be able to design jobs around the needs of patients rather than around salary grading definitions.

Feeling fruity?

"The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not." Mark Twain



The Trust dietitians however, disagree. For a healthy lifestyle they say everything in moderation is fine – it's all about getting the right balance. So, what can you eat to make sure you stay as healthy as possible – and still enjoy your food?

- More foods rich in starch and fibre, such as potatoes, rice, bread and pasta – try wholegrain and high fibre varieties. They're even better for you!
- Less fatty and sugary foods.
- Less salt and salty foods.
- Aim to eat at least five portions of fruit and vegetables a day.

What if you don't like fruit or vegetables?

- Get whizzing – blend together fruit and cold milk to make a delicious smoothie.
- Get chopping - add finely chopped vegetables to stews and other sauces, fresh or dried fruit to breakfast cereals.

- Get dipping – love tomato ketchup or soft cheeses? Try dunking raw vegetables into them to soften the blow.
- Get pulping - add pureed fruit to ice-creams and pureed vegetables to jacket potatoes or pasta.

Eating in peace

In 1859, Florence Nightingale said: 'Nothing shall be done in the ward while the patients are having their meal.' However, it can be difficult to provide a quiet, relaxing environment. So, in a bid to fight for the right to eat in peace (wherever clinically possible of course) the Trust joined forces with the Hospital Caterers Association (HCA) on National Protected Mealtimes Day in March this year ...

Three wards at City and two at Sandwell pledged their support and between 12 noon and 1.00pm a quietness descended. Lee Nash, who is Food and Beverage Manager at City Hospital and also branch secretary of the HCA West Midlands, said: "Patients can have up to three or

Some food facts

	City	Sandwell	Rowley
Meals produced	1,020,000	734,344	67,548
Income generated	£747,000	£698,000	£67,200
Favourite main meals	Roast chicken /cheese & potato pie	Roast meat/ fish & chips	Roast chicken
Favourite desserts	Apple pie/ crumble	Fruit crumble	Rhubarb crumble
Loaves of bread	50,000	39,260	9,984
Pints of milk	250,000	109,720	16,640

Restaurant gets a make-over

City Hospital's 'Miller' restaurant is undergoing a £400,000 refurbishment, funded from the three star monies awarded last

year. The new restaurant, due to open early Autumn will give the staff, patients and visitors a modern, comfortable environment serving a complete range of food.



Enjoying a peaceful lunch!

four interruptions during their mealtimes. We want nursing staff to take ownership of patient mealtimes on their ward – they welcome the uninterrupted mealtime as it allows them to interact with the patients and promotes a calming effect on the wards. Patients have little to look forward to other than their visitors and their food."

The HCA invited all NHS Trust Chief Executives and Catering Managers to support the campaign and begin the process of

establishing protected mealtimes. In response, the Trust now has set up a project group to support patients to eat in an environment as conducive to eating as possible.

Change does not happen overnight but the commitment to working to resolve obstacles and barriers for patients meals to be interruption free, will aid the nutritional intake and well-being and recovery progress of patients.

Patient advice & liaison service (PALS)



Patient Leslie Holland (from Wednesbury) with Jane Hosell, assistant manager of PALS. Leslie said: ***“The service has been a very big help to me during my stay in hospital. They have given me lots of good advice and have put themselves out to provide me with information and help on things they wouldn’t normally deal with.”***

The Patient Advice & Liaison Service (PALS) provides support to patients, carers and relatives by representing their views and resolving local difficulties on the spot by working in partnership with Trust staff.

It has been just over two years since PALS was introduced within the organisation and the last 12 months has seen the following changes:

- Sandwell and City PALS amalgamated

- PALS volunteers have been introduced
- PALS has integrated into the mainstream Trust services as the demand for the service has grown.

PALS provides an individual-based service and will continue to serve the public, making sure that their views are channelled into the right places, so that changes within our healthcare service here at the Trust reflect our community’s input.

Volunteer Services

The Trust’s first Volunteer Service Manager was appointed last September to develop and co-ordinate our wonderful volunteers, who work in advice and information,

driving, shops, wards, administration and library services. Last year’s volunteering activities included:

- The first cross-site **Volunteer Lunch and**

Are you being served?

