

# TrustReview

Sandwell and West Birmingham Hospitals **NHS**

NHS Trust

## Heart Attack to Home - *in a Weekend*



\* *Preparing for  
motherhood*



\* *Susan's little  
miracle*



\* *Baggies boss  
brings it home*



\* *Chaplain  
'bears' all*



\* *Sara wins  
the Ashes*



# Welcome

to our Annual Report for 2004/05.

## Chairman Najma Hafeez:



*It's been an exciting year with many ups and downs, some tough challenges and some excellent successes. I am continuously amazed by the commitment and hard work of our staff and volunteers and want to thank them all for their contributions to the achievements of the Trust this year.*

**T**his is the third year since the Trust merged in 2002 and there has been much exciting progress. Our new £18m Emergency Services Centre opened on time at the end of the year and has seen record numbers of patients through its doors in its first few months. After our private sector partner pulled out of all NHS projects, the £32m Birmingham Treatment Centre suffered serious delays to its planned opening in December 2004 but I'm pleased to say things are moving again and if all goes well we should move in by December 2005.

This year we maintained our two star rating and faced some tough financial challenges. We have developed a robust financial recovery plan which we expect will see us achieving break-even for the 2006/07 financial year. But I'm thrilled at how excellently we met and exceeded all the operational targets, including assessing and discharging or admitting over 98% of A&E patients in less than four hours.

The next year is crucial for us to build upon our success and work on our finances. We have the opening of the Birmingham Treatment Centre to look forward to, public consultation on the Towards 2010 proposals, the introduction of Patient Choice, we are part of a pilot for an NHS Foundation Trust development programme and we have agreed accelerated waiting time targets and other ambitious goals with our PCTs.

## Chief Executive John Adler:



**W**e always knew that 2004/05 was going to be a busy and challenging year and so it is proving to be. There have already been some notable achievements, including:

- Hitting all our key performance targets in the first quarter of the year
- Opening the new Sandwell Emergency Services Centre on time and on budget
- Agreeing a new financial plan with our Primary Care Trust partners which stabilises the Trust's financial position and sets out the way forward for future years.

There is much more to do this year and just some of our priorities are:

- Achieving the financial targets set out in the plan. Finance remains a serious concern and is the focus of a great deal of attention this year
- Driving forward the "Towards 2010" Programme which will transform health services in our area and invest up to £750m in new facilities. Public consultation on our plans will begin in February 2006
- Preparing for the new "Annual Health Check" which will be the Healthcare Commission's independent assessment of our performance and of the quality of our services
- Agreeing a medium term strategy for the Trust which defines the range and level of services we will provide in the future, how we will pursue integration between our hospital sites and how we will boost efficiency and productivity

Many of our achievements and plans are set out in this magazine. We have tried to make it fun and lively and hope you enjoy reading it. Last year's magazine style annual report won best annual report for an acute Trust at the prestigious Nexus Awards. This year we hope we have built on that success. I know our communications department would be interested to hear your comments. You can contact them at City Hospital, on 0121 507 5303 or email [staff.communications@swbh.nhs.uk](mailto:staff.communications@swbh.nhs.uk)

# Introduction:

## About Sandwell and West Birmingham Hospitals 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 Trust has two star status, has a budget of over £270 million, employs almost 7,000 staff and serves a population of around 500,000.

The Trust is run by the Trust Board which includes the Chairman, Chief Executive, Executive Directors and currently six Non Executive Directors. The organisation is divided into nine clinical divisions and each site has its own Hospital Director and Deputy Medical Director.

The majority of Board members including Chief Executive and Chair have been in post since the Trust was created on 1st April 2002. Two additional directors (Governance and Facilities) were appointed during the first year and Mr Peter Ryan was appointed as joint Medical Director on 16th November 2003, after the previous postholder left the Trust.

All executive directors are appointed on a substantive basis in line with NHS guidelines and Trust terms and conditions of employment. They all have a six month notice period. Non executive directors are appointed by The Appointments Commission in conjunction with the Trust's Chair.

The Trust achieved all its corporate objectives for 2004/05, with the exception of achieving financial balance.

Objectives for the coming year are founded on the principles set out in the NHS Plan - investing in and reforming our services with new ways of working, reducing waiting times and improving our hospitals. More recent Government papers such as Creating a patient-led NHS, also play a key role in helping the Trust make its plan for the coming years.

The objectives for 2005/06 are designed to reflect the context within which the Trust is operating and the priorities that need to be addressed in the next twelve months.

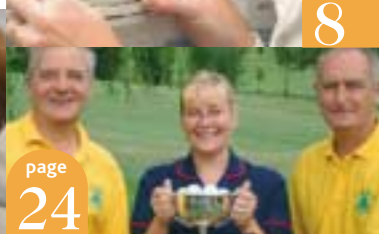
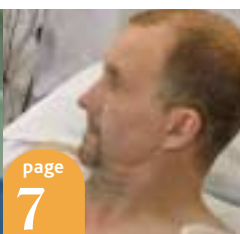
### Priorities

The Trust has four main priorities for the year ahead:

1. Deliver the financial recovery plan;
2. Continue to deliver on national targets and initiatives;
3. Prepare for NHS system reform;
4. Develop Towards 2010.

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# Objectives:

## The Trust's objectives are to:

### Deliver the Financial Recovery Plan

- Improve the financial position of the Trust in 2005/06 through the delivery of Fit for the Future and the Financial Recovery Plan.

### Continue to Deliver on National Targets and Initiatives

- Ensure that the Trust is well prepared to respond to the first Healthcare Commission Annual Healthcheck.
- Continue to deliver on key targets including maintaining A&E four hour wait and improving waiting times for outpatient and inpatient treatment.
- Implement and deliver tangible benefits from national pay modernisation initiatives (i.e. Agenda for Change and consultant contract).
- Achieve Improving Working Lives accreditation at Practice Plus level.
- Continue to improve infection control within the Trust to reduce hospital acquired infection rates.

### Prepare for NHS System Reform

- Deliver our commitments under the National Programme for IT.
- Ensure that the Trust has a coherent strategy for responding to the implementation of Patient Choice from December 2005 including improving liaison with local primary care professionals.
- Develop the governance, committee structure and controls assurance of the organisation in preparation for future Foundation Trust status.

### Develop Towards 2010

- Agree and implement arrangements that maximise the benefit to the Trust of the Birmingham Treatment Centre.
- Continue to progress plans for service redevelopment through the 2010 programme ensuring the completion of the Outline Business Case for the acute hospital element of the programme in line with the agreed timetable.
- Review the Trust's Vision and Strategy and Clinical Services Strategy to establish a medium-term strategic framework that prepares the Trust's services for 2010.
- Establish a programme of service change to improve the patient experience incorporating trust-wide service improvement and quality plans and divisional initiatives.



To enable thousands of pieces of equipment and furniture to be transferred to the Emergency Services Centre, Sandwell's A&E department was scheduled to be closed from 9am on Saturday April 16th to 9am on Sunday 17th.

But thanks to the hard work of staff, the new A&E department, Imaging and Emergency Assessment Unit opened 12 hours ahead of schedule at 9pm.

City Hospital played a vital part as most ambulance cases, emergency GP referrals and the walking wounded were all transferred to City A&E to avoid putting extra pressure on other Black Country Hospitals.

And despite the extra workload the Trust still managed to ensure 99 per cent of patients were seen within the four hour target.

#### Did you know...

... 1,400 attended the public open day to get a sneak preview of the ESC days before it opened.

#### Did you know...

... Sandwell's new Emergency Services Centre was shortlisted for a prestigious national award. It was nominated in the Building Better Healthcare Awards which celebrate excellent NHS design and facilities management. The Centre was selected for demonstrating innovative collaborative methods of working as part of the national ProCure 21 initiative.

#### Did you know...

... the arsonist responsible for destroying the A&E department has never been caught.

#### Did you know...

... the new centre houses x-ray services, a 32-bedded Emergency Assessment Unit and a 10 bedded coronary care unit with cardiac catheterisation facility. It has fast track and minor injury and illness cubicles, a decontamination unit and a dedicated children's A&E facility.

#### Did you know...

... more than 300 staff and patients voted on two imaginative, colourful designs for the children's A&E – garden or seaside. The garden theme, complete with grass-coloured flooring, incorporating a realistic pond complete with fish and butterflies on the wall was the outright winner. Stepping stones lead to the treatment rooms.



## Risen from the ashes

**A**lmost three years after Sandwell's A&E department was destroyed in an arson attack the new Emergency Services Centre has finally risen from the ashes and welcomed its first patients through the doors.

The £18 million building officially opened at 9pm on Saturday April 16th 2004.

In the first 12 hours 40 patients – walking wounded and those brought in by ambulance – were treated in the state-of-the-art building.

Among the first patients was 54-year-old Dennis Cooper from Wednesbury who came into A&E fearing that he had something in his eye after suffering soreness and itchiness.

He was examined in a special eye examination room by A&E clinical assistant Raka Banerjee.

Mr Cooper said: "I was seen within minutes of coming into the A&E. I think the new centre looks absolutely brilliant."





copyright Express & Star

"Myself and one of the doctors who worked here ran round. She was trapped in the room and was using a chair to try and break the window. We threw bricks at the window and smashed it so she could get out. She hurt her hand jumping out of the window but that was the only injury.

"The nurse still works here and I still see her. She was really grateful, but if it hadn't been me it would have been someone else. It was the only thing to do.

"Everyone worked together and did what we needed to do automatically. We'd never had an incident like that but instinct just kicked in.

"Patients were moved to other parts of the building and the walking wounded were asked to go to other hospitals as firemen battled to put out the fire before it spread to other parts of the hospital.

"Once the last flames were out, the department was completely gutted. Temporary A&E facilities were quickly arranged and work begun on a three year project to build a new department.

"It is still scary when you look back and think about what happened. The most difficult bit was coming back to work in a new environment.

"We were asked about the design of the new building and what we thought needed to change from the old one. They did take our views on and changed things in response to our comments.

"It's nice working in a purpose built department, although there's always little things you'd change if you could!

"We're seeing at least a third more patients than before although I'm not too sure where they're coming from. We're also building a stronger nursing team with new ways of working for the future.

"You'd have thought by now they'd have caught the person who started the fire. You couldn't print what I think of them. But I'm glad everyone's ok. We've got a new department now and we've got to move on."



Alan Stubbs

## "My day from hell"

**I started** as a day like any other but after 10 years at Sandwell General Hospital, Charge Nurse Alan Stubbs was about to have a day he'd never forget.

A normal, busy shift in A&E was brought to an abrupt halt by the deafening sound of the fire alarms... but this was far from a rehearsal and Alan found himself involved in a full scale evacuation and commendable rescue of a colleague.

**Here he tells Trust Review his story.**

"The fire alarms are tested all the time, so it wasn't anything unusual when they went off around lunch time and security came and checked round the department.

"But everything changed when they saw smoke coming out of one of the rooms. Everyone had to evacuate.

"It was scary getting everyone out. I got quite close to the flames – standing right outside the room the fire was in whilst a porter with me checked to see how bad it was. He said we had to get out. Fire engines arrived within two minutes.

"Amazingly, no one was seriously hurt. When everyone was out, we knew one of the nurses was missing. Someone said she'd been in the coffee room having a break and she'd been seen by the window.

## Just a wee prick!

**B**lood tests at Sandwell Hospital are now much quicker thanks to a major redevelopment of Pathology.

A new reception area means that staff have much more room to receive patients who now wait in a vastly superior environment.

The new phlebotomy suite not only provides more privacy for patients and more comfortable seats but additional space means a faster throughput of patients. Previously blood samples were taken in a corridor.

Clinical Biochemistry Department Manager, Judith Tye explained, "We had to improve the standard of accommodation to keep our accreditation."

Pathology sees hundreds of patients a day sent in from GPs as well as from outpatients.



Phlebotomist Wendy Pakenham, with Judith Tye, Manager of Biochemistry.

# Future performance

**A** significant increase in the number of people living in the area, and the proportion of older people, could have an impact on the future performance of the Trust.

The local workforce is also getting older and more diverse, with increased emphasis on the work-life balance.

But healthcare itself is also changing locally with the planned redevelopment of acute and community healthcare facilities and associated shift of some hospital work into community settings through the Towards 2010 Programme, the increasing use of day case and ambulatory approaches to treatment and increased access to diagnostics.

## Local A&E Waiting Times Beat National Average

**T**wo health surveys released in February reported that accident and emergency waiting times at Sandwell and City Hospitals are lower than the national average.

The survey, by independent health watchdog, the Healthcare Commission, asked patients across the UK about their experiences in A&E and outpatient departments. Figures showed that 85% of patients said they were seen, treated and discharged/admitted within four hours of entering the emergency departments – compared to a national average of 77%.

Other key findings from the surveys include:

50% of A&E patients waited less than two hours compared to a national average of 45%.

77% of outpatients were seen within three months compared to a national average of 73%.

Overall care was rated excellent to good by nearly all patients.

Confidence and trust in staff was high.

The surveys carried out in Summer and Autumn 2004 asked patients across England of their experiences of A&E departments and of outpatient services.

The survey involved 169 acute trusts with an outpatient facility and 153 with an emergency department. 140,000 patients replied to the survey.

The Trust received a £100,000 cash boost for hitting its A&E targets in the first part of the year.

# New Unit to Reduce A&E Trolley Waits



Angela Hutchinson (left) HCA practitioner and Nurse Joan Beja.

**A** new Surgical Assessment Unit opened at City Hospital in December 2004 and looks set to meet Government targets for four-hour trolley waits within A&E.

Julie Thompson, Matron for Emergency Care explains how the new unit will reduce waiting times for our patients.

"Previously A&E patients could see up to three healthcare professionals - a nurse, doctor, then a surgeon. Now patients will be seen by a specialist team who can stay with them for the duration of their stay."

"We know it can be a very anxious and distressing time for anyone admitted into an A&E department - the new unit should lessen the stress involved by providing a private, calmer environment, where patients will have more of a one-to-one relationship with the staff."

The new unit's manager, Rosemary Pritchard said: "Although we already have an excellent medical assessment unit in place, we wanted to further complement this service by providing an optimum area for surgical patients."

"We've established a new team to work solely within the unit and create a comfortable, ideal environment for patients. The new unit will provide support for surgical services within the A&E department with the ultimate aim of taking direct surgical referrals from GPs."

## Towards 2010

**A**n ambitious and exciting programme of work is taking place to redesign health and social care provision in Sandwell and the west of Birmingham.

Plans involve a £750 million investment into new buildings and equipment to help provide more services closer to people's homes and give the best possible care to local people.

Consultants at City and Sandwell Hospitals are amongst a wide range of staff from the acute Trust, local PCTs and other agencies involved in reviewing the way care is provided and designing new ways of providing health care that reflects patient needs in the 21st century.

The scheme is known as the Towards 2010 Programme and the Department of Health approved the initial plans in July 2004. In January 2005 a list of 12 different options covering the full range of possible changes to services and buildings was developed. An evaluation group including patient and community representatives, medical and social care staff and local authority members then short-listed four options from the original 12.

Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust, John Adler, said; "Towards 2010 has given us the opportunity to completely re-think the way we will deliver health and social care services in the future. This is our chance to decide what services we want to provide, to design the buildings we need to provide them, to redefine the way we work and to improve the health of our population.

"The four short listed options represent some dramatic changes to the way services will be delivered, including changes and improvements to hospitals, GP surgeries, day care centres and health centres. The aim is to provide the best possible care in the most suitable place, making more services available closer to people's homes."

At this stage the options are only outlines. Work is taking place to develop them in more detail for public consultation. This involves working out what buildings, services, equipment and staff would be needed for each option and how it would all fit together. A major public consultation is planned for February 2006 when patients and local residents will have the chance to put forward their views on each of the options.

[www.towards2010swb.nhs.uk](http://www.towards2010swb.nhs.uk)

before

after

# UK First for Heart Patients

**S**andwell and West Birmingham Hospitals NHS Trust serves a population with one of the highest levels of coronary heart disease in the country.

The state of the art catheter laboratory and coronary care unit in the new emergency services centre at Sandwell launched earlier this year. Since opening nearly 150 patients have had successful balloon stretching and stenting of their coronary arteries. With the replacement of the catheter laboratory on the City Hospital site, this means our 10 Consultant Cardiologists have the very latest equipment to help our patients.

The location of the catheter laboratory and coronary care unit within the Emergency Services Centre allows rapid specialist treatment for acute heart conditions as soon as the patients arrive by ambulance. Although becoming more common in America, this is the first such facility to be built in the United Kingdom.

Coronary angioplasty and stenting is now the most popular method of revascularisation and means most patients don't need to have bypass surgery.

Dr Derek Connolly, Consultant Cardiologist and Deputy Divisional Director in Medicine said:

"There has been amazing progress in the treatment of heart attacks and other acute coronary conditions.

"Although we have been able to increase the number of patients having these state of the art therapies, these new facilities should allow us to treat even more patients earlier."

Launched in July, a new primary angioplasty service means that heart attack patients arriving at City or Sandwell sites may be offered primary angioplasty to open up blocked arteries. This means they will go straight into the catheter laboratory and have a stent fitted within a few minutes of arriving at Casualty.

Patient John Farmer was the first person to use the new service and he said: "I had a heart attack on Friday 15th July and was brought straight into A&E. Although my recollection is a bit fuzzy due to the tremendous pain, I remember coming into the Cath lab and having the treatment while still conscious. The staff were really good, the atmosphere was very calming and relaxing and I recall some of my favourite music being played while the procedure was taking place.

"It seems unbelievable that after having a heart attack on the Friday I was fit to go home on the following Monday. Three weeks later I returned

to the hospital for an echocardiogram and found that due to the rapid treatment I received there was virtually no damage to my heart and my heart was functioning as normal.

"I'm delighted and am now looking forward to flying to New York to watch my favourite band – U2 – in concert later this year."

Derek commented: "Although standard therapy in many European countries, primary angioplasty therapy is not available in most UK hospitals.

