Sandwell and West Birmingham NHS Trust

QUALITY ACCOUNT
2023/24

PATIENTS PEOPLE POPULATION

Front cover left to right: Dr May Yan, an Acute Medicine Consultant, Doctors and nurses from Lyndon 3 and Nicky is a porter at the Trust.

Foreword

Welcome to the Quality Account for 2023/24. This report provides an overview on our Trust's performance against our quality priorities for the year. Whilst the opening of the Midland Metropolitan University Hospital (MMUH) – in October, this year – is inevitably central to our planning, our focus has been and always will be on improving the quality of the care we deliver to our communities.

I am pleased to report that our Fundamentals of Care (FoC) framework continues to deliver results since it was launched last year, and indeed it is worth highlighting that we have had no 'Never Events' reported during the last 16 months. We have made significant progress against FoC priorities, particularly focusing on enhancing communication and the user experience. Recognising communication as a common issue raised by patients, carers, and relatives, and we have implemented new initiatives which have demonstrated quality improvement. Our use of storytelling brings to life the work we do daily. We have taken real patients' stories to our Trust Board meetings and used their lived experience in our training sessions for our staff to initiate improvements and changes in areas such as support for vulnerable people and personalisation of care. We are also capturing relatives' and carers' experiences of their loved-ones' deaths in our Trust through our Bereavement Steering Group to develop and improve information about death and the processes involved.

This year we have seen an increase in our clinical research recruitment with over 2700 of our patients participating in clinical trials. We have also seen an increase in the number of investigator grants awarded to our Trust and increase in collaborations with commercial organisations. This work gives our patients the opportunity to gain access to new and novel treatments, diagnosis and services. One example of this is in the delivery of a new machine which is directly the result of research into the benefits of heating chemotherapy before it is administered – in this case to women who have undergone surgery to remove gynae cancers. This is a great example of something moving from innovation and research into an actual clinical service for our patients. Given the ethnic diversity of the population we serve, the clinical research opportunities are significant because of the sheer breadth of clinical presentations and pathology our clinicians see. We celebrate these improvements and aim to do even better in the coming year.

During the year industrial action has continued to take its toll both on the wellbeing of our staff and patients on planned surgery lists who have regrettably had longer waits than we would like due to inevitable cancellations as we maintain an essential emergency service. Whilst we are pleased that a pay deal has been reached with consultants, we anticipate more industrial action by our non-consultant doctors in the months to come unless agreement is forthcoming. We have responded to the challenges so far and will continue to work hard to provide safe, high quality care to our patients during these times.

Our key priorities for the year ahead are threefold in that we will focus on enhancing the care of deteriorating patients, personalising care experiences, and ensuring a safe transition to the MMUH.

Improving the care of the deteriorating patient is a significant in-year objective, and we have already launched our 'Call for Concern' service, enabling patients and families to request immediate help when concerned about their loved ones changing condition. We know that early recognition and intervention are crucial to ensuring patient safety and better outcomes, and so will be looking to build on this over the coming year. Personalising care experience is about setting communication standards by which we will hold ourselves to account through our Patient Experience Group, and we will ensure our staff get the training they need to improve patient-staff communication.

Finally, our move to MMUH is arguably a once in a generation challenge. We want to ensure the move and transition to our emergency service at MMUH is safe, meticulously planned, and well-rehearsed – which is why we are already working with staff on familiarisation plans and our external partners who will support our move. We are also working with our primary care, social care and mental health colleagues to improve integration of service delivery. We have seen a focus on admission avoidance through the use of 'virtual wards', care home support, urgent community response and 'hospital at home' to enable the efficient use of acute beds, all of which are key for us to be safe to move into MMUH.

Richard Beeken, Chief Executive

Statement of directors' responsibilities in respect of the Quality Account

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

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

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

Sir David Nicholson, Chair

Richard Beeken, Chief Executive

Members of the Alcohol Care Team.

Our Trust Strategy 2022/27

Overview 2023/24

Sandwell and West Birmingham NHS Trust is an integrated care organisation. We are dedicated to improving the life chances and health outcomes of local people.

We employ over 8,000 people and spend around £750m of public money, largely drawn from the Sandwell and West Birmingham (Ladywood & Perry Barr) areas. The Trust is responsible for much of the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell.

Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham's Dudley Road, Sandwell General Hospital in West Bromwich, and our intermediate care hubs at Rowley Regis and Leasowes in Smethwick.

Our Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as the Pan-Birmingham Gynae-Cancer Centre, our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City.

Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell and we have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology.

Our community teams deliver care across Sandwell providing integrated services in GP practices and at home and offering both general and specialist home care for adults, in nursing homes and hospice locations.

Our strategy

In 2022, we signed off our five year Trust strategy, which set our long term direction. The strategy set out:

- Our purpose: To improve life chances and health outcomes
- Our vision: To be the most integrated health care provider
- Our values: Ambition, Respect and Compassion
- Our strategic objectives:
  - **Patients:** To be good or outstanding at everything we do
  - **People:** To cultivate and sustain happy, productive, and engaged staff
  - **Population:** To work seamlessly with partners to improve lives

We also set several priorities to be completed prior to the opening of MMUH. These are shown in the following diagram.

Our Trust Priorities

Before Opening

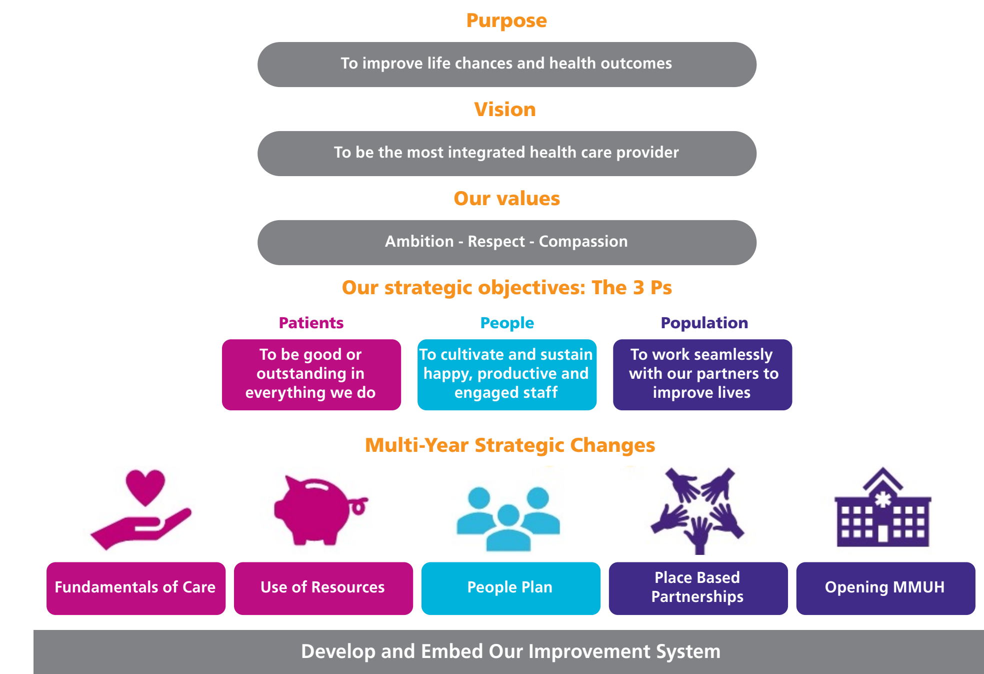
- Launch our strategy and co-develop the plans
- Develop values and behavioural framework
- Prepare for and open the new hospital
- Improve staff journey from recruitment to retirement
- Budget reset and cost control
- Place based partnership development
- Agree a continuous improvement approach

After Opening

- Embed new ways of working and our continuous improvement approach
- Make a significant improvement in our Board-level metrics, staff survey and patient experience
- Develop a Learning Campus
- Work closer with partners in the Integrated Care System

Performance summary 2023/24

As we reflect on the past year, it's imperative to recognise both our successes and the areas where improvement is still needed. The annual objectives set out for 2023/24 have been a guiding light, shaping our efforts to provide exemplary healthcare services while ensuring patient safety and satisfaction remain paramount. This year, we enhanced our strategic development through a set of 14 clear, measurable objectives to focus on, shown in the following plan.