A newly refurbished coffee shop was opened in Sandwell’s Outpatients’ Department last year thanks to £40,000 raised by the WRVS.

Manned by a team of WRVS volunteers the new modern facility is popular with patients and staff and profits from the sale of items are ploughed back into the hospital.

The running of the coffee shop is just one example of the many valuable services carried out by a host of voluntary, fundraising and patient support groups across the Trust every year.

Trust Chairman Najma Hafeez said: “We are so grateful to all our volunteers for their magnificent work and unstinting and generous support.”



Serving at the WRVS coffee shop, which was refurbished in August 2003 with £40,000 raised by the WRVS, are volunteers (from left) Pat Billings and Vera Best.

Volunteer of the Year Awards last Christmas

- A pilot scheme for sixth form students from **Hamstead Hall School** and **St Paul’s Girls High School**
- Local compacts, agreeing standards and behaviour, between the

Trust and Sandwell and Birmingham councils are being consulted upon

- This year’s **50th anniversary** of both the City Hospital League of Friends and the Friends of the Birmingham and Midland Eye Centre.

Caring for the Carers



Helen Bessant, Head Occupational Therapist with George Scriven, Technical Instructor for Outreach Physiotherapy in the Rowley Regis Physio Gym.

Looking after a relative or friend who is due to return home after a long spell in hospital can seem daunting but at Rowley Regis Hospital there is a dedicated support group in place to help family and friends of patients gain practical help and advice before and after their relative is discharged.

Helen Bessant, Head Occupational Therapist, said: "It can be a stressful time for families and the Family and Carers' Support Group aims to make it as stress free as possible. Invitations to monthly meetings are given to the relatives of every patient staying on the rehabilitation wards – here they are introduced to all the representatives from professional groups who work within the hospital and we talk through the process of rehabilitation and discharge."

The Family and Carers' Support Group is just one of a number of groups which operate across the Trust providing advice, information and support to patients and their families.

Volunteers

- There are 329 volunteers - including five League of Friends organisations, WRVS, The Courtyard Information Centre, bereavement be-frienders, shop volunteers and individuals on wards and other areas
- In the last 12 months, we recruited 28 volunteers
- 42 applications are currently being processed.

A BIG THANK-YOU!



Taking Tea with HRH the Queen

In February this year, the Trust was asked to nominate two staff members to attend a Royal Garden party at the palace – Joan Knibbs, who has dedicated over 43 years to City Hospital (as a member of staff from

1949, then as a volunteer with the League of Friends since 1987) was chosen. The second nominee was hospital porter Norman Lawrence, who retired in the summer of 2004 with over 40 years service.

On a beautiful summer day in July, Joan and guest, fellow volunteer Rose Nicholls and Norman and his wife Mervis arrived at the hospital dressed to the nines to be chauffeured to the palace by Hospital Transport Driver Craig Spence.

Charitable donations

The Trust's Charitable Fund is largely dependent upon the generosity of the general public, grants from commercial organisations and income from investments held to fulfil its objectives. The considerations given

by the public usually represent the excellent standard of care received from the staff whilst they, or a relative or a friend, were being treated in hospital, or to assist the Trust in providing additional facilities and comforts for patients.

Grants from commercial organisations are usually given in support of essential ongoing medical research in various clinical areas. Last year, the total charitable income received from legacies and donations was **£1,131,417** of which **£160,684** related to legacies. **THANK YOU!**



The Occupational Health and Safety service continues to deliver support to reduce the severity of workplace accidents and support staff at work, including rehabilitation, procedures supported by staff, physiotherapy, counselling and fitness facilities.

We asked you – how are we doing?

Patient Brian Turner with urology nurse specialist Sharon Leahy. Brian said: *“The treatment and service has been marvellous. I’m quite happy – everyone looks after us well.”*

- The Healthcare Commission’s 2003 Patient Opinion Survey** indicated significant improvements in the Trust:
- More of you are waiting **shorter** times in A&E to be admitted
 - Many of you feel you are given **enough notice** before you are admitted
 - A higher percentage of you feel that waiting times have **dropped**
 - Your confidence in our doctors and nurses, plus overall ratings of care and respect for dignity are **high**.