"The brand new 10 bedded coronary care unit at Sandwell is just next door so patients who are unwell get the best of therapy within only a few yards. Most go home within 48 hours...a far cry from the weeks of waiting for bypass surgery from the old days."

*Left to right: Staff Nurse Linda Foster and Sister Paula Lazama prepare equipment in the new lab*



**"It seems unbelievable that after having a heart attack on the Friday I was fit to go home on the following Monday"**

**JOHN FARMER**



*Consultant Cardiologist Dr. Russell Davis checks the angiorhythm of patient John Farmer's heart.*

# Life after Rover

**S**taff at Rowley Regis Hospital soon rallied round when the world fell apart for Senior Divisional Secretary, Sharon McComb.

Husband Mark was made redundant from Rover and the stability and foundations they had known for 15 years fell around them like a ton of bricks.

"We just didn't know which way to turn. We were on our knees and out of the blue came these knights in shining armour, offering help, support, kindness and generosity. We were just overwhelmed and owe them everything," explained Sharon.

Matron, Paula Mascall and Sharon's job-share partner, Diane Turner were soon into action.

"They had no money, no food and three kids to feed so we all rallied round and people were really generous," said Paula.



"Even Paula's Mum who is herself on benefits has been contributing to the food parcels. You are all certainly 'one in a million' and we can't thank you enough for the flowers, food, support, kindness and being there for us.

"Rowley Regis Hospital is unique in that, everybody pulls together when things get a little out of control. It's a warm environment without a shadow of a doubt. I am glad to be a part of Rowley," said Sharon.

And husband Mark is doing his bit too to say thanks. While waiting to re-train as a plasterer, he wears the Rover overalls he no longer needs to come into the hospital once or twice a week to keep the courtyard clean and tend the grounds. He has already cleared the bramble wilderness in the courtyard, trimmed the shrubs and has plans for making it into a tranquil space for patients and staff again.

"We are now looking to the future. We have picked ourselves back up, we know it's going to be hard, but with the support and kindness we found in Rowley, we know we will survive. To fall down you manage alone, but it takes friendly hands to pick you up," added Sharon.

**"Thank You Rowley"**

Steve George -

# 'Drugs and Me'

*Steve with a Gas Chromatography  
Mass Spectrometry System  
(or a GC-MS for short!)*

**I**f you want to know anything, and we mean ANYTHING about drugs – Steve George is your man. But, you won't find him hanging around any old street corner – he's more likely to be found rushing around City Hospital's Toxicology Department!

As Deputy Director of Toxicology, Steve knows more than most people about drugs and their effects. He specialises in drugs of abuse, therapeutics (the monitoring of drugs given for the routine treatment of common disorders such as epilepsy, asthma and cardiac problems), and clinical toxicology (investigating the accidental/non-accidental ingestion of drugs and poisons).

Last year, Steve noticed a definite, and disturbing, trend – a major increase in the reported rate of cocaine misuse, particularly in the 16-29 years age group. In his seven-year study into cocaine abuse, involving the review of the data of more than 90,000 specimens, he saw a startling increase in the number of patient urine samples testing positive for cocaine rising from one in ten to one in four.

He said: "We were starting to see a large increase in the number of positive samples we were testing, which led to us performing the retrospective audit of our compiled data. The age range of the subjects associated with positive samples was quite large, from 11 to 60 years of age, but the data also reflected the reported major shift towards the younger age groups.

"This is most probably due to the drug being much more accessible these days. A rock of crack cocaine can cost as little as £15 on the streets." (*'Crack' is a street term for free-base cocaine and is normally smoked by the user.*)

"Cocaine is so highly addictive due to the pleasurable effects and feelings that users experience, but it also gives rise to some very nasty adverse reactions. Prolonged usage can lead to serious mental and physical problems such as psychosis, and heart attacks."

He concluded: "It's chillingly apparent from the audit that the UK is witnessing a significant growth in cocaine use – perhaps the cocaine epidemic has finally reached our shores."



# Lesley qualifies after 25 years

**L**esley Sadler finally achieved her SRN qualification, 25 years after starting work at City, but admits she is a people person and prefers being hands-on with patients to sitting in the classroom and studying.

"At school I got my CSEs but they were not brilliant – I was more for talking," she confessed.

"I started as an "A" grade in Coronary Care in 1980, then went to Cardiology and Neurology before a 12 year stint in Outpatients. I switched to nights on D16 and then moved to Endoscopy and after doing NVQs 2 and 3, they encouraged me to apply for a secondment for three years.

"I always wanted to do SRN training but I couldn't afford to pay my own way and I kept being told there were no opportunities.

"On secondment, the Trust paid my wages for three years while I went to University and I came back here for all my placements, apart from in the community which I did in Quinton," she explained.

"I wasn't that keen on the University part. I'm a hands-on person and so much happier when I'm with the patients than in lectures.

"Now I want to do staff nurse development. I've had a lot of support from family and friends and my colleagues here, and the sky's the limit," she added.

**"I've had a lot of support from family and friends and my colleagues here, and the sky's the limit"**

**LESLEY SADLER**



## 'All stars'

**T**rust Chief Executive John Adler sent a congratulatory message to staff as soon as the star ratings for 2004/05 were published.

"We maintained our two star status during 2004/05, achieving 7 out of the 8 key targets," he said.

"Our financial position aside, we were one of the highest performing Trusts in the country.

"As with 2003/04 however, our financial deficit meant we were unable to reclaim the elusive third star. We have a financial recovery plan in place (Fit for the Future) but we clearly need to stay very focused on this area.

"In the specific areas of clinical focus and patient focus, we were placed in the top

band of performance, with top scores in many of the indicators, but we did less well in the capacity and capability area, which includes the results of the staff survey.

"We have an action plan in place to address issues from the survey which is being closely monitored by the Trust Board."

He applauded the Trust's dedicated and skilled staff and urged them to rise to the challenge of meeting even more ambitious targets in the future.

It's good news for patients as the Trust surpassed the ambitious target of seeing, treating and discharging or admitting 98% of

A&E patients within four hours, which nearly half of all Trusts failed to achieve.

For the second year running, the Trust exceeded Government targets for inpatient treatment. There were no patients waiting in excess of nine months and the number waiting between six and nine months was 23 (almost half the figure as last year). All of these were from outside the Birmingham and Black Country area and were in the specialist surgical areas of ophthalmology and plastic surgery.

Not only did the Trust exceed its operational targets, it also got through a lot more activity than planned, overperforming in daycase surgery by 16.2%.

In other areas 1.358% of elective operations were cancelled during 2004/05 for non-clinical reasons. The Trust is on target for compliance with guidance on single sex accommodation by March 2006.

# Sandwell Hospital Radio Gets the Royal Treatment

Barry Balmayne (right) shares a joke with HRH The Countess of Wessex, Trust Chairman Najma Hafeez and HRH The Earl of Wessex

Sandwell Hospital Radio got the Royal Treatment when The Earl took part in a five-minute live interview with Radio WM presenter and president of Sandwell Hospital Radio Ed Doolan as part of a three-hour live show on Radio WM.

The Royal couple then met around 40 current and former hospital radio volunteers and hospital staff.

They also got an impromptu look at the new 2222 emergency response number in action when guest Barry Balmayne - one of founding members of Sandwell Hospital Radio - collapsed minutes after being introduced to the Earl.

Sandwell Hospital Radio broadcasts to 1,250 patients staying on the wards of the hospital every day.

It is a popular service which has helped launch the radio careers of many professional DJs including Beacon Radio's Graham Torrington and Capital FM's Tim Lichfield, who both began as volunteers.

It began in 1952 as a football commentary service and in 1976 Sandwell Valley Radio took to the airwaves around the old Hallam Hospital.

Sandwell Hospital Radio is a registered charity. The £14,500 needed each year to keep it on air is raised by its members. There is a Sandwell Hospital Radio Bus which can be booked for fetes.

Patients at City Hospital can contact Birmingham's BHBN, which broadcasts hospital radio from the site to City and other Birmingham Hospitals.

The request number is

**0121 554 5522**

Anyone interested in finding out more about becoming a volunteer with Sandwell Hospital Radio should contact the station on **0121 553 0055** to request more details.

Main photograph courtesy of the Birmingham Evening Mail

## NHS Plan

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

### Partnership Working

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



# Barry's story

**B**arry Balmayne (real name David Mumford, a 67 year old toastmaster from Walsall) was delighted when he was invited to meet their Royal Highnesses the Earl and Countess Wessex.

The crucial role he'd played in the founding years of Sandwell Hospital Radio, developing the station and building the studio had left Barry with fond memories and he was thrilled the royal couple were taking part in the studio's 20th anniversary celebrations.

But collapsing in front of them wasn't exactly what he'd had in mind.

"I was talking to a friend from the early days when I felt faint and light headed. I'd already met Edward and Sophie was on her way over.

"The next thing I knew I was lying on the floor with the delightful Director of Nursing holding one hand and Medical Director Hugh Bradby telling me 'another 10 seconds and I'd be thumping on your chest young man.'

"I was still only semi conscious but I could hear the hospital's Chairman, Najma, reassuring everyone I was ok so I lifted up my leg and waggled my foot so people could see I was alive.

"The crash team had been called but it wasn't that serious. Before they wheeled me to A&E, the Countess came over to talk to me and we laughed about it.

"As we were chatting, Prince Edward came across, gave her a pen and said: 'You need to sign'. Obviously seeing a hospital patient's plaster being signed before, she stepped nearer to me and innocently said: 'Where would you like me to sign you?'

"The Prince tutted and said: 'No dear, the Visitors Book over in the corner!'

"The picture of us laughing made the front page of the paper.

"At the time it was a bit dramatic and I wouldn't have had it happen for the world. But I'm glad it did because I know now what's wrong and I'm having it put right.

"I hadn't been involved with Sandwell Hospital Radio since 1989, although I was made a life member before I left.

"The station began as a course for radio and television technicians at Wednesbury college. Students had to devise a programme for hospital patients and asked the hospital if they could plug into a spare radio channel. It's just grown from there.

"I presented a showbusiness programme 'Curtain Up' every Wednesday night for nine years, interviewing celebrity guests – a number of them (such as Vicki Michelle, Jimmy Cricket, Roy Hudd, Max Boyce and Ruth Madoc) came onto the wards and met patients.

"We changed our name from Sandwell Valley Radio and started a fundraising campaign to raise money for a studio.

"BBC Radio WM presenter Ed Doolan was at BRMB at the time. He was instrumental, not just in our hospital radio but he was responsible for the surge of hospital radio in the 1970s throughout the area. He'd bring the station managers together to share ideas, and he'd always let our presenters listen in on his programmes. Ed became our vice president, then president and has remained involved.

"We linked to other hospital radio stations and covered West Bromwich Albion home and away... we were the only station in the area that could broadcast the full match.

"In 1982, the Baggies got to the semi finals of the FA Cup against Spurs. You couldn't get a headset anywhere in the hospital. Off duty doctors and surgeons came in and shared headsets with nurses and porters. It was a fantastic atmosphere.

"We broadcast a wide range of talk, music and childrens' programmes and were one of the first stations to broadcast a regular programme in Punjabi or Urdu. The Christmas carol service was broadcast from the chapel to patients who couldn't leave their beds.

"After being involved for nine years, I decided to move on to leave it to the younger generation. But I'm glad to see it's doing so well and some of the old faces are still there."



# Clinical Governance

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

The Trust complies with the Department of Health's framework for reporting on clinical governance.

## Staffing

The Trust employs 6,841 employees...

City Hospital	4,074
Rowley Regis Hospital	175
Sandwell Hospital	2,592

# Action for Staff

**A**n action plan has been drawn-up to show how the Trust intends to improve the working life of its employees over the next year.

The plan is based on the findings of NHS National Staff Opinion Survey 2004 which was published by the Healthcare Commission at the end of March.

The results for Sandwell and West Birmingham Hospitals provide a revealing snapshot into how staff feel about life working at the Trust.

Only 49% of the 850 staff surveyed responded and Trust bosses are keen to see this figure improve next year.

As a result of the survey, a new mandatory training programme is being introduced which will require all staff to demonstrate their competence in key areas including moving and handling.

And later this year the Trust will be working with the Health and Safety Executive on a project to look at how to ease problems caused by work related stress.

A staff handbook has been launched outlining all the services available to staff to improve their working lives.

You can access the full NHS National Staff Survey through the healthcare Commission's website at:

<http://www.healthcarecommission.org.uk/staffsurveys/>



# Susan's little miracle



**H**aving a baby is meant to be the happiest time of your life, but for Susan Gashi from Nuneaton, the joy and elation was replaced by worry and fear.

"At 35 I was happy being single and having money. I'd never wanted kids until I got married in 2000 and then a year later I found out I was pregnant.

"I was absolutely delighted. The pregnancy went fine, until my 24th week when I attended a routine hospital appointment and discovered I had a water infection. But before my follow up appointment 2 days later my waters broke on my way to work. My manager wanted to call an ambulance but I didn't think it was serious so I drove to pick up my mum before going to hospital.

"It wasn't till I saw the consultant that I realised how serious it was.

"He explained that if Harris was born now his chances of survival were slim, then 2 days later I had to be transferred to another hospital as Heartlands had no spare incubators. So, I faced the prospect of Harris in an incubator at the other end of the country. I was really frightened. But eventually they found an incubator at City hospital, which was much closer – near my husband, parents and work. Harris was born 10 days later on the 11th August 2002.

"It's a terrifying prospect because you don't imagine a baby that small can survive. I didn't think about it at the time but it's struck me since that you can have an abortion up to 24 weeks. Yet here I was at 26 weeks with a baby and now he's a little boy.

"Harris was born naturally. He weighed just 865g (1lb 14oz). They said he wouldn't open his eyes or cry but he did both.

"I'd had six weeks off work and it became apparent that Harris was going to be in hospital for quite a while so one of the nurses suggested I went back to work and had split maternity leave so that when he came home, I'd still have some time to spend with him.

"I didn't get to hold him until he was 3 weeks old. As he got a little bit stronger I could pick him up and feed him.

"Those first months were very scary and very emotional. Harris had lots of tubes around him and my husband was scared to hold him for a few weeks.



"He was so tiny he'd fit into my husband's hand. At first I needed the nurse with me all the time. Gradually I was able to pick him up by myself.

"Important milestones kept us going. When he put weight on, or when they could remove one of the drips, when he came off life support ... every milestone mattered.

"We used to video Harris every Sunday so we could see his progress, and now I look at him and think how lucky I am that he's here. He's perfect but still like any other toddler.

"I'm really grateful for what the hospital has done. Last year I saw an article in the Coventry Telegraph about the UK MUM awards and decided to enter City's neonatal unit. I sent off the entry then forgot about it until I had a call just before Christmas to tell me my entry had reached the last two. In February I heard my entry had won the regional competition and was invited to Birmingham for the national finals.

"I was so excited and pleased that the City staff who had been such an important part of my family's life for so long would be recognised. Without them Harris wouldn't have survived. I've never seen people work so hard and with so much dedication. They battled so hard to help all the babies. I don't know if I could do that job, it must be heartbreaking to see babies suffer. Thankfully most of them survive.

"They are good with the parents as well. They explain everything and they don't lose their patience.

"Harris is now at nursery in Nuneaton 3 days a week and with my parents in Birmingham for 2 days. He'll go to school as soon as he's four.

"I want him to go to school by my parents' house so that if he does become unwell at any time they are at hand to go and fetch him. I guess I'm just like every other mum – worrying about what is best for my child."



**"He was so tiny he'd fit into my husband's hand. At first I needed the nurse with me all the time. Gradually I was able to pick him up by myself."**

**SUSAN GASHI**



*Marie thanks surgeons who saved her eye*

**Patient, Mrs Marie Thompson was distraught by the time she was admitted onto City Ward D28. This was the 3rd hospital she had been admitted to and things weren't getting any better.**

**H**er eye had become so disfigured, she was unable to see, and up to this point no one had been able to do anything. However, once on D28 Consultant ENT Surgeon, Mrs O'Connell operated straight away, draining the eye of blood which had caused the disfigurement.

Mrs Thompson explained: "Mrs O'Connell has been fantastic, if it wasn't for her, I think I would have lost my eye. My husband and I wanted to make a donation to the ward to thank everyone for such wonderful care because I was so desperate when I came into hospital."

Mr and Mrs Thompson donated £500 to Ward D28 at City Hospital. Ward Manager Kauser Chaudhry commented: "We will be purchasing a Data Scope – to monitor blood pressure and oxygen saturation and is an excellent piece of equipment for monitoring high dependency patients. It is so refreshing to have our hard work acknowledged by patients and relatives and we are very grateful to Mr and Mrs Thompson."

Auxiliary Nurse Maureen Rose accepted the £500 donation, as Mrs Thomson said: "Maureen went out of her way to make my stay as comfortable as possible, she was so helpful and caring. To me the ward personnel are not staff, they're friends."



Matron Paula Mascall (right) accepts a cup of tea from Gloria Evans

# Time for a cuppa?

**T**he kettle is brewing at Rowley Regis Hospital's newly refurbished staff and visitor tea bar.

Hospital matron Paula Mascall performed the official ribbon cutting ceremony and sampled the first cup of tea when the new 'Rowley Coffee Pot' officially opened in April.

Thousands of pounds have been spent up-dating the old tea bar to turn it into a self-service restaurant.

The opening times of the Rowley Coffee Pot – based in the hospital's main reception – have been extended to make it more convenient for staff and visitors.

The Rowley Coffee Pot is open to visitors from 9.30am to 7.30pm Monday to Friday and 10am to 4.30pm on weekends.

The opening came hot on the heels of a major revamp to City Hospital's Miller restaurant. It took £400,000 to convert the canteen into a modern eatery serving a wide range of food to staff and visitors.

The Miller Restaurant is open Monday/Tuesday/Thursday and Friday 7.30am to 3pm, Wednesday 7.30am to 2.30pm, Saturday and Sunday 7.30am to 2.00pm.