These objectives were aligned to key frameworks including: NHS England Operational Planning Guidance 2023/24 and NHS Oversight Framework, Care Quality Commission (CQC), NHS Staff Survey, NHS Long Term Plan and Five Year Joint Forward View in the Black Country Integrated Care System. Here, we delve into each objective, assessing our achievements and outlining the path forward.

Patients – Performance Highlights

Objective 1: Patient safety

Our commitment to patient safety remains unwavering. We have maintained a consistent position in reporting incidents despite significant pressures including industrial action. Our ongoing efforts, particularly in implementing the national Patient Safety Incident Response Framework (PSIRF) and improving care for deteriorating patients identified as one of our priorities for 2024/25 supports maintaining and improving this position in the forthcoming year.

Objective 2: Enhancing patient experience

Improving patient experience across all touchpoints has been a focal point. While marginal improvements have been noted, especially in targeted areas such as inpatient care and maternity services, challenges persist, particularly in emergency medicine and inpatient experience. Urgent care improvement initiatives are underway to address these concerns and will remain a focus for 2024/25.

Objective 3: Urgent care efficiency

Efficiency in urgent care remains crucial. The 4-hour emergency access standards have been challenging this year, however we have worked hard with strategies aimed at reducing inpatient length of stay and earlier discharges and have seen marginal improvements in performance during the last three months of the year. This will continue to be a focus in the upcoming year as we prepare to open Midland Metropolitan University Hospital.

Objective 4: Timely diagnostics

Ambitious objectives regarding diagnostic completion timelines have faced challenges, primarily due to increasing demand and capacity deficits. The most significant contributor to this has been non-obstetric ultrasound. Recruitment drives and strategic partnerships aim to address these issues, and we will support the development of the next Black Country Community Diagnostic Centre.

Objective 5: Tackling waiting times

Good progress has been made in reducing waiting times in most specialties, and we have been ahead of our trajectory to reduce waits of over 65 weeks. Unfortunately, challenges persist in areas such as ENT due to consultant vacancies. Resolving capacity issues, seeking mutual aid and enhancing theatre productivity are key strategies moving forward.

Objective 6: Cancer care timeliness

Efforts to improve cancer care timeliness have encountered complexities, particularly in diagnostics and individual patient factors. While challenges remain, we are now exceeding the revised national target for 62-day cancer treatment and our performance improvement has been some of the best in the Midlands Region.

Objective 7: Elective activity

Meeting elective activity targets has been a significant achievement, albeit with variations in outpatient and surgical activity. Enhancing outpatients and theatre productivity will be a priority in the upcoming year to ensure sustained progress on access times and value for money.

Objective 8: Financial stability

Our Trust set a planned deficit position for the year. Like many other trusts we did not deliver this and will end the year approximately £7.5m adrift of the original plan. Our underlying financial position shows an increasing need to deliver a higher value of recurrent financial savings over the next five years to return to a strong financial position.

People – Performance highlights

Objective 9: Controlling staffing costs

Efforts to reduce bank and agency spend have faced challenges, primarily driven by high vacancy rates, sickness levels and industrial action. We have established enhanced workforce controls and governance to address these issues and ensure efficient staffing management.

Objective 10: Staff engagement

Improving staff experience remains a priority, with efforts to enhance engagement and address concerns regarding line management. In the quarter 4 pulse survey we recorded our highest ever response rate from our staff and one of the best in the Midlands region. Establishing staff engagement, governance and management structures are key steps towards fostering a positive work environment.

Objective 11: Leadership development

This year, the ARC Leadership programme has engaged over 300 colleagues in the foundations of compassionate leadership. Using Professor Michael West's approach, the first phase of this work focused on a key area of development from our staff survey results, online manager support. Continued focus on leadership development with phase 2 will be pivotal in driving lasting change.

Population – Performance Highlights

Objective 12: Bed management

Efforts to optimise bed management have seen some successes, such as the impact of our frailty schemes, care home support and urgent community response. Sandwell is the only borough in the Black Country whose admissions to hospital of patients aged 65 or over, is falling. However, we have incurred challenges in overall hospital length of stay. Strategies to address this, particularly in alignment with the new Midland Metropolitan University Hospital, will be prioritised in 2024/25.

Objective 13: Community response

Maintaining high standards in urgent community response has been a notable achievement, with initiatives in Sandwell Place attracting national recognition for their success in admission avoidance and care navigation.

Objective 14: Addressing health inequalities

While efforts to reduce health inequalities have been redirected to focus on other priorities in the run up to opening the new hospital, the commitment to targeted improvements for patients with diabetes and respiratory conditions is reflected in our annual plan for 2024/25.

The EPICENTRE and Adult Virtual Wards team work together to deliver safe and effective care in the community.

Priorities for Improvement in 2024/25

Priority 1

Improve care of the deteriorating patient

A significant focus of our Fundamentals of Care work, and one of our key in year objectives in our annual plan, is to improve the management of patients whose clinical condition shows signs of deterioration. Ensuring early recognition and intervention for patients who are getting worse keeps them safe, allows us to catch problems early, and helps us avoid serious complications, which means better care and outcomes for everyone. This can be vital in conditions that are time-critical in how to respond, such as sepsis, where earlier intervention is known to improve outcomes.

The factors that decide the clinical outcome of deteriorating patients include early detection of deterioration, speed of response, and the nature of that response (ie the competencies of the responder. NEWS2 [National Early Warning Score] is the 'Track and Trigger system' endorsed by NHS England. It is a scoring system that measures six physiological parameters: (respiration rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness or new-onset confusion and temperature). A score of 0, 1, 2 or 3 is given to each parameter. A higher score means the parameter is further from the normal range. Harm can result from a failure to detect deterioration promptly, failure to escalate or a failure to respond in a timely manner. The reasons for this are multifactorial and requires a trust-wide quality improvement project. There will be increased training and awareness of the policy and monitoring of compliance with National Early Warning Scores (NEWS) in a timely manner. The Clinical Digital Training team will support training nursing staff so that they can use the existing system better (through "at-elbow" support on the wards where a trainer works alongside the staff member on drug rounds, observation rounds etc) as a rolling programme across our wards. This is in addition to the standard e-learning approach currently used for new members of staff, coupled with training on our wards by senior nurses. A data dashboard will be developed incorporating key indicators from the national cardiac arrest audit that will enable ward level oversight to support targeted local improvements.

In addition, we will launch our 'Call for Concern' service for our adult patients; a quality improvement initiative aimed at enhancing patient safety, reducing adverse events, and improving outcomes for critically ill patients. Call for Concern is an initiative that aligns to NHS England's plan for the implementation of Martha's Law. ''All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition." Call for Concern enables patients and their families to request immediate help and advice when they feel concerned that the healthcare team has not recognised their or their loved one's changing condition. This service is particularly important when a patient's condition worsens. The Critical Care Outreach team will manage and receive referrals for Call for Concern, and they are available 24 hours a day to support both ward teams and patients.

Progress on this work will be monitored and reported through our Executive Quality Group and Quality Committee.

Priority 2

Personalisation of Care

This is a key priority for the year ahead in line with the Fundamentals of Care programme.

The Communication Skills Working Group will produce agreed communication standards to underpin the expectations set through training and education. A further study day relating to communication around end of life is planned for May 2024.

Following ongoing carer support work, a carer passport trial is under implementation, and this will be developed across the organisation and tailored to suit areas such as maternity and paediatrics. We will further support patients, carers and relatives with wayfinding and information with the implementation of digital signage across our Trust sites and will increase provision of video interpreting.

The '#CallMe' project will implement a clear and easy way of patients indicating their preferred name to our staff. Initial development has already taken place and delivery plans will continue in the year ahead.

We are recruiting to a SWB Patient and Public Voice Group, to facilitate ongoing dialogue with the local population. Patients can become further embedded into the day-to-day workings of the organisation and continue to support ongoing work in personalised care, food, nutrition and hydration. We will continue to capture and utilise lived experiences of care through storytelling. These will continue to be deployed in educational settings to improve the care we provide.