The Trust’s Chief Executive John Adler, said: “It’s encouraging that we have made good progress since the 2002

survey. The patient survey can help to inform the Trust on how we are doing and it also helps us to ensure that our services reflect the needs of patients.”

“The Trust looks forward to continuing its track record of working closely with the local community and the Patient and Public Involvement Forum. As useful as the patient survey is in terms of reflecting patient opinion on an annual basis, we also feel that it is important to receive continual feedback from patients throughout the year. We are developing a process of comment cards for patients to fill in and we are continually monitoring the patients’ experience.”

Working with our Partnerships

The Trust is an active member of the Local Strategic Partnerships for Sandwell and Birmingham, regularly attending forums and events. A current example of our partnership is working towards the 2010 project.

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 Report.



Six year old Jordan Price watches cartoons on Patientline during his stay on the children’s ward.

Keeping Kiddies Entertained

Patients at Sandwell Hospital now have access to their own bedside television as part of Government plans to modernise the NHS. Among the first patients to take up the service was Tividale youngster Jordan Price who found himself confined to a hospital bed with a broken leg after being knocked down by a car during his school summer holidays.

To ease the boredom, the six-year-old was able to access his favourite cartoon channels as part of the Patientline Service, which has been installed on wards at Sandwell over the last few months and is free to under 16s.

Patients are provided with their own bedside television – with access to Cable channels, movies and games – as well as their

own personal telephone, radio and recorded patient information.

Rather than sharing a TV positioned on a ward and everyone having to watch the same programme, Patientline allows patients to decide exactly what they want to watch, when and for how long without disturbing other people around them.

Graham Seager, director of facilities, said: “We introduced the service as part of the Government’s NHS Plan which requires that every Trust provides this service to patients across the country by the end of this year. The price to install the system at every bedside is met by the Patientline company and charges to view the TV are similar at all Trusts across the country.”

Summary of Accounts for 2003/2004

2003-04 proved an extremely challenging year for the Trust with ambitious performance targets set for our services and the need to address the uninsured costs of providing essential clinical services at Sandwell Hospital following the fire there in 2002.

Once again, the Trust's overall performance was good, with national key targets met or exceeded in 8 of the 9 areas relevant to the Trust. Of concern is the fact that the Trust slipped into financial deficit for the first time of £1.59m, 0.6%. The additional costs of the Sandwell fire accounted for over half of this sum.

In a financial sense, NHS Trusts are required to report upon four specific targets within the annual financial statements;

- To achieve income and expenditure balance (I&E)
- To remain within an external financing limit (EFL)
- To achieve a 3.5% return on assets employed
- To maintain capital spending within a capital resource limit (CRL)

For 2003-04 we recorded an I&E deficit of £1.59m and thus

failed to achieve this target for the first time. A small EFL overshoot of £26,000 is within acceptable parameters and the rate of return and CRL were achieved.

During the year, the Trust's main source of income was the four Primary Care Trusts in the Heart of Birmingham and Sandwell. These accounted for over 75% of our healthcare spending. In accordance with its Business Plan, the Trust entered into a range of activities to achieve improved value for money and efficiency in 2003-04 and maintained a small number of income generation activities. The largest of these was the operation of a bulk store of hospital medicines for neighbouring Trusts, which had a turnover of £4,865,585 during the year.

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: The Director of Finance, Sandwell and West Birmingham Hospitals NHS Trust, City Hospital, Dudley Road, Birmingham B18 7QH or Telephone 0121 507 4970.



Director of Finance and Performance Management

1. Income and expenditure for the year ended 31st March 2004

	2002/2003 £000	2003/2004 £000
Income from activities		
Continuing operations	206,585	215,294
Other operating income	44,664	44,527
Operating expenses		
Continuing operations	(241,859)	(254,987)
Operating surplus		
Continuing operations	9,390	4,834
Profit (loss) on disposal of fixed assets	(28)	0
Surplus before interest	9,362	4,834
Interest receivable	278	208
Interest payable	(12)	(4)
Other finance costs	(56)	(364)
Surplus for the financial year	9,572	4,674
Public dividend capital payable	(9,567)	(6,267)
Retained surplus / (deficit) for the year	5	(1,593)