## In the Event of a Major Incident

**T**he Trust is in the process of reviewing its major incident policies. There are policies for everything from heatwave to terrorist attack and ensure the Trust is equipped to deal with everything from a chemical incident to a flu pandemic.

There is a lot of work to do to ensure every member of staff is familiar with each of the policies, but easy to use reference cards for use in a major incident will help key staff remember what their responsibilities are, if there was to be an incident.

The Trust has good relationships with the local emergency services and gets advanced knowledge of a potential incident.

Measures are in place to review all inpatients at the time of a major incident to see if any are fit for discharge. This would help free up beds for any casualties that need to be admitted.

Reception points would be set up to accommodate concerned relatives, media and staff and volunteers wanting to lend a hand. Knock on effects on services such as pathology and haematology also need to be considered.

Planned regular 'tests' will take place to ensure systems are effective. These will range from telephone and desk-top exercises to full-blown simulations.

## Trust plans local health strategy

**T**he health characteristics of local people are being used to help the Trust plan its medium term strategy. High incidents of respiratory disease, diabetes and heart failure may help prioritise investment in the delivery of services.

In Sandwell and the west of Birmingham, people live three-four years less than in many other parts of the country. One in five people have a long-term illness that affects their daily life and more people die from Coronary Heart Disease (CHD), respiratory illness and stroke in Sandwell and the west of Birmingham compared to other parts of the region.



# More to bathing babies than meets the eye

If you thought bathing the baby was straightforward, you could be wrong.

A Sandwell doctors' study shows that new-born babies could be at risk of scalding or hypothermia if the water temperature is not right in the first weeks of life.

Traditionally swishing the hand around or better still using the elbow are the normal methods for temperature testing but this study involving midwives and care assistants shows variations depending on the individual's view of what is comfortable to them.

Presenting the results to the national conference of the Royal College of Paediatrics, Dr Kishor Tewary said the ideal temperature for a neonatal bath set by our Trust is 37°C centigrades but his study showed variations between 32 and 39°C. There was no correlation between seniority of staff and accuracy. Some of the staff felt water was comfortable when the actual temperature was 32 to 34°C which is quite cold for a newborn.

Unfortunately Britain has no national guidelines for an ideal temperature for neonatal bathing. An American study suggests 36-39°C as the right temperature but different trusts in the UK offer different figures. With a newborn baby, temperature is critical in the first few days as it adjusts to the world outside the womb. One mistake could be costly to the new baby.

To solve the problem the Trust has introduced scoop thermometers for water temperature testing which cost about £10 each but get it right every time.

"We only need a couple on each ward so it is a small price to pay for peace of mind. Accidents can happen, especially at home, but the study means we can raise awareness to mum.

"Water temperatures are always high in hospitals to prevent infection so we have to be extra careful. It is also important not to rush the temperature checks. Even if done manually, a quick dunk is not enough and the test should last about ten seconds to be safe. But we should aim to change our practice to the thermometer testing for being accurate," he advised.



Post Natal Ward Manager Pauline Milles, bathes baby Sameer Nawaz.

Dr Tewary was accompanied in his study by Dr David Low and Dr Rasieka Jayatunga.

## Honour for 'Supermum' doctor



Dr. Rasieka Jayatunga.

**P**aediatrician Rasieka Jayatunga was one of the finalists in the national Asian Women of Achievement awards. The ceremony was held at the Park Lane Hilton in the presence of HRH Prince Charles and Camilla, Duchess of Cornwall, who spoke to Rasieka inquiring about her work at Sandwell. Prizes were presented by AWA patron, Cherie Blair. Rasieka, came to Sandwell in 1994 and is the mother of triplets. She was the only doctor in the short-list of six nominees in the Professional category which included two lawyers, one QC, a headmistress and an accountant.

"I feel privileged to have been amongst the finalists for such a prestigious award. I take it as a tribute to all hardworking mothers who have to juggle so many different roles to achieve their goals. I am glad that this has brought credit to the Trust and to the profession as I was the only doctor there." she said.

## Equal Opportunities

**S**andwell and West Birmingham Hospitals NHS Trust is committed to making the best use of the widest possible range of talents available amongst its employees.

High performance through the development of people is essential in achieving our aim to provide high quality patient care.

Equality of Opportunity is an essential component of good management practice, in addition to being legally required, socially desirable and morally right.

### Number of Births

There were **6,055 babies** born in the Trust's hospitals throughout the year:

**3,402** at City Hospital

**2,653** at Sandwell Hospital

## Foundation Status

**P**atients, staff and the public had their say on how the hospital should be run as part of a major consultation in the first part of 2004.

The discussions were around the Trust's application for NHS Foundation Status and over 2,200 local people signed up to become members of the Trust.

Despite strong local support from the majority of the 7,000 people who took part in the consultation, the loss of three star status in July 2004 left the Trust unable to pursue its application.

But feedback from the consultation is being used to shape the way services develop and responders have had the opportunity to get involved with the Patient Advice and Liaison Service or one of the Trust's many Patient and Public activities.

Now the Trust is taking part in a Foundation Trust Development Programme being run by the Birmingham and the Black Country Strategic Health Authority. It is one of two health authorities in the UK piloting the scheme which assesses how ready trusts would be for Foundation status in the future.

# 12 million adults take Arsenic every day

If you were offered something containing arsenic, cyanide and acetone, would you pop it in your mouth? Well, about 12 million adults in the UK do this every day – simply by smoking cigarettes.

Has that made you consider whether to light up another cigarette? It makes sense to cut down – if not quit all together. Every year, 114,000 smokers in the UK die as a result of their habit and about half of all regular smokers will be killed by their addiction.

Around 75% of smokers want to quit but giving up requires planning, encouragement, support and motivation. Help is at hand within the Trust as a revised No Smoking Policy has been drafted to offer guidance and assistance to those who want to give up.

Trust Director of Occupational Health and Safety Services Dr Peter Verow says: "Evidence indicates that smokers tend to have 25% more sick days per year than non smokers.

"The message is clear – the sooner you quit smoking, the longer you are likely to live, and the fitter you are likely to be. As weight gain can sometimes be a worry when quitting it is sensible to integrate an exercise regime into the smoking cessation programme."

## Staff go 'over the top'

Hospital staff went 'over the top' with their Christmas decorations at City, Sandwell and Rowley Regis Hospitals this year. One of the offices was transformed into an underground trench reminiscent of something from The Great War.

The Bed Management Team, famed for their decorative flair, wanted to do something a bit different for the Trust's annual competition where wards and departments battle it out to be crowned Christmas champions.



## Shake, Rattle and Roll for Newborn Hearing Service!

The UK's biggest newborn hearing screening programme was launched at the Birmingham Conservatoire's Recital Hall last summer.

People with hearing impairments or hearing loss can feel the music through vibrations that sound makes – at the launch, healthcare and education professionals were treated to percussion recitals. They were also joined by five-year olds from Nelson Infant School in Ladywood who are learning to sign.

Led by City Hospital, six Hospitals and eight Primary Care Trusts across

Birmingham, Solihull and Sandwell are now testing the hearing of newborn babies within 24 hours of their birth! No mean feat when you consider that the hospitals, maternity units and primary care trusts across the region typically have a combined annual birth rate of more than 22,000.

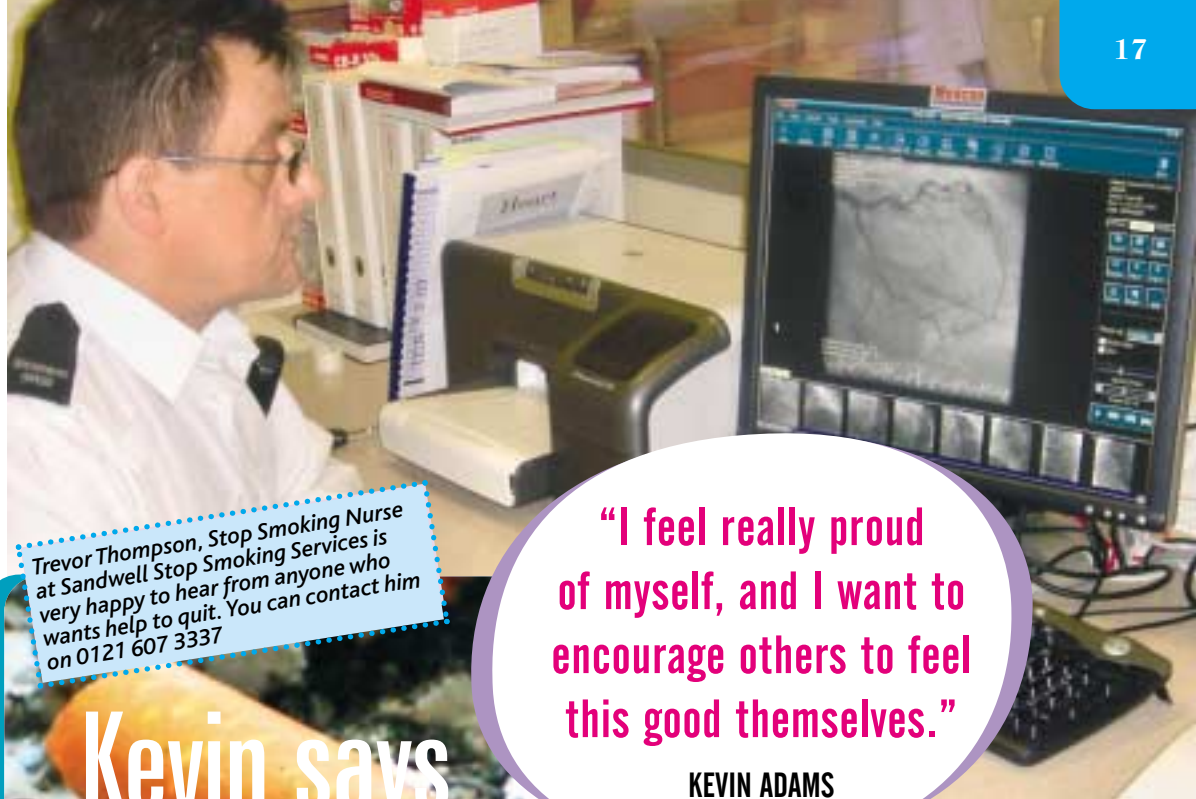
Before the launch, a baby's hearing would not be tested until they were between seven and nine months and for many families the diagnosis of a hearing impairment happened only after they had spent considerable time waiting for routine testing.



Najma Hafeez with 6 month old Corey Butler.

Bed Management at City win Best Joint Department prize.





Trevor Thompson, Stop Smoking Nurse at Sandwell Stop Smoking Services is very happy to hear from anyone who wants help to quit. You can contact him on 0121 607 3337

Kevin says  
**No**

**"I feel really proud of myself, and I want to encourage others to feel this good themselves."**

**KEVIN ADAMS**

## Tiny Babies get a helping hand from Liam

City Hospital Staff thanked six year old Liam Hemmings who raised £1,750 in memory of his baby brother, Kai who died aged just two and a half months.

Liam and his Dad, Kevin Hemmings completed a sponsored 8 mile bike ride between their home in Tipton and City Hospital. Liam presented the amazing £1,750 raised to City Hospital's Neonatal Unit where Kai was cared for.

Mum, Clare explained, "Liam wanted to do something special for what would have been Kai's first birthday in May. We are so amazed that he managed to ride his bike so far, considering he's only just turned six. We just wanted to give something back to the hospital."

Neonatal Unit Manager Rosemarie Reeve commented, "We are so grateful to Liam and his family and friends for this wonderful donation, we are always in need of equipment which can help our tiny babies on the unit."

What would it take for you to give up smoking? For five years Kevin Adams, a porter at Sandwell would dive off for a 'quick fag' between pushing patients for their life saving heart angioplasty and stent procedures.

Every day Kevin was seeing pictures of people with clogged up heart arteries needing treatment. One day he realised that unless he did something quick, the next patient having a heart operation at Sandwell could be him!

It's now almost a year since Kevin gave up smoking. He explained: "It was much easier than I thought, after nearly thirty years of being a smoker I wasn't sure if I would be able to go through with it, as I used to smoke around 15 cigarettes every day. But with professional help, nicotine patches and lots of support from my colleagues, I did it and now I tell the patients that if I've done it, they can do it too – in fact I've even convinced my sister Hayley to give up as well.

"I've noticed lots of differences, some from early on when I had only just stopped. I'm able to run up two flights of stairs without feeling a thing, whereas before I would be gasping for breath, so now I've even joined a gym. I feel really proud of myself, and I want to encourage others to feel this good themselves."

Dr Derek Connolly, Consultant Cardiologist and Deputy Divisional Director in Medicine said: "Smoking is the number one reversible cause of heart disease in Sandwell and West Birmingham. Along with our partners at Heart of Birmingham PCT and Sandwell PCTs we have very active smoking cessation services."

Sara Guthrie, Patient Equality and Interpreting Services Manager has long wished she was able to give up. After starting smoking when she was young she quickly became hooked and recently discovered the shocking cost of her habit when she completed our cost of smoking calculator. We took Sara along to see for herself exactly what she has smoked away over the last 20 years.

Cost of smoking calculator – Sara Guthrie, Patient Quality Manager.

What does a pack of 20 cigarettes cost you?	£4.26
How many cigarettes do you smoke a day?	20
How many years have you smoked for?	21
Each week your habit costs you	£30
Each month it costs you	£130
Each year it costs you	£1,555

So far, cigarettes have cost you a grand total of **£32,653**

The money you've spent on cigarettes could be the equivalent of...

50 Flights to Australia  
327 CD Walkmans  
2177 CDs and videos  
1 Sports car  
54 Sun-drenched holidays in the Mediterranean  
131 Weekends in a health spa

Sports car



Health Spa



Thanks to Mercedes Birmingham and the Botanical Gardens, Edgbaston for permission to take photographs.

# Trust says 'NO' to violence in the workplace

**'You will face prosecution if you make our staff face violence or intimidation'**

- that's the message Sandwell and West Birmingham NHS Trust is sending out to potential aggressors.

The health and safety of its patients and staff is paramount to the Trust – its 'Violence and Aggression Policy' was launched in October 2004. It aims to protect everyone from violence and aggression on Trust premises and also in situations which could arise where staff are working in the community. It underpins the Trust's commitment to maintain an environment where patients and staff can feel secure.



Colin Holden, Director of Human Resources, says: "Sadly, we live in a violent society. Obviously, there are occasions when a patient lashes out because they are unaware of their actions as a consequence of their condition. This is still unacceptable but is perhaps understandable and should be managed by proper use of a risk assessment process.

"The majority of incidents however, are not like this – they are deliberately aggressive and designed to cause harm. I frequently hear excuses that they did it because they were concerned or had a long wait. This is rubbish and is never an excuse for abusing or striking a member of staff.

"We now have a statutory requirement for management to report all incidents of actual physical violence against staff to the police. This is whether or not the member of staff requires the police to investigate the matter."

The police have adopted a zero tolerance approach to violence and aggression on hospital premises and will seek to prosecute anyone who breaches the Trust's policy. They are also increasing the use of ASBOs and earlier this year banned a persistent trouble maker from City Hospital unless in need of genuine emergency medical treatment or legitimately visiting a close friend or relative.

There are a range of other initiatives in place to support staff who are assaulted at work and the Trust is working with relevant departments and the police on methods to reduce incidents of violence and aggression.

## Jenny's tale

Unfortunately, Jenny Lloyd, who is ward manager of Lyndon Five at Sandwell, is no stranger to aggression at work.

"On our ward, we deal with people with liver-related problems. Quite often these are due to alcohol abuse and some patients display signs of severe alcohol withdrawal whilst under our care.

"If a patient's relative is being aggressive, there are steps in place to remove the person from the premises. However, if it's your patient, it gets more complicated. In our area, you ask

yourself: 'How aware of their actions are they? Do they know what they are doing?' The same applies to the elderly – they become confused and can lash out at staff in frustration.

"We had one incident in May 2004. We had four nurses on duty, and one was walking into the ward's staffroom. A patient followed her in to the room, locked the door behind them and refused to let her out of the room. The patient became very threatening – verbally and physically.

"Meanwhile, one of the other nurses saw the patient follow the nurse into the room and was frantically trying to open the door but couldn't. Security officers were called – they came extremely quickly, thank goodness, and they forced the door open and released the nurse.

"The patient was escorted back to bed, medicated – and the police informed. Some nurses feel they can't report a violent patient. I suppose it's almost like going against the 'ethic of care', which we have as nurses. However, the police say we must report all incidents – whatever the circumstances.

"And the nurse? She suffered problems with her arm and shoulder but the mental affects are much longer lasting.

"Since then, we've looked at the ways alcoholics withdraw from alcohol and we've changed our medication regime so we can better control the symptoms. I'm pleased to say we've had no major problems since! We've also held awareness sessions about how to spot alcoholic withdrawal symptoms quickly – so we can prevent further aggressive instances."

## Capital plan

**M**ore than £12million will be spent on capital projects including a new CT scanner, refurbishments of mortuary and critical care facilities and other schemes.

That's on top of the £18 million Emergency Services Centre that opened in April and the £32million Birmingham Treatment Centre expected to open by the end of the year.



## Visitors applaud car park improvements

**D**riving to City Hospital has never been easy with traffic queuing on the Dudley Road and fights breaking out over precious car parking spaces.

But have you noticed things improving... at least a little?

We can't do much about the Dudley Road, but we have improved visitor parking during the year.

Now patients and visitors can park closer to the hospitals and have more spaces. There's CCTV, better lighting and more security, leading to a drop in stolen vehicles and car crime.

# Pedometer challenge

## Staff battle it out to become Star Stepper of the Year!

In the quest to search for our Star Stepper of the Year six members of staff were chosen to represent their various professions and battle it out for the prestigious title. With their sights set on the title and pedometers charged to the max, the challenge began. The competition ran during a typical working day of 9am until 5pm, readings were taken from all with results published below. Please note that cheating cannot be confirmed or denied, however staff were very eager to take up the challenge, especially on learning the Chief Executive was a main contender!