An analysis dashboard to help different layers of the organisation better understand patient reported experiential data from a range of sources, will be developed over the coming year.

Progress on this work will be monitored and reported through our Patient Experience Group which is chaired by our Chief Nursing Officer.

Priority 3

Midland Metropolitan University Hospital (MMUH) – Safe move and opening

The transition to MMUH is gaining momentum. Teams are engaged and working hard undertaking the necessary work required to provide assurance of a safe transfer to MMUH. The MMUH Patient Transfer Group are working closely with clinical and non-clinical teams finalising plans for the physical move that will take place in October this year. This includes equipment logs, patient protocols and creating schedules of timings on how patients will move depending on acuity and condition.

We are working with our local stakeholders including West Midlands Ambulance Service, the Childrens Hospital and the Adult Critical Care Transfer Team who will support our move in particular with some of our sickest patient including mothers in labour and neonates.

Our MMUH Clinical Safety Group enables any SWB employee to raise clinical safety concerns with regards to the MMUH move. This group have addressed the many clinical pathways that are key for the effective and safe functioning of MMUH and are working closely with specialists to ensure they are fit for purpose. This work will lead to testing of clinical pathways via table-top or in situ within MMUH.

Induction plans are progressing well with detailed plans of how this will be delivered during the period leading up to MMUH opening.

We can provide assurance of a robust 7-day workforce to enable our patients to be seen first time by the right clinician. Recruitment has been successful in particular within the consultant body; 10 consultants have been recruited directly from the Consultant Open Day hosted in July 2023.

Despite many prolonged challenges this year our teams have focused on admission avoidance as part of same day emergency care, using 'virtual wards', urgent community response, care navigation and 'hospital at home' to enable the efficient use of acute beds which is key for us to be safe to move into MMUH.

Community engagement has taken place with colleagues from both Sandwell and West Birmingham. Collaborative working, innovative practice and ensuring care starts in the home has been the essence of these conversations and commitment of our community colleagues being part of the MMUH journey will be key for success.

Progress on this work will be monitored and reported through our MMUH Programme Group and MMUH Opening Committee.

Simon Brown, from the Black Country Pathology Service prepares the area at the Midland Metropolitan University Hospital for soft activation.

How we performed in 2023/24

Progress on 2023/24 Priorities

Priority one
Improving communication and the user journey

Over the last year, we have developed key projects in line with our priorities described in the Fundamentals of Care programme, in particular relating to communication, which we find is most often at the very root of issues raised by patients, carers and their relatives.

The following is some of the work we have progressed.

- Experience and communication training is embedded within nursing associate and students' study days.
- Bespoke communication session provision in departments.
- Delivery of three trust-wide study days open to all staff focusing on elements of communication and experience.
- Provision of specific British Sign Language awareness and communication training by the Sandwell Deaf Community Association.
- Delivery of training sessions that include recorded patient stories.
- Patient stories describing lived experiences of care included in a variety of meetings, including our Trust Board meetings. Some have been attended, in person, by patients, relatives and carers. These stories have initiated improvements and changes in areas such as support for vulnerable people and personalisation of care.
- Establishment of a Bereavement Steering Group to develop and improve information and its accessibility, about death and the various processes involved. A methodology to capture relatives' and carers' experiences of their loved ones' deaths in our care has been devised.
- Regular workshops are in place to agree processes for the creation, review, and continuation of the patient information we provide. For example, in supporting communication and personalised care discussions a ward trial was undertaken where patients were asked a suite of questions about how personalised their care felt. Following this trial 'Getting to Know Me' documentation has been developed that is completed and displayed above the bed space. The document includes information about the patient that is important to them such as their likes and dislikes, what they like to eat, their daily hygiene routine and what they like to wear. To enhance this, on-ward training and support was provided. The survey questions were subsequently repeated to measure whether there was an improvement in how personalised the care felt from a patient or carer perspective. As a result, this support and documentation is utilised by all Care of the Elderly wards and a planned rollout will happen in 2024/25.
- A package to support carers and significant people in our patients' lives was devised to empower carers as partners in care provision and to assist them personally whilst their loved one is in our care.
- Teams across the organisation are participating in a Patient Reported Experience Measures (PREMs) programme. This allows our teams to gain additional experiential data, both qualitative and quantitative and measure how well they communicate with patients, relatives and carers from their perspectives.
- Following the interpreting review in 2022, services were developed to increase provision of video interpreting to support interactions where face-to-face interpreting is not available.
- The Launch of the Patient Experience Ambassadors programme brought together a SWB community of practice committed to improving experience and communication. This community has since grown to almost 100 colleagues with a range of staff groups and patient representatives. Ambassadors are supported by a monthly Patient Experience Group, a quarterly forum and governance within the Clinical Groups, to empower ambassadors in their observations and improvement work around care and communication. The Patient Experience Group is a multidisciplinary group, including external partners, which focuses on development and improvement of experiences. The group determines strategies and measures required to improve and maintain consistently high patient experience across all sites and locations in line with key areas aligned to our Trust's Fundamentals of Care programme.

Priority two
Achieving harm free care

Harm free care is a priority for our Trust and one of our seven 'Fundamentals of Care'.

Our new Patient Safety Incident Response Framework (PSIRF) implemented on 1st April 2024 integrates four key aims:

1. Compassionate engagement and involvement for those affected by patient safety incidents.
2. Application of a range of system-based approaches to learning from patient safety incidents.
3. Considered and proportionate responses to patient safety incidents.
4. Supportive oversight focused on strengthening response system functioning and improvement. This will replace the current Serious Incident Framework and heralds a new era for the management of incidents. This change will be key to establishing effective and compassionate patient safety reporting with systems in place for continuous learning and quality improvement, underpinned by openness and transparency of a just culture. To that end we will ensure a 'human factors' approach to safety and will strengthen our 'Speak Up' culture through our Freedom to Speak Up Guardians.

Medicines management is a key area of patient safety. Considerable work had been undertaken with our medicines safety team who have supported clinical teams to review their processes and procedures in the administration of medication. This has shown an overall improvement in the incidents reported as a result of a medication error, reducing harm but also increasing the reporting of near miss incidents. This change in trend is reflective of an improving safety culture as there is increasing openness demonstrated by reporting near miss incidents. Learning from this work will be shared across other workstreams to influence reporting cultures around other topics. Work will continue around medication prescribing in the 2024/25 period.

Prompt recognition of the deteriorating patient is an important factor to improving hospital outcomes and avoidable harm. The Deteriorating Patient Lead has undertaken a preliminary review of options to support teams to identify the deteriorating patient. They have worked with our Digital Team to explore digital alerts within clinical records to support decision making when information is entered into the Electronic Patient Record (EPR). The feasibility of these alerts is currently under review and will be included in our ongoing work for improving care of the deteriorating patient that will be a priority for 2024/25.

The resuscitation service has undertaken a comprehensive review of its operations, aligning them with the quality standards outlined by the Resuscitation Council (UK) for acute care. This will further support the Emergency Medical Response Team (EMRT) service when responding to time critical patients by providing the best care possible.

We continue to work with our place-based partners within our local communities to ensure that there are streamlined pathways for our patients when they are supported outside of hospital. This work has been further strengthened in preparation for the opening of MMUH in 2024. Pathway planning and reviews have been undertaken to ensure minimal disruption to our patients will occur, despite the changing locations.

Jamil Johnson who is the Interim Lead for the Freedom to Speak Up initiative.

Priority three
Midland Metropolitan University Hospital (MMUH) readiness

As the opening of MMUH approaches, anticipation and readiness has spread into every aspect of our operational and safety preparedness. From the meticulous planning of clinical services to the seamless coordination of administrative functions, we stand poised to embark on this transformative journey with patient care at the heart of our mission.

We have equipped our people, with the right expertise and commitment, to care for our patients with compassion and excellence via our Fundamentals of Care Programme. We have introduced a Rhythm of The Day (RoTD) into our clinical areas, designed to ensure smooth and efficient operations, provide optimal patient care and maintain a safe and organised environment. Having a standardised RoTD will enable all wards and assessment areas to work towards the same objective: best quality, person centred care and improved staff experiences. It will also ensure patients are aware of what to expect during the day whilst they are an inpatient.