2. Balance sheet for the year ended 31st March 2004

	31 March 2003 <i>as restated</i> £000	31 March 2004 £000
Fixed assets	184,969	206,771
Current assets		
Stocks and work in progress	2,825	2,897
Debtors	25,478	21,498
Cash at bank and in hand	925	711
Total current assets	29,228	25,106
Creditors: Amounts falling due within one year	(34,996)	(26,577)
Net current assets (liabilities)	(5,768)	(1,471)
Total assets less current liabilities	179,201	205,300
Creditors: amounts falling due after more than one year	0	0
Provisions for liabilities and charges	(2,909)	(2,937)
Total assets employed	176,292	202,363
Financed by: capital and reserves		
Public dividend capital	143,295	155,468
Revaluation reserve	20,385	34,706
Donation reserve	2,511	2,390
Government Grant reserve	735	715
Other reserves	9,058	9,058
Income and expenditure reserves	308	26
Total capital and reserves	176,292	202,363

3. Summary of performance since the Trust was formed

	2002/2003 £000	2003/2004 £000
Total income	251,249	259,821
Surplus (deficit)	5	(1,593)

4. Cash flow statement for the year ended 31st March 2004

	2002/2003 £000	2003/2004 £000
Operating activities		
Net cash inflow from operating activities	22,117	14,924
Returns on investments & servicing of finance:		
Interest received	260	214
Interest paid	0	(4)
Net cash inflow from returns on investments & servicing of finance	260	210
Capital expenditure		
Payments to acquire tangible fixed assets	(20,191)	(16,194)
Receipts from sale of tangible fixed assets (Payments to acquire)/receipts from sale of tangible fixed assets	9,608 (87)	0 (165)
Net cash outflow from capital expenditure	(10,670)	(16,359)
Dividends paid	(10,048)	(6,267)
Net cash inflow/(outflow) before financing	1,659	(7,492)
Financing		
Public dividend capital received	2,500	12,173
Public dividend capital repaid (not previously accrued)	(3,661)	0
Public dividend capital repaid (accrued in prior period)	(422)	(4,895)
Other capital receipts	630	0
Net cash inflow from financing	(953)	7,278
Increase (decrease) in cash	706	(214)

5. Statement of total recognised gains and losses

	2002/2003 as restated £000	2003/2004 £000
Surplus for the financial year before dividend payments	9,572	4,674
Unrealised surplus on fixed asset revaluations/indexation	21,604	15,809
Increase in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	832	95
Reduction in donated asset and government grant reserve, due to depreciation, impairment and/or disposal of donated and government grant financed assets	(378)	(413)
Additions/(reductions) in "other reserves"	9,058	0
Total gains and losses for the financial year	40,688	20,165
Prior period adjustment		
– Pre-95 early retirement	(751)	0
– Other	0	0
Total gains and losses recognised in the financial year	39,937	20,165

6. Remuneration Committee

The Remuneration committee members in 2003/2004 comprised all the Non Executive Directors and Chairman of the Trust. One of the roles of the Remuneration committee is to determine the various elements of remuneration for members of the Board. The performance of the Chief Executive is monitored by the Chairman. Executive Director's performance is monitored by the Chief Executive. Performance is taken into account in the review of salaries, however performance related pay is not applicable to directors. The remuneration of the Chairman and Non Executive Directors is determined by the Secretary of State.

The Chief Executive and Executive Directors are appointed under open competition. An appointment panel comprising Non Executive Directors and external assessors appoint to director positions. All directors are subject to the Trust's disciplinary procedure.

7. Audit Committee

The Audit committee Members in 2003/04 comprised all our non Executive directors, Mr Richard Griffiths (Chairman), Mr Roger Trotman, Ms Isobel Bartram and Professor Alisdair Geddes. Mr Christos Tsemelis was a member from 1st April 2003 until he left the Trust in February 2004.