**John Adler**  
Chief Executive  
(Cross site)  
8,145 steps



**Dianne Turner**  
Senior Divisional  
Secretary  
(Rowley Regis)  
4,261 steps



**Emma Sell**  
McCarthy Ward  
Manager  
(Rowley Regis)  
8,767 steps



**Mr Jonha Rizkalla**  
Consultant (Sandwell)  
12,466 steps



**David Hobbs**  
Postal Worker  
(Sandwell)  
21,772 steps



★ **WINNER** ★  
★ **Dawn Hickling** ★  
★ Senior Physiotherapist (City) ★  
★ 24,802 steps ★

## Tips from the Healthclub

Despite advances in technology, many of us still spend more – rather than less – time at work. However, there are ways in which you can be more active:

- Go for a walk in your lunch break. Try to find at least three different walks and vary them throughout the week. It might even be possible to find an indoor walking route, incorporating stair climbing, for those inevitable bad weather days.
- Have meetings 'on the hoof'. There's no reason why one-to-one meetings with clients and colleagues can't take place while walking around the local park rather than sitting in an office. Such meetings can be an excellent way of breaking the ice with new contacts.
- If you are office based, make sure you have a good chair that provides adequate back support and a clean and well organised workspace.
- Walk to and from work. If you live too far away, park further from the office or get off the bus or Tube one stop earlier.

### Acknowledgements:

Special thanks to the Active Health Club for kindly donating the use of their pedometers on the day.

**Active**

Number of Day cases	
Total	42,166
City Hospital	20,981
Sandwell Hospital	21,185

## Thank You

**3** 101 thank you letters were sent to the Trust during 2004-05 and that's just the ones that found their way to the management team.

Director of Nursing Pauline Werhun said; "It's always nice when a patient or relative takes the time to say thank you. Our staff work so hard and are very busy – it boosts their morale to know someone appreciates what they do."

The number of thank you letters topped 3,000 for the first time and was a sharp increase on the previous year's 2,332 letters.

## Compliments

**T**he Trust is proud of its achievements in the continued drive towards improving the quality of care provided to the local population. Like any large organisation, feedback from the users of our services serves an important purpose in enabling the Trust to address any concerns and make improvements wherever possible. This also helps staff to continue their work around the ongoing development of patient centred services.

## and Complaints

**T**he number of complaints has dropped by 10% in the last year, according to annual figures.

During 2004-2005, the Trust received 689 complaints, compared with 764 in 2003-2004. More cases (76.6%) were responded to within the target time of 20 working days. A total of 24 complaints took more than 60 days to respond to.

The main category of complaint was clinical treatment.

139 informal complaints were reported in the year, compared to 177 in the previous year.

In August 2004 the Healthcare Commission took over responsibility for considering independent review requests. If complainants remain dissatisfied with the Trust's response, they have two months to contact the Commission and ask for an independent review. At 31st March 2005, 12 complaints had been referred to the Commission.

One is being investigated by the Commission, eight have been referred back to the Trust, one was withdrawn by the complainant and two are awaiting a response.

A list of actions is included in the Complaints annual report.

Sandwell and West Birmingham Hospitals NHS Trust

# American-style trauma treatment in the NHS

*('Somebody, please help us')*

**S**he screams, clutching her heavily bleeding young daughter whilst running into the A&E reception. The mother is followed by two men, also carrying badly injured children. Behind them, ambulances screech to a halt outside – carrying eight seriously injured adults. Since the news of the wall's collapse came in, the number of victims is rapidly rising. Who is to be treated first? Wasted time costs lives.

Luckily, the Trust has a strict, systematic approach to assessing and initially managing trauma victims – Advanced Trauma Life Support or ATLS.

City Hospital A&E consultant Mr Ansari is the regional representative of the Royal College of Surgeons of London for ATLS in the West Midlands region and is responsible for training doctors in the discipline.

'The system originated back in the 1970s, when a US orthopaedic surgeon crashed his light aircraft.' Mr Ansari explained, 'His wife was killed instantly and he and his children were badly injured. He was so appalled at the medical treatment they received, he decided changes should be made.'

The system was developed by the American College of Surgeons and has now been adopted in over 30 countries worldwide. Mr Ansari continued, 'We hold between two to three courses a year for up to 16 candidates,' he explains, 'There are 10 lecturers for each course so it's pretty intensive.'

But it's not just about failing or passing the exams – it's about correctly diagnosing and prioritising treatments. For example, it's no use treating someone's serious chest wound if their airway is blocked – the blockage will kill them

## Trust to save £250,000 on insurance premiums

**P**atient safety has been given the thumbs up with the award of CNST (Clinical Negligence Scheme for Trusts) level 2 – confirming the Trust maintains the highest standards of patient safety.

This means the Trust will save around £250,000 in insurance premiums this year.

For its maternity services, the Trust maintained CNST level 1. Trusts must demonstrate continuous improvement in order to maintain the award; even the tiniest drop in performance would lead to loss of accreditation.

## Health and Safety

**A** new moving and handling training team is helping reduce work-related injuries, supported by a fresh process to identify, classify and investigate all moving and handling incidents.

Staff charged with improving health and safety in the Trust have also been working to meet eight of the outstanding 10 Health and Safety Executive improvement notice action plans and are well on the way to meeting the other two.



## Risky Business

*The Trust has successfully attained Level 1 of the RPST (Risk Pooling Schemes for Trusts) assessment after demonstrating it had rigorous risk management processes.*

In order to achieve Level 1 the Trust was required to meet 75% compliance with eight separate criteria, covering issues such as accountability, structure, reporting, training and complaints.

## Agenda for Change

**A**genda for Change is a Government initiative to ensure fair terms and conditions for all NHS staff. Working with our trade union colleagues, we started the process of reviewing everyone's job description and assimilating them onto their new pay bands and were one of only six Trusts nationally to successfully meet the first target in December 2004. We continued to make progress assimilating over 1000 staff by the end of March 2005. Out of the first 500 jobs matched, there have been four unsuccessful appeals against the outcome.

As part of the Agenda for Change process, there is a Key Skills Framework (KSF) designed to improve staff training and development. We met the KSF target of 10% in January 2005.

This year we expect to complete the implementation, meeting the 90% target by December.

# Novel

## A Bostin Book to Raise Funds

anyway. It sounds like common sense but we need to have an organised approach to evaluate and manage seriously injured patients.'

Upon completion of the three-day course, students will be able to rapidly and accurately assess the patient's condition, perform skills necessary to diagnose and treat traumatic injuries and establish priorities in single and multiple trauma victims. The final day involves 'victims' made up to display wounds ranging from severe burns to bones sticking out! Here, the students will have to demonstrate their newly found knowledge.

'We want to make sure all of our doctors are ATLS trained,' adds Mr Ansari, 'If everyone treating the patient works in the same manner – we can ensure we are all effectively managing trauma.'

A City Hospital worker and an Oldbury poet joined forces to raise funds for breast cancer. Biochemist Greg Stokes has written a spoof detective novel set in a fictitious Black Country republic – all proceeds will go to Breast Cancer Care, plus the breast clinics at both Sandwell and City Hospitals.

The book, *A Pack of Saftness*, is illustrated by well-known local dialect poet Billy Spakemon. Billy has supported his wife Susan through 10 years of cancer treatment and has raised many funds for the charity – including a £2,500 donation to Sandwell General Breast clinic last year.

With its abundance of rich dialect and colloquialisms, his latest book is sure to appeal to Black Country folk. He said: "Outsiders look on the West Midlands as a cultural desert when in fact there's a vibrant arts scene here that not only reflects the traditional metal bashing past but also the world we live in now. Our dialect, our language is part of our identity and just as strong now as it ever was."



**All victims were members of an environmentalist group Green Henry. Leading members. And last night, a Green Henry had met with a fatal accident.**

**Riffy H McDonald's trusty sidekick Bert King pulled up. "Where to gaff?" "Station Bert. We've got to open a murder enquiry."**

**FROM A PACK OF SAFTNESS**

*Poet Billy Spakemon with Biochemist and Author Greg Stokes.*

**A PACK OF SAFTNESS**



**Greg Stokes**  
Illustrations by Billy Spakemon



# Headache clinic

**D**oes your head feel as if it's stuck in a steel vice and some evil person keeps turning the screws even tighter? Take some comfort, you're probably not alone in your pain. Headaches affect over 90% of the population at some stage of their lives. In fact, you'd be hard pushed to find someone who hasn't had a headache.

Most of us accept headaches as a part of normal life and try to carry on as normal. But for some, headaches are painful, debilitating and frightening, causing disruption to work, home and social lives and can be a source of constant worry and

anxiety. So, where can you get specialist pain relief when over the counter remedies just don't work?

The Trust has the only headache clinic in the West Midlands – held at City Hospital, Sandwell Hospital and the Victoria Health Centre in Smethwick.

An astonishing 40% of all referrals to the hospital's consultant neurologists are for headaches. Although there are 14 headache categories in the International Headache Society's diagnostic criteria, only 2% of all these headaches are due to a serious underlying neurological condition.

Julie Edwards, the UK's very first clinical headache nurse specialist diagnosing simple primary headache disorders is based at City Hospital. She said: "In the UK, we have a distinct shortage of neurologists compared to our European neighbours, leading to lengthy neurological waiting lists."

Her role has already reduced waiting times. "In the first four months of the clinic's opening, we moved over 300 patients from waiting lists over the two hospital sites," she said. "I take the patient's history and carry out a basic neurological examination.

"I diagnose and manage patients with tension type headache and migraine from agreed protocols based on the British Association for the Study of Headache guidelines.

"I refer more complicated or secondary headaches for review in the same clinic by a consultant neurologist.

"The continued shortage of medical staff means we must think more innovatively if we are to continue to meet our service requirements – and our Trust has the foresight and imagination to support these initiatives."

# Stroke

*is the third most common cause of death*

**T**he Trust sees the highest number of stroke patients in the country and its dedicated Stroke Unit, where a dedicated physiotherapist, occupational therapist and speech therapist assess the patients, is already a magnet as an example of good practice, just a year after opening.

Around 60 doctors, nurses, GPs, district nurses and other health care professionals attended the last multi-disciplinary training day to learn more about stroke care. The next event will be at Sandwell on September 30th.

Dr Shahid Kausar, Stroke Physician at City Hospital, said that the training days were proving so popular they were having to turn people away, but it was testament to the fact that the Trust is a centre of good practice that so many professionals wanted to learn more.

"Stroke is now the third most common cause of death after coronary heart disease and cancer," he explained.

"Although it is most common in older people, my youngest patient was 16. Symptoms include becoming weak on one side, losing vision on one side, loss of memory or speech or even paralysis.

"Patients come to hospital via 999 and the hospital's dedicated stroke unit has just reached its first year. Because we can treat them in

a proper unit, they are less likely to die or become disabled.

"We run a mini-stroke clinic because if not treated early, the chances of a worse stroke are very high. Our Rapid Access TIA Clinic means patients are assessed quickly and secondary preventive measures are instituted.

"We have two rehab wards. D43 is for younger patients and D47 is slow-stream rehab for older people who don't need to be on an acute ward but may need to stay in hospital for several weeks," said Dr Kausar.

When patients are discharged into the community, stroke care pathway nurse Sue Hyde sees them at home, bringing them back into clinic if necessary.

The Trust took part in a national audit and City Hospital was third best in the West Midlands. The National Service Framework for older people lists stroke care as one of its standards and it is also on the list for star ratings assessment.

The Trust works with voluntary organisations such as the Stroke Association, Dysphasia Support and Social Services and there is a Stroke Outreach Service for Ethnic Minorities for whom it is a big issue.

**To minimise the risk of a stroke, eat healthily, exercise, give up smoking and watch for high blood pressure.**

*Dr Kausar (bottom centre) with his multidisciplinary team.*



# 'Your Right To Be Heard'



Staff have been voicing their opinions and holding management accountable thanks to a new initiative called 'Your Right To Be Heard'.

Any member of staff can write a letter – anonymously if they wish – to the staff newspaper, *Heartbeat*. As long as the letter is not libelous or defamatory, they are guaranteed publication along with a response from the relevant director or senior manager.

The approach was designed to ensure staff are fully engaged and consulted on matters such as proposals for change or service issues. The

facility aims to foster an open culture and to promote accountability of all staff.

The initiative has become so popular, the section in the paper grows with each issue, providing a lively forum for debate.

Issues raised cover bullying, fraud, visibility of senior staff, MRSA, smoking and car parking. There are also letters on award schemes and petitions on canteen opening times and smoking shelters.

We still get significant correspondence concerning the Trust's merger in 2002 and it's clear we still have work to do on the shop floor to make the three sites feel part of the same Trust.

The letters from the last two issues alone have generated a number of actions, including:

- A smoking shelter is being moved.
- A direct internet link is being installed into the hospital network to support staff who work from home.

- A consultation is underway to address issues over bank staff timesheets and pay.
- A new timetable is being trialled for the Trust's shuttle bus which transports staff between the two main hospital sites.
- Work is underway to re-introduce staff sales.
- Arrangements are being made to redirect the smell of hot food which has been drifting into the patient transport office.
- A behind-the-scenes video is being produced to educate patients about A&E with the aim of reducing incidents of violence and aggression.
- A nursing 'hit team' is to be introduced to cover sickness absence.
- A small group of staff has developed a plan for raising awareness about their role to avoid misunderstandings.

***Heartbeat* is issued every two months and is distributed to all staff along with their payslips.**



## Service Champion Awards

Four hospital services have been named winners of a prestigious new award celebrating excellence.

The winners were among 13 entries battling out to demonstrate how services could be improved through patient involvement.

Each entry had to demonstrate how the involvement of patients and the public had prompted the service change.

City Hospital's Critical Care Unit was picked out by a panel of judges for developing a Nurse-led long-term follow up service. Patients' personal experiences and suggestions are used in feedback to improve future practice.

A pictorial and animated CD-Rom developed by the Trust's Infection Control Service, also won the Service Champions Award. The CD is available on the Patient Line TVs at patient bed-sides with simple information on how good hygiene can help prevent and reduce cross infection. Bedside alcohol hand rubs have accompanied the CD Rom which was developed using the Patient Advice and Liaison Service, feedback from complaints, focus groups, MRSA Scrutiny Committee at the Local Authority, carers, volunteers and patients, the patient survey and patient comments and suggestions.

The Specialist midwifery and public health team has introduced a new care pathway to change the way babies born to mothers with the Hepatitis B virus are cared for. They've had a massive 100% success rate, immunising babies in time to prevent liver cancer and cirrhosis and standardising a letter to GPs and health practitioners to ensure the babies receive appropriate follow up care.

The only dedicated headache clinic (detailed on page 22) to operate in the West Midlands has also scooped one of the awards. See opposite for more on the headache clinic. Open to all local GPs, it has reduced waiting times for headache patients and offers specialist advice and follow up. The launch of the service followed a specific complaint received last summer and a survey is being developed to ensure it continues to meet patient needs.

All four winners will be presented with their awards at the Trust's Annual General Meeting in September. They will also receive prizes sponsored by local companies including local tourist attractions and theatres.



# Year in Pictures



**April** 2004

Senior Physiotherapist Amy Rose displays very well worn trainers after taking part in the staggering 26 mile London Marathon in aid of raising money for the Parkinson's Disease Society.



**May** 2004

Anniversary Gift - Dr Khair was delighted to receive a donation of two Nebulisers, presented by daughters Valerie and Patricia in memory of their mother Elsie Lily Edmunds in celebration of her life 1914 – 2001.



**June** 2004

The Trust took part in the Tesco Race for Life with the Pharmacy team from City Hospital racing on June 16th in Cannon Hill Park, the group raised £1,500. A second team comprising of ladies from around the Trust calling themselves the 'Lipstick Divas' completed their race at Sutton Park on July 18th and raised over £1,200.



**July** 2004

Club Drives Up Funds For Rowley Regis Hospital - Around 40 golfers helped to drive-up funds for Rowley Regis Hospital at a charity golf tournament. The event, which was held at Warley Woods Golf Club was organised by members of the Springfield Working Men's Club in Rowley Regis. Customers from the club, plus businessmen and women from as far as Wales, played 18 holes raising £800.



**August** 2004

Stephanie Williams, Diane Nuttall and Sarah Tracey with the Children at the Rowley Regis Day Nursery on Glad Rag Day.



**September** 2004

National Pregnancy Week – Midwives give advice to mums-to-be as part of National Pregnancy Week, emphasising the importance of regular antenatal appointments for expectant mums. National pregnancy Week was organised by the baby charity Tommy's. Staff raised cash for the charity by selling Tommy's badges at the event.





:Total amount of donations received: 2003/04 – £860,000 2004/05 – £936,000:



**October** 2004

**Shake, Rattle and Roll for Newborn Hearing Service!**  
- The Trust launches the UK's biggest newborn hearing screening programme at the Birmingham Conservatoire's Recital Hall.



**November** 2004

**Mama Mia** – Sarah Wilson and 15-week-old Mia return to Sandwell Hospital's Neonatal Unit to thank staff for their support and specialist care in looking after her baby girl and present them with a cheque for £325.



**December** 2004

**Golden gift!** - Dennis and Dawn Brookes celebrate their Golden Wedding Anniversary, breaking from tradition and instead of asking for golden trinkets to mark their half century, they asked for the cash alternative! Dennis was keen to do something different and decided to donate money towards his local hospital. £800 was raised for the Vascular Fund.



**January** 2005

**Loud Tie Day** – Staff raised £200 towards the Loud Tie Campaign for beating Bowel Cancer. The money was raised by raffling a great range of gifts donated by staff.



**February** 2005

**Children lend a hand in NHS MRSA campaign.**  
"I do, so can you!" shouts three year-old Karan Bains from Smethwick to hospital playworker John Morris. Karan and his friends on City Hospital's children's ward created a special poster to help promote the national 'clean your hands' campaign. The Trust showed its commitment in the fight against MRSA by taking part in the National Think Clean Day.