We have seen continued success and growth in our virtual wards, ensuring right care in the right place. There have been successes in developing our Same Day Emergency Care, playing a crucial role in ensuring our patients receive timely treatment for urgent medical issues, reducing unnecessary hospital admissions and alleviating strain on our emergency departments.

With state-of-the-art facilities and a spirit of collaboration across every department, we are primed to open our doors, in a new era of digital healthcare excellence with developments that include site-wide mobile coverage and a converged network designed with digital growth in mind and the capability in the future to track and find valuable assets across the hospital.

Our electronic patient systems are to be updated to reflect the new locations to support a safe patient transfer and ongoing care. Automated drugs cabinets will improve efficiency in our drugs administration process and an increase in the number of mobile carts will further support bedside care. The deployment of a modern cloud-based telephone system provides flexibility in how we respond to queries from patients and population.

Fundamentals of Care

Following our launch of the Fundamentals of Care in September 2022 'To be good or outstanding in everything we do' we have seen no never events for over 16 months and no serious incidents for medicines management which was our top priority for Harm Free Care. We have also retained our infection control status and our second priority, improving our communication, has seen many staff trained in customer care training and the start of work on personalisation of care.

A further 16 Fundamentals of Care projects have been scoped to ensure we are ready to move into the Midland Metropolitan University Hospital (MMUH) with a direct focus on some of the standards. Each of the 16 projects are being delivered with executive oversight through the Fundamentals of Care Delivery Group, reporting to the MMUH Programme Group/Executive Quality Group and the Quality Committee. There have been a number of workshops and engagement events with staff and patients to inform new ways of working in MMUH that we have started to test.

The Rhythm of The Day (RoTD) Project is an essential element of MMUH Year One readiness to ensure that our patients engage in their care and know what to expect whilst a patient with us. Some of our patients and the Youth Space (Trust's Young People Forum) have informed and are auditing a new RoTD leaflet. The RoTD keeps the whole clinical team focused in areas such as timely ward rounds and includes 7-day working so that timely decisions can be made for our patients. We are also committing to regular drinks rounds to ensure patients are keeping well hydrated at all times as part of their RoTD.

The Well Organised Ward is focusing on new MMUH ward processes that will be introduced to improve the direct contact that our nurses have with our patients. New team members from the Scan4Safety Team will maintain our ward stocks and put away items to ensure ease of access to the things that ward staff (particularly nurses) need, to ensure timely and safe care for our patients. This is known as 'releasing time to care'.

Digital Optimisation is an exciting project that provides digital 'at a glance' patient information and 'at a glance' oversight of Ward Quality Metrics so that all team members know how well the ward is working and work towards improvement.

The weAssure approach has seen all clinical groups complete self-assessment forms which combined assessing the progress of the requirements for CQC and Fundamentals of Care together. This has become the basis for the work on the development of the service accreditation programme and will be ready to pilot in 2024/25.

Care Quality Commission

There have been no inspections by the CQC in the 2023/24 period. Regular meetings have been held throughout the year to ensure that a constructive relationship is maintained and any concerns or queries from either organisation may be addressed in a timely manner. Topics within these discussions included the new CQC inspection and rating framework, to understand the changes and impact this will have. We have also commenced the registration process for the MMUH opening in October 2024, to ensure a smooth transition is maintained for patients.

The overall rating for the Trust remains 'requires improvement' following the 2018 inspection, as the CQC put on hold all inspections during the pandemic, unless they had concerns about services or specific trusts. A programme of unannounced in-house inspections has been in place for three years as part of our commitment to making continuous improvement to ensure that patients receive high quality care across all parts of our Trust. All wards have been inspected, some more than once, and have developed plans for improvement with notable practices highlighted and shared across the organisation.

We completed a self-assessment exercise during 2023 across all clinical services using the CQC's new single assessment framework. The framework still consists of the five domains (Safe, Effective, Caring, Responsive and Well-led) but the previous Key Lines of Enquiry (KLOE) have now been replaced with 34 new quality statements. Each clinical service has undertaken self-assessment and identified areas for improvement which have been incorporated into our CQC Improvement Plan which is now being used to drive improvements. The plan is being monitored at group level and through Executive Quality Group monthly.

Our patient-related strategic objective is 'to be good or outstanding in everything we do', which is supported by our plans to attain an overall provider 'good' rating through delivery of our Fundamentals of Care framework.

Sandwell and West Birmingham NHS Trust is registered with the Care Quality Commission and has no conditions attached to that registration. The Care Quality Commission has not taken enforcement action against Sandwell & West Birmingham NHS Trust during 2023/24 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Sandwell and West Birmingham Hospitals NHS Trust

Inspection report

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Date of inspection visit: 4 and 5 September, 11 and 12 September, 18 and 19 September, 19 and 20 September, 9, 10 and 11 October
Date of publication: 05/04/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings	
Overall rating for this trust	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Outstanding
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement
Are resources used productively?	Requires improvement

weAssure

The weAssure approach focusses on quality assurance against the five CQC domains. It aims to further strengthen and refine evidence summation to provide greater assurance of progress or risk on our journey to being good or outstanding in everything we do.

This year we realigned our documentation and standards for measuring and monitoring safety and quality across our organisation to mirror both the new single assessment framework introduced by the Care Quality Commission for their future inspections and our Fundamentals of Care programme clinical standards.

As part of our business as usual approach to continuous monitoring and improvement, and in readiness for our next CQC inspection, weAssure has a number of key workstreams that aim to provide visibility and assurance on outputs and outcomes, not simply actions or processes.

We do this by:

- Undertaking regular unannounced safety and quality improvement visits to every service.
- Requesting that services complete a regular self-assessment.
- Collecting documentary evidence from each service to demonstrate compliance against our safety and quality measures.
- Triangulation of this information with that of other workstreams that measure quality and safety outputs, such as the Fundamentals of Care, Tendable, and Patient Experience data bringing together each of the elements so that an overall picture of each service may be understood.

We are in the process of re-visiting our Tendable inspection audit tool to refine the question sets for each of our clinical areas, and we will shortly be introducing peer-review. These audits are carried out for every clinical area each month and will be further tailored to suit our specialist areas to ensure they are fit for purpose and are adding value.

We have produced a Fundamentals of Care dashboard with the aim of bringing all of the above mentioned data sets together into one place. The dashboard will show performance down to ward level for all our agreed Fundamentals of Care metrics, together with Tendable data. This dashboard shows the current month performance for an area, and also the previous 12 months so that we can easily identify themes and trends in the data.

Future plans include remodelling our weAssure visits to incorporate the Fundamentals of Care service accreditation scheme so that clinical areas can apply for and receive their accreditation status, as well as being assessed and given a rating for their performance against the CQC domains. By combining the two workstreams this aims to reduce additional pressure on clinical areas.

Primary Care (General Practice)

Our Trust Vision is to be the most integrated healthcare provider in the country. With this in mind we have continued to increase our portfolio of General Practice (GP) contracts as well as building relationships with the wider GP community to build sustainable solutions to shared problems and improve the health of our patients.

Throughout 2023/24 our practices have delivered another year of high performance against the local commissioning and national quality frameworks (Quality and Outcomes Framework and Primary Care Commissioning Framework). This work is important to maintain the health of our patients but especially impactful at reducing admissions to our acute beds.

Patient access to GPs has been under the spotlight with many patients wanting to see easier access to appointments despite our practices offering higher than expected appointment numbers. To respond to this, we engaged with the national General Practice Improvement Programme, which included a patient survey on access to Your Health Partnership (YHP) services. The survey showed that our patients are very happy with the service they receive once they have secured an appointment. They feel listened to, have confidence in our doctors and find their appointments valuable in terms of managing their condition/s. Access to our services is an area we want to focus on and is now under review as part of our 'Happier patients, Happier staff and Better Access' programme.

Heath Street Surgery has continued to look at ways to engage with patients and to link with third sector organisations to deliver more holistic care. This innovative venture is looking at broader determinates of health eg social economy and challenges for patients. To support this there is a dedicated area for support workers at the surgery to help people with their non-medical support requirements.