8. Management Costs

	2002/2003 £000	2003/2004 £000
Management costs	8,133	8,508
Income	226,321	237,462

Management costs are defined in the document 'NHS Management Costs 2003/04' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

9. Public sector payment

The NHS target is to pay suppliers within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed. The Trust's performance in 2003/04 was as follows:

	2003/04 number	2003/04 £000
Total bills paid	92,506	70,063
Total bills paid within target	29,303	25,868
% bills paid within target	32	37

10. Salary and Pension Entitlements of Senior Managers

Name and title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind	Real increase in pension aged 60 (bands of £2500)	Total accrued pension age 60 at 31 March 04 (bands of £5000)
		£000	£000	£00	£000	£000
N Hafeez* Chairman	-	20-25	0	0	0	0
I Bartram Non Executive Director	61	5-10	0	0	0	0
R Griffiths Non Executive Director	64	5-10	0	0	0	0
Prof A Geddes CBE Non Executive Director	69	5-10	0	0	0	0
R Trotman Non Executive Director	62	5-10	0	0	0	0
C Tsemelis Non Executive Director	60	5-10	0	0	0	0
<u>Voting Board Executive Directors</u>						
J Adler Chief Executive	43	125-130	0	0	2.5-5	25-30
P Assinder Director of Finance and Performance Management, Deputy Chief Executive	45	110-115	0	0	2.5-5	25-30
L Read Director of Development	49	80-85	0	0	0-2.5	15-20
P Werhun CBE Director of Nursing	51	80-85	0	19	0-2.5	30-35
H Bradby Medical Director	56	15-20	120-125	0	10-12.5	50-55
M Lee Medical Director	54	10-15	65-70	0	0-2.5	25-30
P Ryan* Medical Director	50	-	-	0	0-2.5	30-35
<u>Non Voting Board Members</u>						
C Holden Director of Human Resources	55	80-85	0	23	0-2.5	30-35
G Seager Director of Facilities	42	80-85	0	0	5-7.5	20-25
T Atack Director of IM&T	39	80-85	0	0	0-2.5	15-20
J Dunn Director of Operations	40	80-85	0	0	2.5-5	15-20
K Dhami* Director of Governance	34	-	0	0	-	-

The above details of salary and pension entitlements for Senior Managers of the Trust is incomplete as it excludes details relating to a further 22 Senior Medical and Clinical staff. Full details of the salary and pension entitlements for these managers can be found at note 5.3 of the Trust's annual financial statements, together with salary and pension entitlements for all senior managers in the prior year. A copy of the Trust's annual financial statements can be obtained from Paul Assinder, Director of Finance and Performance Management.

There were no golden hello/compensation for loss of office payments or other remuneration paid to senior managers during the year.

* Some or all of the data withheld under the provisions of the Data Protection Act.

11. Independent Auditors' report to the Directors of Sandwell and West Birmingham Hospitals NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 23 to 25.

This report is made solely to 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 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with

the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

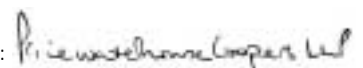
Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31st March 2004 on which we have issued an unqualified opinion.

Signature:



PricewaterhouseCoopers LLP
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Date: 21st September 2004

12. Statement of Directors' Responsibility in Respect of Internal Control

STATEMENT ON INTERNAL CONTROL 2003/04

Scope of responsibility

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.

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 Birmingham and Black Country HA and the Chief Executives of four local Primary Care Trusts. Governance and risk issues are regularly discussed at a variety of Health Economy wide fora, including bi-annual formal review meetings with the HA and monthly meetings of Chief Executives.

The purpose of the system of internal control

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

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The current system of internal control has been developed during 2003-04 following merger and as such cannot be said to have been fully in place in Sandwell and West Birmingham Hospitals NHS Trust throughout the year ended 31st March 2004. The system was fully in place on 31st of March 2004 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

- 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. These responsibilities are made explicit in job descriptions. 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 a blame-free but accountable approach to encourage staff at all levels to report when things go wrong, allowing

open discussion to prevent their re-occurrence. The Executive Directors meet annually with staff representatives of each division (in the absence of divisional managers) on a cyclical programme to discuss local risk issues. The Trust Board operates a system of inspection visits to each location on a cyclical basis each year.

- 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.
- 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 communications and staff briefing sessions.