**March** 2005

**Sound investment for the Baggies!** – Bryan Robson was more than happy to help his local hospital, presenting its Antenatal Clinic with a £5000 cheque on behalf of the West Bromwich Building Society and a pennant signed by the Baggies. The money will allow for refurbishments and the purchase of more equipment.



# Future 'Tot Idols'?

**O**ver 200 babies born at Sandwell and City Hospitals in October 2004 have been given the unique opportunity to enjoy a free theatre experience every year for the first 10 years of their lives!

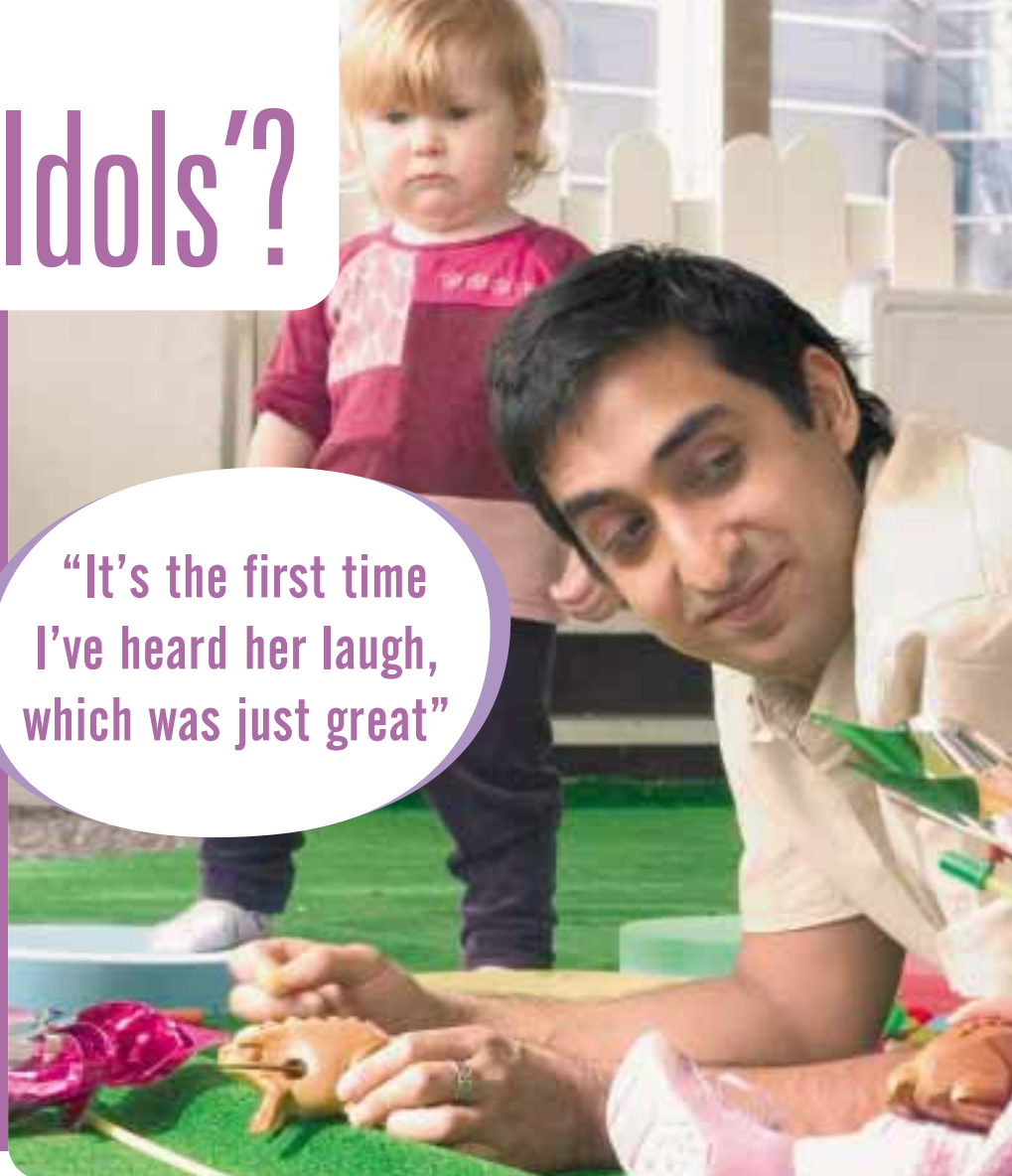
In partnership with Birmingham's Repertory Theatre, the Trust launched 'REP's Children' where each year the children and their families will be invited to a performance of theatre which has been specially developed for them.

The first performance, 'Open House', took place in April 2005. At six months of age, Sandwell and City babies and their parents were invited to explore a specially created house where an informal, interactive theatre experience of performance and music awaited them.

One of the mothers attending the 'Open House' event said that she and her daughter Ashbaani, fully enjoyed the theatre experience. She said "It's the first time I've heard her laugh, which was just great".

Picture shows babies enjoying the garden environment created in the 'Open House' alongside actor Imran Mirza.

**"It's the first time I've heard her laugh, which was just great"**



**"It is wonderful to see the delight on children's faces when they see their favourite playmate made good as new!"**

**REV ANN STEVENSON**

**B**eans are getting in on the act at City Hospital, courtesy of Assistant Chaplain, Rev Ann Stevenson who explains: "Normally the patients we see are more human than bear but occasionally I attend a special clinic in the children's ward for bears that need medical attention."

Ann's well known bear helper - thirty something year old 'Wee Pud' takes up the story to explain: "The children's ward sometimes hold special clinics for bears to come in to see the facilities and get to know how the hospital works. Children are invited to bring their bears in for some medical attention, and Ann will help out by replacing ribbons, eyes and noses. Sometimes she will sew a popped seam or even reattach a dodgy limb.

Well known across the Sandwell and West Birmingham Hospitals Trust as an International Travel Bear, 'Wee Pud' enjoys his role at the hospital and is regularly seen hurrying along the corridors on his way to bring comfort and a smile to patients.

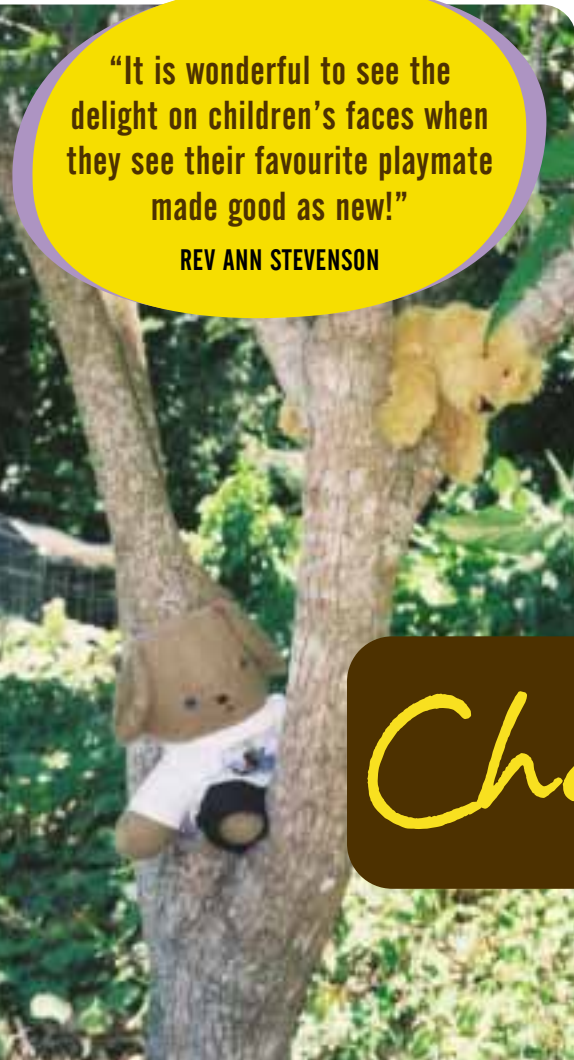
He continued: "I've travelled a lot during the time Ann and I have been together, and the high spot must have been the two years I spent in the Caribbean as a missionary bear, looking after children. But I love travelling and especially enjoy our annual month-long trip to Puerto Rico, where Ann runs a mission as holiday cover for the director.

"We often take bear friends and this year a new bear that Ann has made especially for our Church - 'Vasco' came with us. Vasco is going to travel all over the world, so Puerto Rico was a great start for him."

## Chaplain bears all

### Chaplain steps in with some 'Bear Repair'!

◀ 'Wee Pud' (left) with new bear 'Vasco' take time out in the Rain Forest (El Yunque) in Puerto Rico



# 'Looking' after staff with disabilities



**A**fter 27 years in the NHS, Brian Peacock has enjoyed several varied roles within the organisation, culminating in his current position as a Counsellor for the Visually Impaired, based at the Birmingham and Midland Eye Centre.

After gradually losing his sight from the age of 19, Brian was undaunted and swapped his role as 'Eye Porter' for a position developing x-rays in the now defunct darkroom. Joking about his role as porter he explained: "As I gradually lost my sight it became more and more difficult to continue to ferry patients about, and I had to implement ingenious plans to ensure I collected the correct patients and took them to their destinations. By asking the nurses to check the patients name I was able to ensure I collected the right person, but as the nurses realised I had a visual disability it became obvious I had to move.

"Rather than let me go or retire me the hospital found me another role that suited my capabilities. I had my first guide dog at this stage and we both settled in to my new role in the darkroom very well.

"I trained as a counsellor for people with visual impairments and took up my current role in 1996 and since then have not looked back.

"The Trust has been a tremendous help to me, by ensuring I found a role that I can hopefully stay in until I retire. As I am not completely blind – I am able to read with the help of special equipment, I was provided with a professional reading machine that greatly magnifies words so I can read independently, and I've also got a 'talking' pc so I can complete all my own admin as well.

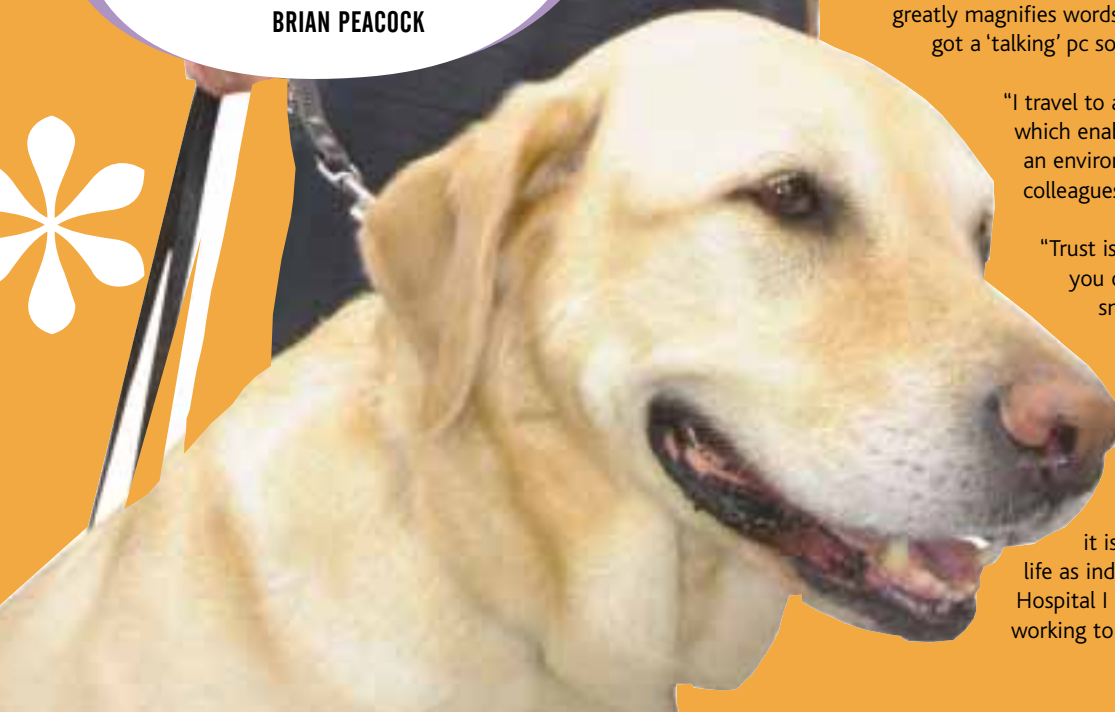
"I travel to and from work by taxi which is subsidised, which enables me to continue to do a job I love, in an environment that I am familiar with, and with colleagues I trust.

"Trust is essential when you are in my situation, as you often have to rely on help from others to do small things that make a big difference. For example, when I used to go to the canteen – since the refurbishment it has become too noisy for me - the catering staff always came round to help me choose my food and carry it to the table for me.

"I cannot emphasise enough how important it is that I am enabled to continue my working life as independently as possible, and here at City Hospital I feel like a vital member of the team, working to help patients."

**"My current guide dog Baker started with me around seven years ago, and he will be retiring in a few months so I'm going to have to teach a new dog my old tricks!"**

**BRIAN PEACOCK**



# Activate

An innovative project which aims to help get people back to work, came to a successful conclusion when the final eight students graduated from the European Social Fund Activate Project.

The Trust worked alongside Smethwick Jobcentre to help people who are facing difficulties finding employment to access jobs with a focus in the health and social care sector.

The ground-breaking nature of the project has also been recognised nationally after Activate

won the Health Service Journal's Award for Innovation in Recruitment and Retention in November, beating off competition from hundreds of other entries.

As part of the project, students spent three weeks in the classroom learning confidence building, assertiveness training, customer service, managing stress and communication skills.

Training was provided at the Trust with support from Walsall-based Deemac Training Services and the students then spent a further three weeks on work tasters before embarking on up to six months on training contracts or moving on to pastures new.



## Bridgeman sculpture takes pride of place in new treatment centre

**Suffolk couple** Mr and Mrs Rose travelled to Birmingham for a special viewing of the John Bridgeman sculpture which stood at the front of City Hospital for many years.

The impressive sculpture, which has now been situated on the wall of the reception area in the Birmingham Treatment Centre, depicts a mother and child. It came to City Hospital in 1968 and will now be protected by its indoor location.

Mr and Mrs Rose knew the late John Bridgeman via a friend who had studied with him at the Royal College of Art in London. Mrs Rose was thrilled to see the new position of John's bronze statue in the BTC and has forwarded details about the statue onto John's daughter.

### Number of admissions to hospital for gunshot wounds

Total	6
City Hospital	5
Sandwell Hospital	1

### Number of admissions to hospital for stabbing wounds

Total	118
City Hospital	95
Sandwell Hospital	23

City Hospital Operations Manager Paul Scott admires the John Bridgeman sculpture, situated in the new Birmingham Treatment Centre

## Trust goes enviro-friendly

An Environmental Management Consultancy has undertaken a Trust wide environmental audit resulting in a number of recommendations, objectives and targets. Consequently an Environmental Steering Group has been established, comprising of representatives from each of those departments which have a significant impact on the Trust's emissions, discharges and waste generation.

Meetings are six-monthly and the purpose of the group is to focus on achieving the recommendations contained within the audit report and to plan and monitor how the objectives can be achieved. In addition the group is responsible for approving and annually reviewing the Trust's Environmental Management Policy.

The primary recommendation within the report was to appoint an Energy and Environmental Manager, and the Trust is currently advertising to fill this post. Once appointed, the development of a Trust-wide energy and environmental strategy, aimed at addressing the key objectives and targets will be the post holders priority task.

# Birmingham Treatment Centre

**T**he state of the art Birmingham Treatment Centre (BTC) looks set to open at the end of 2005 after the Trust Board agreed to push ahead with the opening of the Centre, which will happen once it has been handed over by the contractors.

The £32 million centre boasts three floors of the latest outpatient, diagnostic and day case facilities.

The BTC had been due to open in December 04, but a decision by contractors Jarvis to pull out of all NHS projects nationally, meant work on the landmark building was put on ice.

But it wasn't long before things were back on track and soon patients will be able to take advantage of the striking facility.

The building, designed by Sheppard Robson, will be managed by Secondary Market Infrastructure Funders Limited under a 30 year PFI agreement. It features an airy glass atrium and a 'funnel' which lets in plenty of light. The stylish new centre doesn't look or feel like a hospital.

The BTC will provide outpatient, day surgery and diagnostic facilities. Six operating theatres will be used to provide day surgery and 23 hour

stay. There will be a dedicated oncology unit including chemotherapy and separate breast and paediatric units. A raft of endoscopy suites, imaging facilities including plain film and ultrasound, minor procedures theatre and phlebotomy services are amongst other services available in the stunning new centre.

The full range of outpatient services will be based in the BTC, with the exception of trauma and orthopaedic, rheumatology, dermatology and ophthalmology.

## Independent sector may have role in new treatment centre

**G**overnment plans to increase the amount of work undertaken by the independent sector are being discussed by the Trust Board in relation to the BTC.

The Strategic Health Authority is looking at ways of using the independent sector to provide around 18,000 cases and the Trust is looking at whether the Treatment Centre might be able to support their plans.

This is expected to lead to an increase in NHS funded operations delivered by the independent sector. The Trust is exploring the opportunities for some form of partnership with the independent sector

as the best long-term use for the BTC.

Director of Strategy Richard Kirby explained, "The BTC was planned in a world before patient choice and payment by results.

"Given the changed policy context, we are exploring whether the independent sector offers the best way to make maximum use of the BTC for local people."

Board members were told that any agreement with the independent sector would take some time so it was important plans went ahead to use the BTC in the meantime.

# Gloves off in the fight against MRSA



**T**he fight against MRSA and other infections is gathering pace at City, Sandwell and Rowley Regis hospitals.

A range of initiatives is in place to stamp out infections, from increased cleaning regimes and clean your hand campaigns to an animated video on patient bedside TVs. The video stresses the importance of stringent hand washing by staff, patients and visitors. Patients are also actively encouraged to challenge a member of staff if they believe they haven't washed their hands.

An Infection Control Awareness Week and a Think Clean Day have been held over the last six months.