The SWB GP footprint has allowed us to look at how we can work across the primary/secondary care interface to improve care pathways. Some of the initiatives we have implemented are below:

- At Heath Street Surgery we are working with a consultant diabetologist who has risk stratified all diabetic patients to target effective lipid interventions where they are most needed.
- YHP practice provides medical and Advanced Clinical Practitioner support to the community beds at Rowley Hospital.
- We have also linked GPs into our Trust's palliative care, rheumatology and dermatology teams, helping to manage demand in the most effective way. In palliative care we have a GP champion working with other practices to help develop the quality of palliative care/support to end of life patients, improving patient experience and reducing unnecessary hospital admissions. In rheumatology we have a GP with a specialist interest in rheumatology delivering outpatient clinics alongside secondary care colleagues to increase capacity and also advising on how we build services to prevent referral. In 2024/25 we will be adding a second GP to focus on musculoskeletal issues. In dermatology we have a GP with a specialist interest in dermatology to expand capacity through increased triage in primary care.
- In a new venture three YHP GPs are developing ultrasound skills in primary care where some patients will be able to have an immediate bedside scan in their GP practice to help improve accuracy and speed of diagnosis. This can in some cases prevent the need for referral to acute care for scanning or admission.
- A lead nurse in YHP has developed and is rolling out a programme of support and training to help our district nurse colleagues feel more skilled and better able to manage housebound patients with long term conditions such as diabetes and asthma. This improves the quality of care for these patients which in turn reduces complications and potential admissions to secondary care services.

In addition to looking at ways in which we can improve care for our patients we have also worked hard to support our own staff with a renewed focus on wellbeing. We have responded to our Trust's staff survey by introducing dedicated wellbeing spaces for our staff, virtual wellbeing support groups led by GPs and managers and regular staff forums to ensure we are hearing the voice of our staff.

In May 2023 our Trust was asked to support and run a local GP practice in difficulty. Using the experience and skills of a number of team members, SWB was able to ensure the practice was returned to a safe and secure footing allowing continuity for its registered patients. Responsibility has now been transferred back to the contract holders.

The imminent opening of MMUH has put a refreshed focus on the need to work with all Primary Care colleagues, not just those where we are the contract holders. A small strategic group was formed involving local GP leaders and two Trust representatives to work out how we improve integration and connection between primary and secondary care. This group has also met with SWB executives and consultant clinicians. Through these meetings we have shared information regarding MMUH pathways and identified areas to work on together in the coming year with priorities that are in line with improvements identified in the national NHS document 'Recovering Access to General Practice'.

What we want to achieve for 2024/25:

Service development

We will continue to work with partners to improve outcomes for local people and reduce inequalities. We have recently implemented a West Birmingham Locality Hub based at Summerfield GP Practice. This is an integrated model with BCHCFT, Primary Care, Mental Health, Social Care and ourselves. Each day there is a team of clinical staff based in the hub undertaking the following tasks:

- Virtually reviewing all people with a West Birmingham post code in SWB to identify potential people to discharge with community care (incl virtual wards, specialist community intervention, social care).
- Reviewing all WMAS non-conveyed people, directing community care to reduce future calls/ emergency department attendances.

- Identifying and supporting people who frequently require emergency department attendance/admission.
- Members of the team are also reaching into City hospital daily (Mon-Fri), to support with multi disciplinary team discussions and expedite discharges.

Improve interface between primary and secondary care

As we expand the number of patients we provide care for we will look for new opportunities to further improve the interface of primary and secondary care to enable us to work more effectively to deliver systematic change and build on the work that has already been implemented in diabetes, rheumatology and dermatology. Our aim is to improve the interaction of primary/secondary care clinicians to share responsibility for a patient in a collaborative rather than a transactional way as we are doing with the MDT discussions at City Hospital to expedite discharges.

Happier patients, happier staff and improved access

YHP will continue with its plan to re-develop its offering to ensure they meet their aim of "Happier Patients, Happier Staff and Better Access". Improving our patients' views on access to our services will not only benefit our patients it will benefit our staff too as we recognise this is the subject of many of the issues raised by our patients to our staff. We have updated our website and we are reviewing our digital portal for patient access, the number and type of appointments available and the method for booking. We are also looking at how clinical staff are allocated to locations to try and build continuity for our patients. To increase patient input into change we are looking at how we can increase patient engagement through forums and patient reference groups.

MMUH pathways

We will continue to work with the wider GP contingent to ensure that the move to MMUH benefits all and that the overall population health improves. We will work with our GP colleagues to ensure that they understand the enhanced community provision that will be in place to 'right size' MMUH eg virtual wards. We will also work with them to address any issues that may arise from changes to the geographical secondary care footprint following the opening of MMUH.

The Children's Virtual Wards Team.

Primary Care (Palliative and end of life care)

We are working with partner organisations within the Sandwell Health and Care Partnership to improve the quality of experience of patients living and dying with a palliative diagnosis across Sandwell. A partnership quality improvement project was formed in response to the areas for improvement highlighted through the completion of the NHS England Palliative and End of Life Care (PEoLC) self-assessment. The table below shows the areas highlighted as requiring improvement in line with national standards, the aims of the quality improvement plan and actions taken over the past 12 months. The project is underpinned by a set of metrics for both primary and acute care as well as a population health needs assessment on death and dying in Sandwell.

Areas for Improvement
• Consistency in approach to end-of-life care across Partners. • Earlier recognition of dying. • Compounding factors that affect the bereavement experience for families. • Utilisation of care planning in community services. • Shared care records / sharing of information. • Access to end-of-life data.
Quality Improvement Project Aims
• Improve recognition of dying through training and education. • Improve bereavement experience and access to support from the voluntary and community sector. • Reduce excess and unwanted hospital deaths, ensuring patients achieve their preferred place of death. • Improve communication and collaborative working, especially between primary care and specialist palliative care services.
Over the last 12 months the project group has prioritised the delivery of the following actions
• Development and delivery of a comprehensive programme of education and training for community staff to improve workforce skills and confidence to identify and communicate with patients in their last year of life. • Delivery of webinar series aimed at GPs and primary care staff focusing own improving identification of patients, particularly those with non-malignant disease. • Building relationships between primary care and specialist palliative care services through the sharing of key information and a more collaborative approach to multi-disciplinary teams to make these meetings more functional and productive. • Ensuring bereavement resources are accessible and readily available at the time of need • Talking to people in the community about their experiences of end-of-life care and bereavement to ensure feedback is considered and appropriate action taken to improve our approach.

Positive progress has been made on the above, but a number of challenges remain which includes improving the end of life pathway for children and young people and consolidating data into one dashboard so it is easy to access to evidence project progress. We will continue to work on this project with partner organisations through 2024/25.

How we measure data quality

Within SWB there are three sources of measurement for data quality

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

Data quality improvement approach

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

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

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

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

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

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

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

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

The Trust is audited to ensure that:

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

Hospital Episode Statistics

Our Trust submitted inpatient and outpatient records during April 2023 – January 2024 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data below.

	Admitted Patient Care			Outpatient		
	Invalid	**Total**	**%**	**Invalid**	**Total**	**%**
NHS Number	368	97769	**99.6%**	2384	1033586	**99.8%**
GP Practice	0	97769	**100.0%**	2289	1033586	**99.8%**

Source: CDS DQ Dashboard (APC, OP) Link: Microsoft Power BI

The Trust submitted Emergency Care Dataset (ECDS) records during April 2023 – March 2024 which are included in the latest published data below.

	Emergency Department - NHS Number			Emergency Department - GP Practice		
Dept Type	**Invalid**	**Total**	**%**	**Invalid**	**Total**	**%**
Type 01 – City/Sandwell ED	2899	181092	98.4%	152	181092	99.9%
Type 02 – BMEC Eye Centre	163	22630	99.3%	10	22630	100.0%
Type 03 – urgent Treatment Centres	40469	109767	63.1%	443	109767	99.6%
Total	43531	313489	**86.1%**	605	313489	**99.8%**

Source: ECDS DQ Dashboard Link: Microsoft Power BI

Services provided / subcontracted

During 2023/24 we provided and/or subcontracted 45 NHS services. We have reviewed all the data available on the quality of the care in these services. Where we have subcontracted any activity, it would only be to a provider who, like us, was registered with the Care Quality Commission (CQC) but has no conditions attached to that registration. Contracts between the Trust and the subcontracted providers require that the same high standards of care are given when giving care on our behalf. The health benefit and activity data undergo the same level of scrutiny as that delivered in the Trust. The income generated by the NHS services reviewed in 2023/24 represents 100 per cent of the total income generated from the provision of NHS services by the Trust.