The risk and control framework

The key elements of the Risk Management Strategy are:

- The identification of the roles and responsibilities of all members of the organisation with regard to risk management, including accountability and reporting structures.
- A Risk Management Committee.
- The promotion of risk management as an integral part of the philosophy, practices and business plans of the organisation.
- The definition of both risk and acceptable risk.
- The prioritisation of risk in accordance with the Australian/New Zealand Risk Management Standard AS/NZ 4360:1999.
- Divisional and Trust wide risk registers.

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 increasingly an 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/Hazard reporting, Training, Health and Safety, Violence & Aggression, Complaints, Infection Control, Fire, Human Resources, Consent, Manual Handling and Security.

The Assurance Framework identifies the risks to the Trust's Strategic 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 assurances that the controls are effective. An action plan is being produced to address any gaps and weaknesses.

As part of the effective functioning of this Framework various areas of activity have been identified where controls should be strengthened. These are summarised below:

- Financial – Internal Audit have given limited assurance in respect of certain control systems. An Action Plan to address identified issues is reviewed by the Audit Committee.
- Clinical – There is no real time monitoring system available electronically for Sandwell site A&E Department. A system is currently being developed.
- Clinical/Financial – The Organisational Development (OD)/Human resources (HR) plan for introduction of new ways of working in the Birmingham Treatment Centre. Plans are being developed and additional HR support to the project has been provided, the Risk Management Committee is closely monitoring this.
- Clinical – Integration process control systems are being developed, the Governance Board is monitoring the harmonisation of clinical guidelines and protocols.
- Human Resources – The Payroll/HR system does not currently produce information/reports automatically in respect of non compliance with the European Working Time Directive (EWTDT). Monitoring systems to be introduced.
- Organisational/Estates – Insufficient trained risk assessors. Training Plan for risk assessors is to be developed and progress against plan monitored by Risk Management Committee.
- Human Resources – Agenda for Change, project plan to be monitored by the Trust Board.
- Clinical/Human Resources – Reviews of patient dependency being undertaken to ensure staffing levels and care appropriate.
- General – Board may not be aware of the level of assurance which can be gained from individual reviews. This issue is being considered by the Risk Management Committee as part of its work in respect of the Assurance Framework.
- Financial – Managers' levels of understanding of Financial controls need to be strengthened. Programme of Financial Training being introduced by the individual divisions and being monitored as part of the Divisional Review process.

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

12. Statement of Directors' Responsibility in Respect of Internal Control continued

STATEMENT ON INTERNAL CONTROL 2 SEPTEMBER 2004

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 Chairman 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, for example with the Muslim community.

In support of 'Towards 2010' Programme; Foundation Trust Status and service reconfiguration proposals, the Trust has met frequently with the Joint Local Authority Scrutiny Committee in Birmingham and Sandwell.

5. Review of effectiveness

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 reviews and comments made by the external auditors, CHI assessors, CNST assessors, RPST assessors, clinical auditors, accreditation bodies and peer reviews.

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 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.

The Trust board is responsible for reviewing the effectiveness of internal control and the development of the Assurance Framework. The Board is supported in this by the following corporate committees:

- The Audit Committee, which considers the Annual Plans and reports of both the External and Internal auditors. It also overviews and advises the Trust board on the Internal Control arrangements put in place by the Trust.
- The Finance and Performance Management Committee, which 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.
- Governance Board, which ensures that risk management and control processes are integrated with other key clinical governance activities.
- Adverse Incidents, Complaints and Litigation Committee, which monitors progress in implementing action plans developed in response to all major (red) incidents and complaints. The committee also formally signs off action plans following major incidents and complaints.
- Health & Safety Committee, which monitors Health & Safety risks facing the Trust.

Individual Executive Directors and managers are responsible for ensuring the adequacy and effectiveness of internal control within their sphere of responsibility.

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.

The development of the Assurance Framework as well as Controls Assurance process has informed the organisation as the internal control systems operating within the organisation.

Specific reviews have been undertaken by External Audit, CHAI, CNST, RPST and the HSE as well as various accreditation bodies. A number of peer reviews have also been undertaken during the year.

6. Significant Control Issue

Trust performance overall has once again been strong. However the Trust failed marginally to achieve financial balance in 2003-04, a key performance target, due mainly to the impact of exceptional costs following the fire at Sandwell Hospital. The Trust Board has produced a Financial Recovery Plan, which has been submitted to the Strategic Health Authority. Performance against this plan will be monitored internally by the Trust Board and the Finance and Performance Management Committee and externally by the Strategic Health Authority. Moreover the Trust Board has significantly increased its financial and business risk monitoring and assurance reporting for 2004-05.