In order to help prevent infection:

- Alcohol hand rubs are now at each bedside in all wards
- Posters are at hand washing areas
- Cleanliness is closely monitored in all wards and departments
- Patients with MRSA are identified, monitored and isolated to reduce the risk of further infection
- The prescription of antibiotics has been reduced (this was identified as one of the contributing factors to MRSA).

## Trust's reputation attracts students from across the world

**N**ewly appointed infection control nurses from all around the UK and abroad descended on City hospital in November to learn about the very basics of the discipline.

The three-day Foundation Course for Infection Control Nurses is the only one of its kind in the UK and attracts students from all over the UK and abroad including Ireland and Japan!

During the course, students gained an insight into infection control issues and learned how to control and prevent healthcare associated infections.

## Birthday celebrations for infections lab

**T**he Hospital Infection Research Laboratory, based at City Hospital has turned 40.

The laboratory was established in response to the rising number of hospital acquired infections during the 50s early 60s. Almost immediately, the team was faced with severe outbreaks of infection in eye and neurosurgery.

Since then, studies on disinfection, sterilisation, the isolation of infected patients and many other preventative or control procedures have been carried out.

The team has been instrumental in setting up national organisations such as the Infection Control Nurses Association and Hospital Infection Society. As a national teaching centre for Infection Control Nurses, the team is regularly visited by healthcare professionals from all over the world.



## Ten ways you can help prevent infection

**T**en ways you can help prevent infection:

- 1 Make sure your visitors wash their hands and use the alcohol hand gel provided
- 2 Challenge any member of staff who approaches you if you haven't seen them wash their hands or use the alcohol hand gel
- 3 Ask your visitors to sit on the chairs provided, not the bed
- 4 Voice your concerns with staff, email [infectioncontrol@swbh.nhs.uk](mailto:infectioncontrol@swbh.nhs.uk) or contact the PALS team
- 5 Make sure your area or ward is being properly cleaned – if you have concerns, speak to your ward manager or matron or contact PALS or infection control
- 6 Ask visitors not to bring cooked meals into hospital for you as they could harbour bacteria, there is a wide range of hospital food available
- 7 When you first come into hospital, let your doctor or nurse know if you have had an infection in the past
- 8 If you see Trust staff wearing uncovered uniforms outside the hospital, report them to the Trust so that we can monitor the effectiveness of our uniform policy
- 9 Try to avoid unnecessary antibiotics – too many antibiotics can reduce your resistance to infection
- 10 Watch the free animated video 'Germs, don't give them a hand' on the Patient-line terminals to learn more about preventing infection.

# Top Ten Tips for New Mums!



**O**ver 200 expectant mothers are seen each month at Sandwell General Hospital's antenatal clinic. Sharon Archer, Lead Midwife for Public Health at the hospital, shares her top ten tips for mums to be:

## 1 Get in early

Make an appointment to see your GP as soon as you think you may be pregnant. The sooner you start to receive your antenatal care the better.

## 2 Make sure you attend your antenatal appointments!

On average over 34 people each month do not turn up for their antenatal appointments – and this is on the Sandwell site alone! It can't be stressed enough how important it is to attend your antenatal appointments, so that we can monitor the wellbeing of both mother and baby. The checks enable us to identify any potential problems or concerns you have throughout the pregnancy, we will offer screening tests to detect any abnormalities, for example Downs Syndrome and Spina Bifida. Blood tests will be offered to exclude any infections that you may pass onto your baby such as HIV, Hepatitis B and Syphilis. You will also have a minimum of two scans where we can check the size, position and again look for any abnormalities of the baby, together with checking whether you are carrying twins!

## 3 Eat a healthy diet

You will be advised to eat a healthy, balanced diet throughout your pregnancy. Together with the usual recommended five portions of fruit and veg a day, it is particularly important for pregnant women to eat foods rich in iron. This can include broccoli, spinach or other green vegetables. Also make sure you drink plenty of fluids, that all food is thoroughly washed and cooked before eating it and make sure you don't eat anything out of date! Pregnant women are

also advised to avoid eating nuts and soft cheeses such as brie or camembert. Eggs should be well cooked.

## 4 Take gentle exercise

We recommend that new mums undertake some gentle exercises before they give birth, but don't take on anything too strenuous! Walking and swimming are particularly good for pregnant women and there are also local aqua-natal groups run by midwives that you could take part in.

## 5 Stop smoking

Ideally every expectant mother will have given up smoking before they become pregnant but we accept that this is not the case and have well established support networks where expectant mothers can receive the support they need to stop smoking. In addition you will be advised to avoid smoky atmospheres as this can also harm an unborn baby.

## 6 Alcohol

Excess alcohol can harm your unborn baby. We recommend that you don't drink alcohol during your pregnancy or that it is limited to no more than one unit a day, as recommended by the Department of Health.

## 7 Drugs

If you are pregnant but use non-medicinal drugs such as cannabis, cocaine, heroin etc, we have referral pathways in place to offer support and treatment.

## 8 Breast is best!

Breast feeding has many advantages – it is the right temperature for your baby, provides essential nutrients and antibodies, there's no hassle sterilising bottles and it's free!

## 9 Attend Parent Craft Sessions

You will be invited to attend a six week programme to prepare you for the birth of your child. This is a good idea particularly if it's your first baby! The sessions include information on relaxation and breathing techniques, breast feeding, pain relief and run through the signs of labour with you and your birthing partner.

## 10 Be prepared

You only have nine months to prepare for the birth of your child so we always recommend that you book your parent craft sessions early!



	Sandwell Hospital	City Hospital
Heaviest Baby	5.150kg	5.140kg
Lightest Baby	715g	510g
Top months for births	May	September
Quietest month for births	February	February

# Clocking up the Years!

**T**his year saw an important year for volunteering with the Home Office officially announcing that 2005 would be named 'The Year of the Volunteer', but for

three volunteers it was made more memorable by the celebration of special birthdays. We look back on their time with the Trust and share some of their experiences.

**"Every day brings a new experience and a new challenge"**

**ROSE NICHOLLS**



*(l-r) Denis and Rose celebrate Joan's retirement as a volunteer.*

## ROSE NICHOLLS

### Flying high



Rose recently celebrated her 80<sup>th</sup> birthday, donning fancy dress at a Medieval Banquet in Nottingham with close friends and family. She was also treated to a personal flying lesson in a Tiger Moth Second World War bi-plane. "I had a fantastic time; the pilot manoeuvred the plane in every direction imaginable, I would love to do it again!"

When asked if she enjoyed volunteering Rose said:

"Volunteers get as much out of it as the people they help, working on the desk is like spending time with your family, everyone chips in and helps out, it's a real team effort".

**R**ose began her voluntary work in the Breast Screening Unit and was a key figure for three years until she moved to the welcome desk at City Hospital. She has always enjoyed meeting and working with new people and the desk gave her the opportunity to interact with members of staff, patients and the public, where she has made some really good friends. She says: "Every day brings a new experience and a new challenge".



## DENIS PARKES

### Celebrating in true fashion!

**D**enis has been working on the Information Desk for 16 years with Rose and Joan. He became a key figure on the desk shortly after his wife passed away and found that volunteering was a way to occupy his time and keep busy. He has since become a vital part of the desk and now runs the service with the help of his fellow volunteers. He said: "If you like people, it's good fun!"

He finds volunteer work very challenging and is more than happy to be the 'chief'. He welcomes anyone who wants to get involved and encourages people to give something back to their local community. He said: "We are always in need of help, more now than ever, the desk is a central core of the hospital with staff and members of the public relying on us to be on hand to help, volunteering gives us the chance to provide that help".

Denis also recently had his 80<sup>th</sup> birthday, and like Rose knows how to have a good time, celebrating in true fashion with a good old party! With the help of his daughter he organised a barn dance for close friends, family and fellow volunteers, and all were said to have had a fantastic time!

The Volunteer Services are a valuable asset to the Trust, without which the staff would not be able to provide the variety and high quality of services expected by our patients and users. Our volunteers contribute their time and expertise in the three hospitals at City, Rowley and Sandwell.

If you would like to volunteer with us, or find out more information on the current opportunities available then please contact our Volunteers Office on

**0121 507 5687.**





## JOAN KNIBBS

### A very special lady

**J**oan Knibbs, aged 90 years, has been associated with City Hospital since 1949 and has clocked up over **50 years of service!**

She joined City Hospital back in 1949, at the workhouse as an administration assistant for the lady almshouse, where she looked after the non-medical needs of patients, the modern equivalent these days of a social worker. She continued to work with the almshouses until 1960 when she became a medical social worker. She reflects "It took a while to get used to the new title; I was forever forgetting it, although we had already been doing the role for quite some time".

In 1975 Joan joined the Anglo Polish Society and whilst with them learnt to speak a little Polish in support of the Medical Midwifery and Nursing staff. "We used to help the doctors with their diagnosis because we could interpret well, and help make the patient feel more at ease" says Joan. She remembers the support she gave to single Polish mothers, where following the birth, the baby was taken into 'care' and the mothers moved to another place to live. She often thinks of these situations in sadness as she compares the support given to single mothers of today. The Polish Government awarded her a silver medal for the work she did in the 1950's and 60's in support of Polish people in the Birmingham area.

Towards the end of 1987 City Hospital celebrated 100 years. She said: "It was a very exciting time for all with lots of new developments taking place." She was approached with news of an Information Desk that would be run entirely by volunteers and asked if she would like to manage the desk. Together with her colleague Olive Jones they opened the first volunteer manned Information Desk.

She recalls the time when she came on duty to discover a baby had been abandoned in a local park and left overnight. She said: "I went straight to the maternity block to see the young child and found her to be very ill, I looked at the poor little girl in front of me and felt much sadness for her". The young Catholic Priest who had been watching over her expressed his concern over whether she would survive, and agreed to baptise her there and then whilst on the ward.

Joan remained a constant figure in the girl's first few months, watching over the small child and buying her little dresses. She was later moved to the Children's Ward and at three months fostered by a young couple. "I was very sad to see the child go, as I had grown very fond of her, but I was happy in the knowledge that she would receive all the love and care she deserved."



**T**he Trust is committed to pursuing equality and valuing the diversity of its staff. As part of the equality and diversity agenda, it is supporting the development of 'employee networks'.

These networks will celebrate diversity and contribute to the embedding of equality for staff, who have faced and continue to face discrimination and isolation in society on account of some aspect of their identity.

They will look at issues relating to the particular group of staff, provide a forum for mutual support to enable staff to share ideas and experiences and help the development of equal opportunities, diversity policies and practices for the particular group of staff.

#### Race Relations

The Trust's first Race Equality scheme was published at the end of 2003 and has been reviewed this year to ensure the Trust is compliant with the Race Relations Act.

#### Equality and Diversity

Brummie radio star Carl Chinn played a key role in a celebration of local diversity as the Trust launched its new Equality and Diversity Strategy earlier this year.

In the summer of 2004, Joan and her friend Rose Nicholls attended the Royal Garden Party at Buckingham Palace. The Trust had nominated her to receive the special invitation in recognition of her hard work and dedication to City Hospital. She was delighted that the Duke of Edinburgh had taken time to speak with her. She says: "I was thrilled and will always remember the day and be thankful for the Trust in allowing me to attend".

The Radio WM presenter and local historian spoke passionately about the diversity of the region, striking a chord with members of the audience who readily cheered throughout his keynote speech.

He was joined by The Drum's resident poet Kokumo! who recited poetry on themes including identity, social inclusion, black history, racism and inequality.

Black country poet Billy Spakemon showed how understanding some of our local residents could be just as hard as those who don't speak much English as he recited poems using black country language with a strong black country dialect.

The performers were accompanied by presentations by Rafik Taibjee from the Gay and Lesbian Association of Doctors and Dentists and Juliana Benjamin from the Ethnically Diverse NHS Association.

The launch of the strategy commits the Trust to mainstreaming equality, diversity and inclusiveness in everything that it does. It demonstrates a commitment to building a diverse workforce that reflects the local communities and understands their needs.

Joan has recently retired but still keeps in touch with her volunteer companions and misses them very much. "I've had so much fun and laughter through my work and I've made some lovely friends. Volunteer work is so rewarding, I will miss it greatly".

*Please see page 34 - 35 for further details of volunteer achievements.*



# Volunteer Achievements in 2004/05

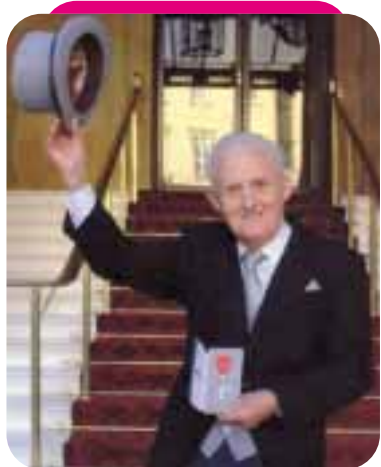
*What have our volunteers been up to?  
We take a look back at the year.*



**The Friends of the Birmingham and Midland Eye Centre**  
Celebrate 50 years



**Harbaksh Kaur** (nurse volunteer) gains successful employment with the Trust as an Adaptation Nurse



**Mr Eric Reaney**  
(Chaplaincy volunteer) received his MBE award from the Palace on the 16th November 2004



**The City Hospital League of Friends**  
Celebrate 50 years



**The Sandwell Hospital Radio Volunteers**

Celebrate 20 years of their studio with a visit from the Earl and the Countess of Wessex



**Dr Forbes**

Chairman of the Friends of the Birmingham and Midland Eye Centre retires after 17 years



**Bereavement Room** development at Sandwell's Maternity Department



**Rose Nicholls** celebrates her 80<sup>th</sup> birthday with Pauline Werhun, Director of Nursing, Midwifery and Therapies



**Volunteer Christmas Lunch**

9<sup>th</sup> December 2004 – Children from the Oratory School bring some festive cheer to all



**Harjeet Kaur**

gains successful employment with the Trust as an Office Administrator



**Rowley Volunteers** get together for their Autumn Lunch

**Did you know...?**

The Trust employs 368 registered volunteers across the following sites:

Sandwell General Hospital	189
City Hospital	147
Rowley Regis Hospital	32

# Staff pay tributes to Pearl

**S**ister Ann Robinson was devastated when she heard her colleague Pearl Whyne had been involved in a car accident on the way to her New Year's Eve shift.

But the situation was to get much worse.

Nurses on D18 knew something was wrong when Pearl missed the start of her shift. They were shocked to discover colleagues in A&E had been battling to save her life after a hit-and-run incident.

Staff expressed their shock and disbelief on hearing the news that Pearl and her husband Keith were killed when a stolen car smashed into their own vehicle.

Ann said: 'She was a perfect lady – I'm so glad I met her. Her husband was so devoted to her. He didn't like her travelling on public transport so he always drove her to and from work.'

'It's true what everyone says after something like this,' she added, 'You change your perspective about life. Before this happened, something minor may have irritated me slightly. Now, it just doesn't matter.'

'I know everyone says nice things about someone when they've passed away but I honestly can't think of anything other than nice things to say about Pearl. She was wonderful.'

Ward manager Paul Bennett recalled how hard working Pearl was. 'She was such a hard worker and very meticulous in her work. She hardly ever took her full breaks – we always had to tell her to take them. We're so fortunate to have such a strong team here but she was such an integral part. It's going to take a long, long time for our wounds to heal.'

'To some people reading the papers this was just another tragic headline,' he added: 'To us however, she touched our hearts and lives and those of her patients, some of who have contacted the ward to express their condolences or have sent cards recalling what an effect she had on their lives. Pearl's death will affect us for a long time.'

Pearl had worked at City Hospital since 1975.

## Launch of Trust's Muslim Liaison Group

**S**taff and other guests joined forces to launch the Trust's Muslim Liaison Group in September.

Trust Chairman, Najma Hafeez, said; "The group was started by Muslim staff at the Trust who wanted to look out for the interests of Muslim staff and patients. But it embraces all faiths and is widely supported across the Trust as part of a range of initiatives in support of the Trust's policies on equality and diversity.

"The Muslim Liaison Group is the first of its kind in the Trust. Muslims are the second largest population group entering our hospitals and have specific requirements applicable to their faith, for example; halal food and places to wash

and pray. Traditionally, Muslims don't tend to make demands for specifics or complain if their requirements aren't met.

"We want to create a better understanding about the faith within the Trust and help to build bridges between different cultures. It's important for local Muslims to know that they can come to any one of our hospitals and be treated with dignity, respect and understanding, plus have the facilities at hand to meet their needs."

The group helps the Trust meet the needs of Muslim patients and staff and ensures the Trust takes their views into account when developing services. Members raise awareness of Muslim

beliefs and educate staff on issues affecting the Muslim community, ensuring Muslims have the support they need to practice their religion.

Already the group has done a lot of work in health promotion and patient information, producing leaflets for Muslim patients, information about fasting during Ramadhan and advice on completing the rapid release form for deceased patients so bodies can be buried in accordance with Muslim beliefs."

In 2003 more than 5,000 Muslim inpatients and 12,500 outpatients were treated at City Hospital alone.



**"It embraces all faiths and is widely supported across the Trust."**

**NAJMA HAFEEZ, TRUST CHAIRMAN**

# List of Clinical Specialities and Services

**Most popular colour plaster cast for adults**

City Hospital

Sandwell Hospital

Blue

Blue and white

## Patient Choice - What Does it Mean?

**P**eople increasingly expect to have choices and to play an active role in key decisions in their lives.

Choice in health care is available today, but only really to those who can afford to opt out of the NHS, or are articulate and informed enough to manage their way around the system. The challenge is to make choice available to all and, by patients exercising choice, help to improve the overall quality of health services.

Choice has been developed to transform the NHS into a more responsive, patient-centred service. By giving patients real involvement as active partners in decisions affecting their treatment, choice will ensure the NHS delivers truly patient-focused care.

The aim is for patients to choose the hospital where they have their treatment and the date and time of their appointment.

From April 2004, patients have had a choice of an alternative provider if they are waiting longer than six months for an operation. This will be phased in to cover all specialities by August 2004.