Commissioning for Quality and Innovation (CQUINs)

Our Trust was contracted to deliver a total of seven CQUIN schemes during 2023/24. These schemes are nationally mandated with five having been agreed with our lead Integrated Care Board (ICB) commissioner, and two identified by the Midlands Specialised Commissioner.

The table below details the contracted schemes and indicates whether the scheme has been achieved during this period of time. A proportion of Sandwell and West Birmingham Hospitals NHS Trust income in 2023/24 was conditional on achieving quality improvement and was applicable to contracts held between Black Country ICB, Birmingham and Solihull ICB, and the Midlands Specialised Commissioner.

CQUINs for 2023/24			
CQUIN02	National - Acute	Supporting patients to drink, eat and mobilise after surgery	✖
CQUIN05	National - Acute	Identification and response to frailty in emergency departments	✔
CQUIN12	National - Acute	Assessment and documentation of pressure ulcer risk	Partially Met
CQUIN13	National - Acute	Assessment, diagnosis and treatment of lower leg wounds	Partially Met
CQUIN14	National - Acute	Malnutrition screening for community hospital inpatients	✖
CQUIN01	National - Specialised	Flu vaccinations for frontline healthcare workers	✖
CQUIN10	National - Specialised	Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	✔

7-day hospital services

The 7-day hospital services programme was developed to support acute providers to deliver high quality care and improve patient outcomes on a 7-day basis for patients admitted to hospital as an emergency admission.

As a Trust we have been working on plans with all specialities to provide 7-day, consultant-led acute care cover when we move to MMUH in October this year. There are now establishments in place and recruitment drives where required to achieve this with newly devised rotas. We are finalising management of change processes to support preparations and ensure that our staff are fully orientated to the new ways of working. With the extension of acute cover, we are complementing this with improvement in access to diagnostics to enable senior clinical decision making and discharge pathways to be as efficient as possible.

Speaking Up

Throughout 2023/24 we have continued to focus on Freedom to Speak Up (FTSU) making tangible progress with our internal audit actions to enable our vision of leading the way nationally in relation to Speak Up. We have continued to ensure our Speak Up agenda is aligned to our Trust Vision and our Equality, Diversity, and Inclusion Plan to ensure we promote an inclusive platform for all colleagues to be able to Speak Up.

There has been a change in the core leadership team for FTSU with an Interim Lead for FTSU and a new Executive lead who have steered the FTSU agenda through extensive engagement exercises and partnership working with key stakeholders.

A significant change in 2023/24 has been the rebranding of our FTSU and increased visibility of the FTSU Lead, Executive Lead, and Non-executive Director. We also have over 20 guardians from varied backgrounds and professional groups. This has been a key component of our engagement strategy to build the confidence of colleagues to Speak Up. This is further supported by our Chief Executive who has continued to hold regular 'drop-in' sessions throughout 2023/24 to meet with colleagues and hear any concerns or ideas for improvement they may have.

We have reviewed our previous and current processes for raising concerns within the organisation and to provide further assurance of the impartiality of the FTSU model we have built a bespoke FTSU concern reporting and handling system. Colleagues can now raise concerns to which only the FTSU guardians have access to view to support the concerns received. This is in addition to colleagues being able to raise concerns directly with guardians via phone, email or in person.

What we have achieved in 2023/24

During the last year we have achieved the following objectives to strengthen functionality of Speak Up;

- Written FTSU policy which is now implemented.
- Established regular meetings with the Chief Executive, Deputy Chair, Executive Lead and Non-executive Lead.
- Refreshed FTSU content at Trust induction.
- Introduced templates for FTSU guardians to use to record concerns that are raised.
- Visited other organisations and networked with trusts where the approach to Speak Up is deemed excellent.
- Promoted FTSU vision trust-wide through engagement with key stakeholders and education.
- FTSU Lead Guardian attends Trust Board to present annual FTSU report.
- Hosted regional event 'Raising concerns in the workplace'.
- Aligned policy with our Trust's Just and Learning Culture and our grievance and disciplinary policies.
- Development of a dedicated intranet page for Speak Up.
- FTSUG job descriptions updated and aligned with the National Guardian's Office.

Those objectives we have not been able to achieve have been included in our focus for 2024/25.

Our 2024/25 focus

- Recruitment to FTSU champions roles to promote FTSU throughout the organisation.
- We will invite colleagues who have used FTSU to Trust Board to share their experiences of FTSU.
- With colleagues in the Black Country, we will host a regional senior leadership event to discuss barriers to Speaking Up and how to overcome them.
- Embedding the NHS FTSU training for all colleagues through online learning modules.
- Strengthen our triangulation of themes to promote wider organisational learning.
- Implement our FTSU strategy. This is currently being reviewed by our stakeholders.

Rota gaps

In order to monitor our rota gaps we maintain a monthly record of current vacancies for both training and non-training grades. This is reviewed monthly and active measures are taken to try to recruit to all trainee vacancies. Junior Specialist Doctor (JSD) posts are used to replace gaps in our rotas and also create new posts where additional service needs have been identified. We currently have 128 of these posts of which 112 doctors are in post and the remaining posts have recruitment pending or awaiting clearance.

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

NHS Staff Surveys - Encouraging advocacy

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

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

The NHS staff survey poses nine mandatory questions to ascertain how engaged staff are. All NHS staff are given the opportunity to give their feedback on these questions every quarter in the national staff survey and the newly introduced quarterly Pulse survey. Below is a comparison of results between 2022 and 2023 in relation to advocacy. These results are based on staff who agreed or strongly agreed as part of the NHS Staff survey in 2022 and 2023.

NHS Staff Survey	2022 %	2023 %
Staff who would recommend the Trust as a provider of care to their family and friends	52.3%	54.9%
Staff who would recommend our organisation as a place to work	52.1%	54.7%

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

This year, we have seen a small increase in most of our scores within the annual staff survey, which shows that some of the work we have done, since we introduced our People Plan last year, is working. However, when we compare our results against the national average, we still have some work to do.

This year, we have introduced a new year-round approach to the staff survey – as shown in the graphic below – which is designed to ensure that we are continually engaging with staff about their experience of working at SWB and the improvements we are making as a result of their feedback.

As a direct result of feedback in the staff survey, we have developed people engagement objectives for 2024/25. These are:

- Improve teamwork - We will roll out our compassionate ARC leadership and team effectiveness programme across the organisation.
- Improve our wellbeing programme - We will strengthen and enhance our health and wellbeing offer.
- Implement our Equality, Diversity and Inclusion (EDI) delivery priorities - Empower, equip, and enable our staff inclusion networks. Optimise the role and function of the EDI Team within the Trust. Deliver and embed a robust framework for inclusive recruitment. Launch a SWB inclusive Talent Management programme.
- Trust wide approach to improvement - We will implement the SWB Improvement System, working with colleagues at all levels of the organisation.
- Support our line managers - All line managers will have a clear PDR objective for strengthening staff engagement, through role-modelling compassionate, restorative and inclusive leadership behaviours.
- Establish our People Engagement Teams - Each group will have a People Engagement Team which will be made up of colleagues from a diverse range of roles, backgrounds, and levels. They will be responsible for supporting and championing the actions that are required to improve the experience for staff in their group.
- Lead from the top - We will appoint an executive and non-executive inclusion champion for staff engagement and experience. For the first time, each of our clinical groups and corporate directorates will have their own local improvement objectives, which have been co-produced with staff.

We hope that these improvements and starting a continuous dialogue with staff will help the organisation in achieving our people strategic objective; to cultivate and sustain happy, productive, and engaged staff.

Data Security and Protection Toolkit (DSPT) attainment levels

The Data Security and Protection Toolkit includes 10 mandatory data standards. The next submission evidencing compliance with the assertions in the Data Security and Protection Toolkit is 28th June 2024.