Signed
Chief Executive
(On behalf of the board)

Date 21st September 2004

13. Directors' interests

Ms Najma Hafeez – Director of Russell Associates

Mr Roger Trotman – Non Executive director of Stephens Gaskets Ltd, Non Executive Director of S J Feasey & Company Ltd, Non Executive Director of Tufnol Industries Trustees Ltd, Company Secretary of MVI Technology Ltd, Freelance Management consultant, member of the Management Board of the Engineering Employers Federation in the West Midlands and a Member of the West Midlands Regional Assembly.

Mr Paul Assinder – National Council member of the Healthcare Financial Management Association, Trustee and member of the Board of Trustees of the Healthcare Financial Management Association registered charity.

Dr Hugh Bradby – limited private practice work, predominantly at the Priory Hospital, Birmingham.

Mr Colin Holden – Surveyor for Health Quality Service.

Mr Martin Lee – Director of British journal of Surgery society Ltd, Director of

Association of Surgeons in Great Britain and Ireland, Director of Peeltree Ltd, Honorary Editorial Secretary, Association of Great Britain and Ireland and Member of the Council, British Journal of Surgery. Mr Martin Lee left the Trust in November 2003. Mr Peter Ryan was appointed as Medical Director in November 2003.

Mr Peter Ryan – private practice work predominantly at the Birmingham Nuffield hospital, contract with Heart of Birmingham PCT as 'Consultant Vasectomy Surgeon.

Pointing the Way To Good Health

Keeping fit and healthy is a full-time job for Premiership footballer Darren Moore. Typically, the West Bromwich Albion defender trains two to three hours, five days a week to keep his body in top form for matches where he covers up to eight miles in 90 minutes.

Darren, who was born at City Hospital, said: "I am lucky that I am in a profession that requires me to maintain my fitness every single day, but everyone can improve their fitness level whether its just by going out for a walk at the weekend or doing some stretches in front of the TV. It is important to look after your body whatever you do in life. You need to maintain a healthy lifestyle, watch what you eat and take exercise to feel great about yourself."

The Trust is working hard to help staff who want to keep fit and active and was among the first to set up a Virtual Health Club in 2001 to help promote a healthy lifestyle at work and reduce sickness absence. The club now boasts more than 800 members and for a small charge staff can take part in a range of health and fitness classes from yoga to walking lunches. Plans are now under way to extend the services offered and in January 2005 a new staff gym is set to open at City Hospital.

Sandwell Hospital's Health Club Manager Shaun Docker teamed up with Baggies star Darren to put together their top ten health and fitness tips.

Everyday Ways to Health...

- Eat breakfast to level your blood sugar after a night's sleep and avoid snacking later in the day.
- Drink at least 1.5 litres of water a day and steer clear of caffeine drinks before, during and after exercise.
- Build activity into your daily routine – housework, walking the dog, gardening, playing with the children, using the stairs etc...
- Get support – find someone who has the same goals and spur each other on.
- A little goes a long way – just 20 to 30 minutes of moderate exercise is enough. It doesn't even have to be all in one go.

Top Tips For Fitness Fanatics...

- Set clear goals and write them down.
- Introduce variations into your workouts to gain better results and fend off boredom.
- Rest is important – a good night's sleep is essential for your body to recover.
- Exercise no more than five times a week. Over-training can be as detrimental to the body as not training at all.
- Darren eats Jelly Babies to provide an instant sugar hit in the minutes before a match. Raisins, bananas or isotonic drinks provide a similar workout boost.



1. Staff being put through their paces at a class in Sandwell.

2. Sandwell Health Club Manager **Shaun Docker**.

3. West Bromwich Albion defender **Darren Moore** in action against Sunderland.

Where to Find Us:

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Dudley Road
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B18 7QH

0121 554 3801

Rowley Regis Hospital
Moor Lane
Rowley Regis
West Midlands
B65 8DA

0121 607 3465

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ

0121 553 1831