From December 2005, patients who may require planned (elective) surgery will be offered a choice of four-five hospitals (or other appropriate providers) once a referral is required. These providers could include NHS trusts, Foundation Trusts, Treatment centres, independent (private) hospitals and practitioners with a special interest operating within primary care. The patient will be supported in their choice by their GP, primary care team and a booking management service.

Since July 2002, heart patients waiting more than six months for surgery have been offered the choice of early treatment at an alternative hospital – public or private – which has the capacity available to treat them. Over 2,500 - 50% - decided to make that choice up to May 2003.

Since October 2002, patients in London waiting for a cataract operation have been able to go to another hospital for treatment if they have waited six months. Over 3,600 patients - 67% - have taken up the choice to May 2003 to move to another hospital.

Below is a list of services provided at our three hospital sites.

Clinical Specialty/Service	City Hospital	Sandwell Hospital	Rowley Regis Hospital
Accident & Emergency	✓	✓	
Anaesthetics	✓	✓	
Audiology	✓	✓	✓
Breast services	✓	✓	
Cardiology	✓	✓	✓
Cardiac - Rehabilitation	✓	✓	
Chemical Pathology	✓	✓	
Chest Medicine	✓	✓	✓
Chiropody	✓	✓	✓
Clinical Haematology	✓	✓	
Clinical Immunology	✓	✓	
Clinical Toxicology	✓	✓	
Colorectal Services	✓	✓	
Continuing Care	✓		✓
Critical Care / ITU	✓	✓	
Dermatology	✓	✓	
Diabetology	✓	✓	✓
Dietetics	✓	✓	✓
Elderly Day Care	✓	✓	✓
Endocrinology	✓	✓	✓
ECC Direct Access	✓	✓	✓
ENT	✓	✓	✓
Gastroenterology	✓	✓	✓
General Haematology	✓	✓	
General Medicine	✓	✓	✓
General Surgery	✓	✓	
G. U. Medicine	✓	✓	
Geriatric Medicine	✓	✓	✓
Gynaecology	✓	✓	
Haemoglobinopathy	✓	✓	
Haematological Oncology	✓	✓	
HDU (High Dependency Unit)	✓	✓	
Imaging	✓	✓	
Infection Control Services	✓	✓	✓
Interventional Radiology	✓	✓	
Lymphodema	✓	✓	
National Poisons Information Service	✓	✓	
Neonatal	✓	✓	
Nephrology	✓	✓	
Neurology	✓	✓	
Neurophysiology	✓	✓	
Neuro-rehab	✓	✓	✓
Obstetrics	✓	✓	
Occupational Therapy	✓	✓	✓
Oncology	✓	✓	✓
Ophthalmology	✓	✓	✓
Oral Maxillofacial Surgery	✓	✓	
Orthotics	✓	✓	✓
Orthoptics	✓	✓	✓
Paediatrics	✓	✓	✓
Pain Management	✓	✓	✓
Physiotherapy	✓	✓	✓
Plastic and Reconstructive Surgery	✓	✓	
Psycho Sexual	✓	✓	
Rehabilitation	✓	✓	✓
Respiratory / Lung Function	✓	✓	✓
Respite Care	✓	✓	✓
Rheumatology	✓	✓	✓
Speech Therapy	✓	✓	✓
Stroke Unit	✓	✓	
Thoracic Medicine	✓	✓	✓
Trauma & Orthopaedics	✓	✓	✓
Urgent GP Services	✓	✓	✓
Urodynamics	✓	✓	
Urology	✓	✓	
Vascular Surgery	✓	✓	



**“When we first offer the treatment to a patient, we normally give them a 24-hour period to adjust to the notion”**

LISA MALLET

# Maggots

*make a comeback - as miniature surgeons*

Squeamish? Look away now...

**F**ollowing the introduction of antibiotics in the 20<sup>th</sup> century, the humble fly larvae were viewed as the antithesis of cleanliness - antibiotics were the order of the day for wound management. Now, medical practitioners are increasingly prescribing the use of maggots for the removal of dead tissue. Sandwell and West Birmingham NHS Trust is not being left behind either.

City Hospital's Vascular Service Clinical Nurse Specialist Jane James says: 'The therapy has been used for over 150 years for rapid wound debridement and also to combat infection. It's a nice form of treatment because sometimes we are faced with sloughy, necrotic wounds, which with modern wound dressings, do not clean quickly enough.'

Her colleague Lisa Mallett, who specialises in leg ulcer management, agrees: 'We have definitely seen an increase in the use of the treatment since it was introduced within the Trust in 1998. One of our surgeons suggested the therapy as a last resort for a suffering patient, the treatment took off and it's now seen as a frontline treatment and not merely a last resort.'

The 2-3mm long 'miniature surgeons' can reach up to 10mm when the treatment finishes. Interest in the treatment is also growing - the University of York launched a research study in June 2004 to assess the potential clinical and economic value of the treatment to the NHS. Costing over £700,000, the study involves 600 patients with venous leg ulcers and will also look at the treatment's impact on MRSA.

Lisa adds: 'When we first offer the treatment to a patient, we normally give them a 24-hour period to adjust to the notion, but to be honest, we don't normally need to wait that long. Patients are becoming more informed about medicine and are actually asking us for the treatment.'

'The 'yuk' factor is mostly prevalent within the nursing community, not the patients,' confirms Tony Fowler, Customer Services Manager for the Biosurgical Research Unit, Princess of Wales Hospital - the only UK-based sterile maggot supplier. 'The patient may have undergone months, and in some cases, years of suffering and so will be more open to various treatment options.'

'A lot of medicines have derived from natural products,' he continued: 'Honey, once used by the ancient Egyptians is now once again being used in wound dressings, leeches in plastic surgery and maggots are now no exception. The benefits include fast removal of dead tissue, a reduction in wound infection and wound odour, plus, it doesn't require specialized training or the fitness of the patient for surgery.'

So, it looks like maggots have a firm place within the 21<sup>st</sup> century - even if that place is in an open wound!



## Trust as Employer

**T**he Trust recognises, that as a large employer, it has a key role to play in the local community and is working jointly with other agencies, and organisations to achieve it's aim in becoming the employer of choice, and meet the health and social needs of the population it serves e.g. local skills councils. The Trust has introduced a Healthcare Cadet Scheme that employs local young people.

## Bumps and Babies

**I**n preparation for becoming a first time mum nurse Roopa Nirankan attended a Maternity Seminar designed to give her information and advice. There she heard about the Bumps and Babies sessions which were being held at Rowley Regis. Roopa went along and found it a great help in preparing for motherhood.

Employed for over a year with the Trust, as a nurse in Sandwell on Priory 5, Roopa gave birth to Aakrit - a bouncing baby boy, weighing 6lb 12<sup>1</sup>/<sub>2</sub> oz.



# Working at SWBH

## Learning and Development AIM for Practice Plus Status!

The Trust will be under the spotlight in November 2005 as a team of validators assess whether it can be classed as a model employer and awarded Practice Plus status.

Improving the working lives of staff is a priority for Trust bosses who have supported a raft of staff-centred initiatives to ensure they have access to the policies and facilities they need.

### Initiatives include:

- A Diversity Strategy Committee reporting to the Board
- A range of Employee Networks, including those for black and ethnic minority staff, staff with disabilities, and lesbian, gay, bisexual and transgendered staff
- Conflict Resolution Trainer to support staff through a nationally recognised programme of training
- A new health and fitness programme for staff
- New gym at City Hospital which so far has attracted nearly 400 staff members
- Free counselling service provided by Occupational Health
- Work-life Balance Coordinator
- Three nurseries (one on each site) which have each received excellent Ofsted reports in the last year
- Childminder network
- Bumps and Babies sessions for pregnant women
- Cadet Scheme where the Trust is supporting 112 learners
- A new Junior Scholarship programme 'Open Road' to replace the more traditional work experience programme offering students from local schools a structured work programme.

Over the last two years nearly 500 staff without professional qualifications have taken advantage of the NHS Learning Accounts, there were 90 new starters on the Skills for Life programme, 282 staff having completed an NVQ and 4,519 Study Leave request forms were processed for 2004/2005.

The Learning & Development Department has received a glut of awards including:

- Benchmark Centre status for the ECDL (European Computer Driving Licence) Training Centre
- 'MOUS' accreditation - industry wide standard for IT training, awarded by the Microsoft Corporation
- NHS National e-learning pilot lead centre, being consistently the most successful centre over the period of the Project (5 years)
- Grade 1's for all areas of the Adult Learning Inspectorate, making the Trust the best adult learning provider in the NHS and along with BMW, the best provider in the country
- Beacon status awarded by the Learning & Skills Council for training provision
- LSC 'Committed to Excellence' award in 2004
- Landmark site for the Activate European Social Fund Project receiving an HSJ award for commitment to recruitment and retention – 36 students have completed the programme designed to provide training for the long term and disadvantaged unemployed. 25 have gone on to full employment and three to higher education
- Development of, in partnership with the Eye Centre, a Diploma in Ophthalmology - the first in the West Midlands for nurses. The University of Central England is accrediting the programme with formal validation expected in Summer 2005
- First Trust in the West Midlands to accredit Junior doctors with NVQ in Management competencies (piloted during 2004/2005).

*Chief Executive John Adler launches City Hospital's e-learning centre*



*The Trust's nurseries help to improve working lives for staff*



# Critical Care Unit

## Innovative Forum Helps Patients

**A**ny one of us could find ourselves spending time in a Critical Care Unit. For many, the experience can be extremely traumatic. The alien environment, coupled with strange noises and sinister looking equipment, can result in symptoms of post-traumatic stress or depression in many patients.

The actual recovery process can also present serious physical, psychological and/or social problems for both patients and families – lasting for months or even years. Patients may suffer from disturbed sleep patterns, distress on recollection of the experience or complete disorientation. Some patients can become withdrawn resulting in an impaired quality of life.

Janet Cushnie, is the Clinical Lead for the long term follow-up service at the Trust and has set up a unique forum for patients and their carers to share their experiences and provide a support network for each other. It is thought to be the very first of its kind in the Midlands.

Janet explains: "Following discharge from intensive care to the home or community, patients can experience problems such as

body weakness, reduced mobility and lack of confidence, which can all cause increased anxiety or depression. Although we already had follow-up clinics in place to aid their rehabilitation process, the feedback we received from patients showed a definite need for a support network.

"The forum has also proved an extremely useful way of ensuring the Critical Care Unit has valuable feedback on the service we are providing and we've been able to introduce new initiatives, aimed at improving our patient and carer experience. It's early days but I feel that in time, the forum will become an invaluable tool for critical care patients and their families in the Midlands."

Christine Timmins, aged 50 from Smethwick is a member of the forum. After developing bacterial meningitis following an ear infection, Christine spent a couple of weeks in a critical care unit under sedation and being ventilated.

Following her discharge from hospital, Christine found that she couldn't remember anything about her time there.

She said: "When I came home I just felt frightened all the time. I didn't even want to go to sleep because I was so afraid of never waking up again. I was also suffering from dreadful panic attacks."

Christine's sister contacted Janet Cushnie, who persuaded Christine to attend a clinic, where she was encouraged to speak at length about her feelings. After being reassured that her memory loss was quite common – Christine was taken to the critical care unit, shown where her bed had been and nursing staff explained what happened during her stay there.

It was there that Christine expressed an interest in joining the forum. She added: "At first, I felt almost like an outsider. Everyone else had been in critical care following a major trauma, such as a road traffic accident. I felt a bit like a fraud sharing my story even though I knew my illness could have killed me. Now I look around the room and I just think the group's experiences reflect the sheer diversity of situations that can lead to people needing critical care. The group has been such a help to me and we've all really bonded."

Others to benefit from the forum include 20 year old Parminder Singh Sandhu from Smethwick who was rushed to A & E after a serious car crash. His mother Prem was so overwhelmed by her son's condition, she was also admitted to the hospital for a few days. Parminder's recovery took seven months but through the forum Prem had lots of support from other patients and their carers – everyone's personal story being an inspiration for the rest of the group.

I'm  
but with  
husb





# Healthy Workforce

**T**he first NHS research programme on rehabilitation for patients undergoing surgery has been launched by the Trust's Occupational Health and Safety Service. The two year project is being funded by the Department of Health.

It is one of a string of achievements by the department over the last year, which has seen the full integration of the service across the three sites, with Sandwell becoming the operational base for all activities and communication.

The team has also secured funding from the Health and Safety Executive for a pilot programme to help managers identify the reasons and work-relatedness of absences and manage sickness absence more effectively. Proactive rehabilitation programmes for staff returning to work are also helping to reduce long term sickness absence. The staff gym is playing a key role, assisting in staff rehabilitation following sickness.

A co-ordinated approach to the management of musculo-skeletal issues has been assisted by the appointment of an ergonomist who works closely with the team to address musculo-skeletal problems throughout the Trust. This team won a national 'Back to Work' award for the way it has co-ordinated approaches to the delivery of musculo-skeletal services within the NHS.



## Patient Services

**P**atients at City, Sandwell and Rowley Regis hospitals have access to a wide range of facilities and information.



- Multiple patient information leaflets
- Videos and audio cassettes
- Information centres at each hospital
- Patient line system
- Patient support groups
- Patient Advice and Liaison Service (PALS)
- Diverse cultural community groups
- Religious worship facilities
- Disability facilities
- Mini cam loop systems
- Hairdressing salon
- Library service
- Patient befriending PALS support service
- Bereavement rooms
- Cancer information centres
- Proactive voluntary organizations
- Patient advocacy service
- Interpreting services
- Cultural dietary needs specific menus
- Bereavement support team
- Multi faith ministers

## PALS

**T**he Patient Advice and Liaison Service (PALS) was introduced in every NHS Trust including Primary Care Trusts in 2002. This service provides support to patients, carers and relatives, representing their views and resolving local concerns quickly by working in partnership with trust staff and other agencies. PALS is a friendly, accessible and confidential service for people who would like information, who have any concerns or would like to comment about any aspect of the services provided by Sandwell and West Birmingham Hospitals NHS Trust, Oldbury & Smethwick PCT, Wednesbury & West Bromwich PCT and Rowley Regis & Tipton PCT.

### How to contact PALS:

0121 607 3369

(Sandwell & Rowley Regis Hospitals)  
email: [pals@swbh.nhs.uk](mailto:pals@swbh.nhs.uk)

0121 507 5836

(City Hospital)

Opening hours:

Monday - Friday: 9.00am - 5.00pm

Out of hours:

Contact - 0845 607 0044

**"I've accepted that not 100 per cent well yet, but with the group and my wonderful friend Dave's support, I know I'm getting there."**

**CHRISTINE TIMMINS**



**Most popular colour plaster cast for kids**

City Hospital  
Sandwell Hospital

Pink/Blue  
Pink

# Summary of Accounts for 2004/2005

2004-05 was an extremely challenging year for the Trust, with tough performance targets and a number of large development projects including the Sandwell Hospital Emergency Services Centre and Birmingham Treatment Centre schemes coming to conclusion and the Secretary of State's approval of the 'Towards 2010 Programme'.

Despite more ambitious performance goals set for us by the DH and local PCTs for 2004-05, the Trust comfortably met or exceeded all its operational targets. However, with increased pressures on finance due principally to the costs of implementing nationally agreed payroll increases, combined with increased premium rate working to deliver access targets and impact of the EU working time directive, the Trust has struggled to balance the books and has slipped to a £7.8m deficit.

In a financial sense, NHS Trusts are required to achieve four specific duties each year, namely;

- To achieve an 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 2004-05 we recorded an I&E deficit of £7.8m (which when added with the previous year's deficit of £1.6m gives an

accumulated I&E deficit of £9.4m) and thus failed the I&E balance duty. The other three financial duties (EFL, rate of return and CRL) were either achieved in full or indeed exceeded in 2004-05.