The Trust overall risk assurance rating is 'Moderate' for all 10 data standards. The Information Governance service continues to strive for improvement over the next year and achieve 'Substantial' the DSPT compliance.

General Data Protection Regulation

Work continues to ensure that data protection obligations are implemented and monitored for all processing activities across our Trust. The Trust recognises the importance of robust information governance and the Information Governance Group oversees and is leading actions to make improvements.

Complaints, PALS concerns and purple point calls

Complaints

During the financial year 2023/24, Sandwell and West Birmingham NHS Trust received 769 formal complaints, a decrease from the 1102 received in the previous year.

Additionally, 65 complaints were reopened due to perceived unresolved issues or unaddressed concerns, a higher number compared to the previous year. This increase is attributed to our efforts to clear and respond to the backlog of complaints.

Themes of complaints

The top five themes identified in complaints during 2023/24 remained consistent with the previous year, focusing on clinical treatment, communication, staff values and behaviours, appointments, and patient care. Sub-categories within these themes highlighted issues such as delays in treatment, communication breakdowns, staff attitudes, appointment availability, and failures in providing adequate care.

Theme	2023/2024	2022/2023
Clinical Treatment	211 (27%)	290 (26%)
Communications	141(18%)	235 (21%)
Values And Behaviours (Staff)	113 (15%)	164 (16%)
Appointments	76 (10%)	161 (15%)
Patient Care	67 (9%)	96 (9%)

Challenges and Improvements:

We faced challenges in managing formal complaints during the initial three quarters of the year due to backlog issues. However, with the appointment of a new Head of Complaints and the implementation of a streamlined process, all complaints from previous years were addressed, and new complaints monitored effectively.

Recognising the importance of timely responses, we remain committed to improving our complaint management process to better serve patients and enhance service delivery

PALS/ Purple Point

In 2023/24, the Trust received 2115 PALS enquiries, an increase from the 1767 enquiries received in the previous year. Additionally, 31 Purple Point calls were received during the year, compared to 17 in the previous year. The themes identified in PALS and Purple Point inquiries mirrored those observed in formal complaints.

Compliments

Throughout the year, 655 compliments were directly recorded by ward and clinic staff, with an additional 106 compliments logged by the Governance Support Unit.

Future Developments:

- Policy enhancement: We will implement a revised PALS and Complaints Policy aligned with Parliamentary and Health Service Ombudsman NHS Complaints Standards to improve patient experience when contacting our services.
- Timely responses: Efforts will continue to ensure timely responses to PALS and Complaints prioritising effective communication with complainants.
- Integration of teams: The PALS and Complaints teams will be integrated to streamline patient concerns, feedback, and complaints management.
- Enhanced accessibility: A web-based version for tracking complaints will be rolled out, providing more detailed departmental information for easier tracking by groups and staff across our Trust.
- Reporting systems: New reporting systems will be developed to closely monitor PALS and Complaints themes, facilitating proactive interventions and improvements.
- Learning and improvement: Learning on one page and actions to improve services trust-wide will be implemented for all formal complaints to ensure continuous learning and service enhancements.
- Review of Purple Point scheme.

Incident reporting

A positive safety culture remains essential for the delivery of high-quality care. As part of the NHS Patient Safety Strategy, the NHS is currently transitioning over to enhanced data collection and analysis of incidents. The National Reporting Learning System (NRLS) was replaced by a new national system called Learn from Patient Safety Events (LFPSE) in 2023.

We successfully transitioned over to LFPSE in December 2023, in line with national requirements to submit patient safety event data.

The LFPSE system supports real-time reporting and uploading of incidents from our local Safeguard incident reporting system to the national database, in line with our reporting requirements. Subsequently, the NRLS comparative data is not up to date with the current transition over to LFPSE for this financial year. The National Patient Safety Team have paused the annual publishing of patient safety data whilst considering future publications in line with the introduction of LFPSE service.

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

Patient safety incidents resulting in moderate harm or above have been discussed at the weekly Incident Assessment Meeting which is a multi-professional forum. This provides an environment of openness and transparency to discuss the level of investigation required and ensure all moderate harm or above incidents are screened appropriately. In addition, reducing patient safety incidents with moderate or above harm (whilst maintaining or increasing no or low harm incident reporting) was an annual objective for our Trust with additional oversight.

The number of serious incidents reported in 2023/24 is shown in the following table. This does not include pressure ulcers, fractures from falls, ward closures, some infection control issues including hospital acquired COVID-19 infections, personal data breaches, IT or health and safety incidents.

2023/24	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of SIs (by date reported as SI)	4	5	5	3	5	3	4	2	1	4	3	1

The new Patient Safety Incident Response Framework (PSIRF) replaced the Serious Incident Framework from 1st April 2024. PSIRF integrates four key aims; Compassionate engagement and involvement of those affected by patient safety incidents, Application of a range of system-based approaches to learning from patient safety incidents, Considered and proportionate responses to patient safety incidents, Supportive oversight focused on strengthening response system functioning and improvement.

Never Events

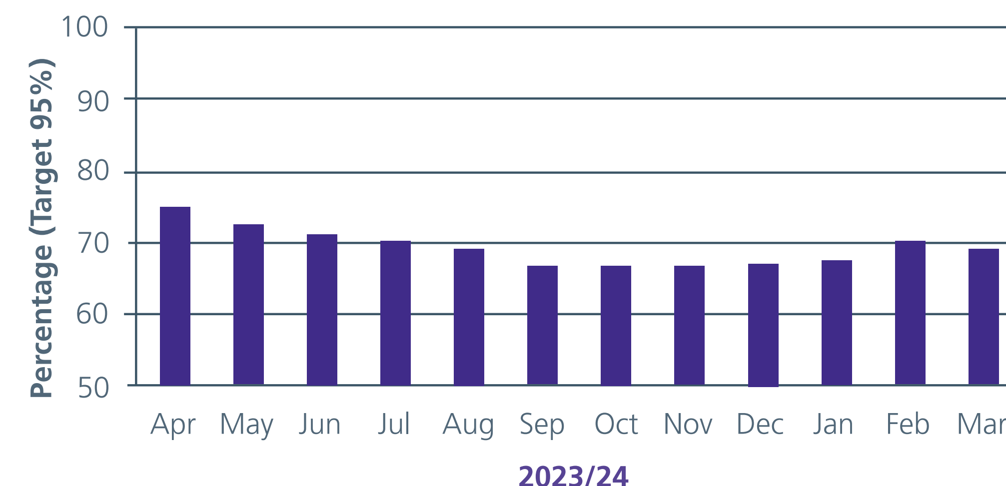
Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. (NHS Improvement, 2018).

During 2023/24 there were no never events reported.

Emergency access standard

In line with the national standard, we aim to ensure that 76% of patients will wait for no more than four hours within our Emergency Departments (ED).

In 2023/24 on average, we achieved 69.4%. This is a reduction from 2022/23 (72.7%) and due to increase in attendances and admissions across the organisation, increased total length of stay, medical length of stay and reduced average daily discharges. We have slipped from the upper quartile due to our reduced performance on a background of improving performance nationally and locally.



We continue to grow and develop key community and acute services such as virtual wards and Medical and Frailty Same Day Emergency Care (FSDEC). We continue to deliver on our Emergency Access Improvement Plan, which focuses on additional winter staffing, internal quality standards and performance focus, floor management and awareness of performance, streaming and UTC and outflow. In March we redesigned our major flow at Sandwell, which supports a separation of ambulatory and non-ambulatory majors. This will support an improved performance and provide an extra four cubicles. A further focus on length of stay will further support improved performance, this will remain a key area.

Urgent Care performance is an organisational priority to improve access and quality of care for our patients which will be demonstrated in our delivery for 2024/25.

Patient Reported Outcome Measures (PROMs)

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

The following table shows the percentage of patients reporting an improvement in their health status following their procedure and the average adjusted health gain achieved compared against the average for England. It is worth noting that the 2021/22 data was unable to be presented in the previous year's quality account. This was due to significant changes that were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMS-HES data. Redevelopment of the linkage process paused PROMS publications and therefore April 2021 – March 22 is reported below rather than April 22 – March 23 data that would be expected.