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 healthcare spending. In accordance with its Business Plan, the Trust entered into a range of activities to achieve improved value for money and efficiency 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 £2m 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 Account for the year ended 31 March 2005

	Note	2004/05 £000	2003/04 £000
<b>Income from activities</b>	3	<b>238,935</b>	215,294
<b>Other operating income</b>	4	<b>42,897</b>	44,527
<b>Operating expenses</b>	5-7	<b>(282,487)</b>	(254,987)
<b>Operating surplus (deficit)</b>		<b>(655)</b>	4,834
Cost of fundamental reorganisation/restructuring		0	0
Profit (loss) on disposal of fixed assets	8	(55)	0
<b>Surplus (deficit) before interest</b>		<b>(710)</b>	4,834
Interest receivable		270	208
Interest payable	9	0	(4)
Other finance costs – unwinding of discount		(47)	(109)
Other finance costs – change in discount rate on provisions		0	(255)
<b>Surplus (deficit) for the financial year</b>		<b>(487)</b>	4,674
Public Dividend Capital dividends payable		(7,319)	(6,267)
<b>Retained surplus (deficit) for the year</b>		<b>(7,806)</b>	(1,593)

## 2. Balance Sheet as at 31 March 2005

	Note	31 March 2005 £000	31 March 2004 £000
<b>Fixed assets</b>			
Intangible assets	10	609	541
Tangible assets	11	244,275	206,230
Investments	14.1	0	0
		<b>244,884</b>	206,771
<b>Current assets</b>			
Stocks and work in progress	12	2,494	2,897
Debtors	13	25,149	21,498
Investments	14.2	0	0
Cash at bank and in hand	18.3	717	711
		<b>28,360</b>	25,106
<b>Creditors: Amounts falling due within one year</b>	15	<b>(26,880)</b>	(26,577)
<b>Net current assets (liabilities)</b>		<b>1,480</b>	(1,471)
<b>Total assets less current liabilities</b>		<b>246,364</b>	205,300
<b>Creditors: Amounts falling due after more than one year</b>	15	<b>0</b>	0
<b>Provisions for liabilities and charges</b>	16	<b>(4,426)</b>	(2,937)
<b>Total assets employed</b>		<b>241,938</b>	202,363
<b>Financed by:</b>			
<b>Taxpayers' equity</b>			
Public dividend capital	22	176,873	155,468
Revaluation reserve	17	59,241	34,706
Donated asset reserve	17	1,995	2,390
Government grant reserve	17	641	715
Other reserves*	17	9,058	9,058
Income and expenditure reserve	17	(5,870)	26
<b>Total taxpayers equity</b>		<b>241,938</b>	202,363

## 3. Summary of Performance Since Trust was Formed

	2002/2003 £000	2003/2004 £000	2004/2005 £000
Total income	251,249	259,821	281,832
Surplus (deficit)	5	(1,593)	(7,806)

#### 4. Cash Flow Statement for the year ended 31 March 2005

	NOTE	2004/05 £000	2003/04 £000
<b>Operating activities</b>			
Net cash inflow/(outflow) from operating activities	18.1	8,992	14,924
<b>Returns on investments and servicing of finance:</b>			
Interest received		275	214
Interest paid		0	(4)
Interest element of finance leases		0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>		<b>275</b>	<b>210</b>
<b>Capital expenditure</b>			
(Payments) to acquire tangible fixed assets		(23,156)	(16,194)
Receipts from sale of tangible fixed assets		0	0
(Payments) to acquire intangible assets		(191)	(165)
Receipts from sale of intangible assets		0	0
(Payments to acquire)/receipts from sale of fixed asset investments		0	0
<b>Net cash inflow/(outflow) from capital expenditure</b>		<b>(23,347)</b>	<b>(16,359)</b>
<b>Dividends paid</b>		<b>(7,319)</b>	<b>(6,267)</b>
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>		<b>(21,399)</b>	<b>(7,492)</b>
<b>Management of liquid resources</b>			
(Purchase) of current asset investments		0	0
Sale of current asset investments		0	0
<b>Net cash inflow/(outflow) from management of liquid resources</b>		<b>0</b>	<b>0</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>(21,399)</b>	<b>(7,492)</b>
<b>Financing</b>			
Public dividend capital received		21,405	12,173
Public dividend capital repaid (not previously accrued)		0	0
Public dividend capital repaid (accrued in prior period)		0	(4,895)
Loans received		0	0
Loans repaid		0	0
Other capital receipts		0	0
Capital element of finance lease rental payments		0	0
Cash transferred (to)/from other NHS bodies		0	0
<b>Net cash inflow/(outflow) from financing</b>		<b>21,405</b>	<b>7,278</b>
<b>Increase/(decrease) in cash</b>		<b>6</b>	<b>(214)</b>

#### 5. Statement of Total Recognised Gains and Losses for the year ended 31 March 2005

	2004/05 £000	2003/04 £000
Surplus (deficit) for the financial year before dividend payments	(487)	4,674
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	26,322	15,809
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	72	95
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(418)	(413)
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	<b>25,489</b>	<b>20,165</b>
Prior period adjustment	0	0
<b>Total gains and losses recognised in the financial year</b>	<b>25,489</b>	<b>20,165</b>

#### 6. Remuneration Committee

The Remuneration Committee members in 2004/05 comprised the Chairman and all the Non Executive Directors 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 Directors' performance is monitored by the Chief Executive. There is no performance related pay scheme in operation for Directors of the Trust. 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 including 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 2004/05 comprised our Non Executive Directors, Mr Richard Griffiths (Chairman), Mr Roger Trotman, Ms Isobel Bartram and Professor Alisdair Geddes. Professor Doug Carroll and Cllr Bill Thomas joined the committee when they joined the Trust on 1st October 2004 and 1st December 2004 respectively.

#### 8. Management Costs

	2004/05 £000	2003/04 £000
Management costs	9,260	8,508
Income	254,003	237,462
%	3.6%	3.6%

Management costs are defined as those on the management costs website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en).

#### 9. Public Sector Payment

##### Better Payment Practice Code - measure of compliance

	Number	£000
Total bills paid in the year	95,770	79,643
Total bills paid within target	27,133	28,643
Percentage of bills paid within target	28%	36%
Percentage paid within target in 2003/2004	32%	37%

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

## 10. Salary and Pension Entitlements of Senior Managers

Name and Title		Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind	Real increase in pension and related lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2005 (bands of £5000) £000
N Hafeez	Chairman	20-25	0	0	0	0
I Bartram	Non-Executive Director	5-10	0	0	0	0
Prof A Geddes CBE	Non-Executive Director	5-10	0	0	0	0
R Griffiths	Non-Executive Director	5-10	0	0	0	0
R Trotman	Non-Executive Director	5-10	0	0	0	0
Prof D Carroll	Non-Executive Director	0-5	0	0	0	0
Cllr Bill Thomas	Non-Executive Director	0-5	0	0	0	0

### Voting Board Executive Directors

John Adler	Chief Executive	130-135	0	0	5-7.5	130-135
Paul Assinder	Director of Finance	110-115	0	4	5-7.5	120-125
Pauline Werhun CBE	Director of Nursing	85-90	0	0	2.5-5	125-130
Lorene Read	Director of Development	85-90	0	0	5-7.5	75-80
Dr Hugh Bradby	Medical Director	20-25	115-120	0	32.5-35	220-225
Peter Ryan	Medical Director	20-25	105-110	0	12.5-15	150-155

Benefits in kind relate to a lump sum payment in respect of travel expenses dating back to 2003.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Name and Title		Cash equivalent transfer value at 31 March 2005 £000	Cash equivalent transfer value at 31 March 2004 £000	Real increase in cash equivalent transfer value £000	Employers contribution to stakeholder pension To nearest £100
Najma Hafeez	Chairman	0	0	0	0
Isobel Bartram	Non-Executive Director	0	0	0	0
Alisdair Geddes	Non-Executive Director	0	0	0	0
Richard Griffiths	Non-Executive Director	0	0	0	0
Roger Trotman	Non-Executive Director	0	0	0	0
Doug Carroll	Non-Executive Director	0	0	0	0
Bill Thomas	Non-Executive Director	0	0	0	0
John Adler	Chief Executive	410	365	35	0
Paul Assinder	Director of Finance	427	382	34	0
Pauline Werhun	Director of Nursing	505	459	33	0
Lorene Read	Director of Development	301	194	101	0
Hugh Bradby	Medical Director	995	821	151	0
Peter Ryan	Medical Director	596	508	74	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

## 11. Independent Auditors' Report to Sandwell and West Birmingham Hospitals NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 42 to 44.

Fees for the provision of the external audit service by PricewaterhouseCoopers LLP in 2004/2005 were £272,000.

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 26th August 2005

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.

PricewaterhouseCoopers LLP

● September 2004

Cornwall Court  
19 Cornwall Street  
Birmingham  
B3 2DT

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

### Statement on Internal Control 2004/05

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

#### 2. 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 system of internal control has been in place in Sandwell and West Birmingham Hospitals NHS Trust for the year ended 31 March 2005 and up to the date of approval of the annual report and accounts.

#### 3. 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 with staff representatives of each division (in the absence of divisional managers) on a cyclical programme to discuss local risk issues. The Trust

Board Directors operate 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 Trust operates a "Right to be Heard" policy where risk issues can be raised anonymously. The letter and the Trust's response to points raised are published in full, in a bi-monthly newsletter which is distributed to all staff.

#### 4. 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 and Corporate objectives, the key controls in place to manage these risks and the level of assurance with regard to the effectiveness of the controls. The framework identifies any gaps in both the controls and assurances that the controls are effective.

An action plan has been produced to address gaps and weaknesses. In future the assurance framework will be further refined to include the clear mapping of key elements such as risks, controls and assurances and further work to fully embed the framework in all areas of the Trust will be a key focus.

As part of the continuing functioning of the Assurance Framework in 2004-05, various areas of activity have been identified where controls should be strengthened. These are summarised below;

- Financial & Other Business Activities – Internal Audit have given limited assurance in respect of the certain financial and administrative control systems. Action plans to address identified issues are agreed between relevant managers and auditors and their delivery is reviewed by the Audit Committee.
- Clinical – There is no real time patient waiting monitoring system available electronically for Sandwell site A&E Department. A system is currently being developed.
- Clinical – Integration of clinical processes across the Trust's three sites is being actively addressed. The Governance Board is monitoring the harmonisation of clinical guidelines and protocols as these are gradually being developed.
- Human Resources – The existing Payroll/HR system does not currently routinely produce information/reports automatically in respect of compliance with the Working Time Directive. Alternative monitoring arrangements are being introduced.
- Organisational/Estates – The Trust has an insufficient number of trained risk assessors. A Training Plan for risk assessors has been developed and progress against plan is being monitored by the Risk Management Committee.

The Trust's Public and Patient Involvement Strategy (PPI) facilitates the input of the Trust's Patient Forum to the annual business planning round. As part of its ongoing commitment to staff and public involvement in decision making the Trust holds all of its Board meetings in public. Such meetings will cover the full gamut of clinical, corporate and business risk and discuss and monitor the delivery of corporate objectives and the detail of the Assurance Framework. The Trust 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 local Muslim community.

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

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

### Statement on Internal Control 2004/05

#### 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, Healthcare Commission 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, Risk Management Committee, Governance Board, Health and Safety Committee and the Adverse Incidents, Complaints and Litigation Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board is responsible for reviewing the effectiveness of internal control and 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.

- The Risk Management Committee, which regularly reviews identified 'red' risks and the Trust's corporate Risk Register, monitors progress in respect of action plans produced as a result of CNST and RPST reviews and the Assurance Framework. The Committee also receives the minutes of the divisional risk management committees. The Nursing, Midwifery & Therapies Committee, amongst other responsibilities, provides a forum for issues and concerns to be raised, considered and discussed by the relevant professionals and Directors.
- The Patient and Public Involvement Committee which gives various stakeholders the opportunity to bring issues to the attention of Trust Board members.
- The Governance Board, which ensures that risk management and control processes are integrated with other key governance activities.
- The 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.
- The 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.

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

#### 6. Significant Control Issue

Trust performance overall has once again been strong. However the Trust failed to achieve financial balance in 2004-05, a key performance target. The Trust Board has produced a Financial Recovery Plan, which has been submitted to the Strategic Health Authority. Performance against this plan has been 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 2005-06.



Signed .....

Chief Executive  
(On behalf of the board)

Date .....1st September 2005.....

## 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, 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 number 1012713)

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

**Mr Colin Holden** – Surveyor for Health Quality Service.

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

**Cllr Bill Thomas** – Leader of Sandwell Borough Council, Non Executive Director of Brandhall Labour Club Ltd., Non Executive Director of Regenco, Non Executive Director of Urban Living, Non Executive Director of Black Country Consortium and Non Executive Director of Birmingham Airport Holdings.

# Where to find us.

**CITY HOSPITAL**, Dudley Road, Birmingham, B18 7QH, 0121 554 3801

## By Road:

- Whether travelling from the M1, M40, M42 or M69, follow the signs to the M6.
- Leave the M6 at Junction 6 (Spaghetti Junction) Then take the A38 Aston Expressway.
- Follow the signs to Birmingham Central.
- Off the Expressway take the 2nd exit, follow the signs to the Convention Centre.
- At the roundabout take the 3rd exit.
- Carry straight on through four sets of traffic lights to a roundabout.
- Straight on at the roundabout along a dual carriage way to a 2nd roundabout.
- Carry straight on at the roundabout and continue along the dual carriage way, past signs for the Jewellery Quarter.
- At the roundabout turn right onto Dudley Road.
- Continue up the hill, through the traffic lights and City Hospital is on the right.

## By Bus:

- 11** Birmingham Outer Circle Route. Stops outside the hospital on Aberdeen Street.
- 979** Birmingham - Wolverhampton. Stops outside the Hospital main entrance.
- 66-66E** Birmingham - Soho and Nechells / Sutton Coldfield via Ladywood Stops on Northbrook St. & Summerfield.
- 81** Birmingham - via Hockley. Stops on Western Rd. by the Eye & Hearing Services Centres.
- 82** Birmingham - Bearwood via Dudley Rd. Stops outside the Hospital's main entrance.
- 87** Birmingham - Dudley via Smethwick & Oldbury. Stops outside the main entrance.
- 88** Birmingham - Oldbury via Londonderry & Langley. Stops outside the main entrance.
- 443** Birmingham - Warley. Stops outside the Hospital's main entrance.



**SANDWELL HOSPITAL**, Sandwell Hospital, Lyndon, West Bromwich, B71 4HJ, 0121 553 1831

## By Road:

- From M5 (junction1) and A41.
- Join the A4031 to Walsall – All Saints Way.
- Turn right into Lyndon Way.
- The main entrance to the hospital is on the left.

## By Bus:

- Bus services 403, 404, 405, 406, 451, 459, 639, 640 and 652 all stop at Sandwell General Hospital.
- All the above services use West Bromwich Bus Station, allowing for connections throughout Sandwell and the West Midlands.



**ROWLEY REGIS HOSPITAL**, Moor Lane, Rowley Regis, West Midlands, B65 8DA, 0121 607 3465

## By Road:

- From M5 (junction 2) and A4123.
- Join the A4034 to Halesowen.
- At roundabout join B4171 to Dudley.
- Turn left into Siviters Lane.
- Continue down Ross to the traffic lights at the bottom of the hill.
- Turn right at the lights into Powke Lane.
- At the bottom of Powke Lane take the fourth exit at the roundabout to Moor Lane, the main hospital is on the right.

## By Bus:

- Bus services 127, 238 and 258 all stop at or near Rowley Regis Hospital.
- Connections to the above services are available from the following:
- West Bromwich, Oldbury and Merry Hill Bus Stations, Cradley Heath Interchange and Blackheath Town Centre.



## Value for Money

The Trust pursues value for money schemes mainly through the cost improvement programme which aims to reduce costs and/or increase income without having an adverse effect on clinical services. In 2004/05, the Trust planned to make savings of £3.7m and actually achieved savings of £3m. The Trust also started its Fit for the Future Programme which targeted a number of specific areas in which cost reductions or income generation could be made.

In addition, the Trust participates in a number of national and local cost comparison exercises to assess the relative cost effectiveness of its services and highlight areas where improvements can be made.

## Who we are:

Members of the Trust's current management team (as of 1st September 2005)

Chief Executive	John Adler
Medical Director	Dr Hugh Bradby
Director of Finance	Robert White (due to start Autumn 2005)
Director of Nursing	Pauline Werhun CBE
Hospital Director (City)	Matthew Dodd
Hospital Director (Sandwell)	Jayne Dunn
Director of Facilities	Graham Seager
Director of Strategy	Richard Kirby
Director of IM&T	Tim Attack
Director of Governance	Kam Dhani
Director of Human Resources	Colin Holden
Head of Communications	Jessamy Kinghorn

*NB Paul Assinder Director of Finance left the Trust on 21st August 2005, Lorene Read, Director of Development left the Trust on 17th June 2005 and Mr Peter Ryan's term of office as Joint Medical Director ended on 30th June 2005.*



Bryan Robson presents £5,000 to the Sandwell Hospital antenatal clinic in March 2005, on behalf of the West Bromwich Building Society.

## Baggies boss brings it home...



Achieving Premiership survival in the last minutes of the last day of the football season, having been bottom of the league just 90 minutes earlier takes some doing, even for a man who's lifted the Premiership trophy in his time.

But for West Bromwich Albion's manager, Brian Robson, it's all in a days work. Though Brian hasn't forgotten what's important in life as he juggles work and family life with premiership success. We find out his winning tactics and discover why he is keen to give support to his local hospital.

West Bromwich Albion Football Club has a long history of supporting Sandwell Hospital, with Brian most recently presenting the antenatal clinic with a

£5000 cheque on behalf of the West Bromwich Building Society. The money will allow ergonomic refurbishments in the ultra sound scan rooms and buy an escalating couch to allow patients to be comfortably moved up to the correct level for ultra sound scans.

Communications Assistant Michelle Abbott met with Bryan to discuss his relationship with Sandwell General Hospital and get a few tips on how to balance a busy work and family life.

*I understand that your eldest daughter was born at Sandwell Hospital, what are your memories of the staff and the care provided?*

Denise had a very smooth birth, staff were very caring and looked after her

very well. The hospital was great, making the whole experience much more memorable. Walking into A&E on my second visit with a broken nose after playing for West Brom was not so enjoyable. He laughs: "My nose had to be re positioned, basically I went in crooked and came out straight, sporting a huge white plaster on my face. The staff were very friendly and helpful and my nose was soon back to normal."

*Why do you feel it is important to support your local hospital?*

We are fortunate as footballers. We are born with a talent and are well rewarded for it. We have the ability to give something back to our local communities and what better way than to support our local hospitals. When I first moved to Manchester I was involved in helping the Children's Hospital. I think it is important for the club to help its local people.

*What is it like being back in West Bromwich and with the club?*

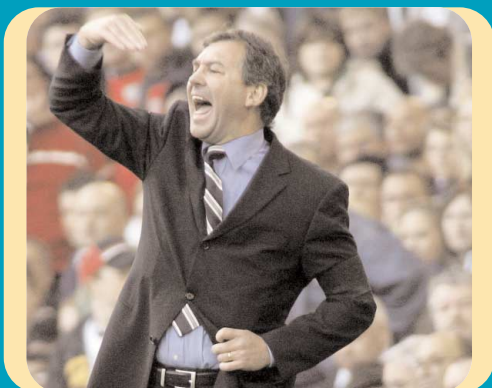
The people are terrific! The fans get right behind the team, and they are lovely friendly people. I get on very well with the local crowd and have made a lot of mates over the years, coming back to some really good friends. It's great to be in the Premiership. I am enjoying the game, the club and living back in the area. I plan to be around for a while.

*Are your children now fully fledged Albion supporters?*

My two girls are not football fanatics, although they do enjoy some of the matches. My wife was an Albion supporter when I met her and is still a fan now. My son is split at the moment between supporting Manchester United and the Baggies.

*A lot of our staff find it difficult balancing work and family life, do you have any tips for them?*

It is important to spend quality time with your family, when you have some spare time take them out, be it catching a film at the cinema or going for a meal at a nice restaurant. I try to involve all the family in what I do. Over the last few years it's been great that my wife and children have come to the matches, making it a real family affair!



## Where to find us:

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