Procedure	Organisation	Average Pre-op Q Score	Average Post-op Q score	Health Gain	Improved	Adjusted Average post-op Q Score	Adjusted average Health Gain
April 2021 – March 2022							
Total Hip replacement	SWB	0.195	0.702	0.456	37 (90.2%)	0.792	0.464
	National	0.328	0.784	0.507	13.096 (89.5%)	0.784	0.456
Total Knee replacement	SWB	0.350	0.652	0.302	55 (77.5%)	0.714	0.289
	National	0.424	0.748	0.324	12,132 (82.1%)	0.748	0.324

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

The data for 2021/2022 shows that the reported outcome for the average health gain for hip and knee replacements are below national average. However, when adjusted the health gain for hip replacements is above national average, but the knee replacements still remain below. Data shows that only 77.5% of our knee replacement patients saw an improvement in their PROMs Q score between pre and post operation. However 90.2% of patients improved with total hip replacements. It is also worth noting that the uptake of the questionnaires and return rate has been lower than previous years with an average of 43.18% meaning our data is not a true reflection of the whole population that received hip and knee surgery.

The team continues to review the below average adjusted health gain for knee replacements with consideration to the poor return rate. Improvement actions previously reported have been implemented and sustained. These include;

- Information booklets and contact details provided to all patients.
- Physio team have completed visits to the Royal Orthopaedic Community Care Clinic to observe patient care post joint replacement surgery.
- Data entry clerk continues to check all patients have completed their questionnaire pre surgery and cross reference with the surgery list.
- Physio team have created a video that all patients are required to watch.

Additionally, our PROMs working group has been looking into the implementation of a new PROMs collection and monitoring system. A clinician backed software programme (Open Outcomes) has been sourced and has been implemented in the Trauma and Orthopaedics Team and Pain management Team.

We will continue to scope other services who already are, or should be, using PROMs to measure the quality of patient care and efficacy of a clinical intervention from the patient's perspective. This will enable a standardised approach of PROMs across our Trust. We will also be looking at digital communication methods to replace traditional paper return forms. We believe this will increase response rates thus providing more meaningful data for our adjusted health gain scores.

Staff from the Physiotherapy Service.

How we performed in 2023/24 against our Key Performance Indicator (KPI) standards

Access Metrics	Measure	Target	2022/23	2023/24	Comments
Cancer – 2 week GP referral to first out patient	%	=>93	94.9	94.2	Full Year
Cancer – 2 week GP referral to first outpatient (breast symptoms)	%	=>93	98.2	99.5	Full Year
Cancer – 31 day diagnosis to treatment all cancers	%	=>96	91.9	94.2	Full Year
Cancer – 62 day wait for first treatment from NHS Cancer Screening Service referral	%	=>90	93.5	90.4	Full Year
Emergency Access Standard	%	=>95	72.7	69.4	Full Year
Referral to treatment time – incomplete pathway < 18 weeks	%	=>92	59.2	52.0	Full Year
Acute Diagnostic waits in excess of 6 weeks	%		48.2	49.4	Full Year
Referral to treatment time – incomplete pathway < 18 weeks	%	=>92	59.2	52.0	Full Year
Acute Diagnostic waits in excess of 6 weeks	%		48.2	49.4	Full Year
Outcome Metrics					
MRSA Bacteraemia	No	0	3	1	Full Year
Never Events	No	0	4	0	Full year
WHO Safer Surgery Checklist 3 sections (% patients where all sections complete. Main theatres only)	%	=>100	100	99.9	Full Year
VTE Risk assessments (adult IP)	%	=>95	95.0	96.1	Full Year
Clinical Quality and Outcomes					
Stroke care – patients who spend more than 90% stay on Stroke Unit	%	=>90	88.5	89.2	Full Year
Stroke care – Patients admitted to an Acute Stroke Unit within 4 hours	%	=>80	54.1	64.4	Full Year
Stroke care – patients receiving a CT scan within 1 hour of presentation	%	=>50	85.4	85.5	Full Year
Stroke care – Admission to Thrombolysis Time (% within 60 minutes)	%	=>85	76.6	65.9	Full Year
TIA Treatment within 24 hours from receipt of referral	%		97.4	98.7	Full Year
MRSA screening elective	%	=>95	76.9	72.4	Full Year
MRSA screening non elective	%	=>95	69.7	80.8	Full Year
Hip Fractures – operation within 36 hours	%	=>85	77.7	61.7	Full Year
Patient Experience					
Primary Angioplasty (Call to Balloon Time 150 mins)	%	=>80	82.6	86.1	Full Year
Primary Angioplasty (Door to Balloon Time 90 mins)	%	=>80	80.7	91.4	Full Year

All data in the table above is subject to final year end validations

Infection prevention and control (IPC)

The Health and Social Care Act 2008 requires all trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). Our Trust's nominated Director of Infection Prevention and Control (DIPC) is currently the Chief Nursing Officer, who has Board level responsibility for IPC and chairs the Infection Control Committee. Our Trust declares compliance with all 10 sections of the hygiene code.

We continue to acknowledge ongoing challenges arising from old estate. However, the Infection Prevention & Control Team has been supporting the development of the new Midland Metropolitan University Hospital (MMUH), ensuring that good infection prevention is intuitively enshrined into the fabric of the building to keep patients as safe as possible from healthcare associated infection. Our new hospital, with its 50% side room provision will help us minimise infection risks to patients.

What we said we would do in 2023/24

- Continue to protect patients, staff and visitors from hospital acquired COVID-19.
- Continue to support the planned opening of MMUH ensuring effective infection prevention and control is built into the environment.
- Strengthen the infection prevention audit process using Tendable® by refreshing and strengthening questions.
- Continue to work collaboratively with other local NHS trusts and the Integrated Care Board to tackle healthcare associated infection including C. difficile.
- Maintain high rates of compliance with good hand hygiene and 'bare below the elbow' dress code.
- Improve the process of investigating surgical site infections.
- Continue the NHS England 'Gloves off campaign' highlighting (post COVID-19 pandemic) how overuse of personal protective equipment can actually result in spread of healthcare associated infection, and instead focus on good hand hygiene.

What we achieved

Cases of infection with SARS-CoV-2, the virus that causes COVID-19 continued to decline in line with national trends and cases were generally less severe than previously experienced.

The Infection Prevention & Control (IPC) Team have undertaken regular walk rounds of clinical areas and public spaces together with support services to monitor cleanliness and troubleshoot problems identified.

In accordance with aims set for the year, the IPC Team led on a campaign to reduce unnecessary glove use and revised infection prevention audit questions using the Tendable® audit system. A revised process for the identification and investigation of surgical site infection continues to be embedded working alongside leaders in surgical specialities. We also participate in a Black Country wide forum tackling C. difficile infection.

NHS England Infection Prevention & Control inspection

The Trust underwent an Infection Prevention & Control (IPC) inspection by NHS England in March 2024. The inspector visited Rowley Regis Hospital, Leasowes Intermediate Care Centre and maternity at City Hospital and was very pleased with the standard of infection prevention and control and the responsibility that staff took to keep patients safe from infection. Some further improvements were requested for Emergency Medicine, and these have been acted upon.

Mandatory reportable organisms

The following are organisms required to be reported as part of mandatory reporting to the UK Health Security Agency (UKHSA) against NHS England set trajectories. Cases have slightly exceeded trajectory, which is a common position across the Black Country.

Organism	NHSE set target	Reported cases
MRSA bacteraemia (post 48 hours admission)	0	1
C. difficile toxin	40	55
E. coli bacteraemia	48	65
Klebsiella bacteraemia	18	19
Pseudomonas aeruginosa bacteraemia	9	11

Figures April 23 to Feb 24

What we want to achieve for 2024/25

- Ensure IPC is at the forefront of final works at MMUH prior to the opening and for the safe transfer of patients to the new site, minimising risk of healthcare associated infection.
- Ensure that MMUH has infection prevention and control enshrined into clinical practice and business as usual from the outset.

- Continue to participate in local workstreams including the Black Country Integrated Care Board to tackle healthcare associated infections including C. difficile.
- Continue to implement the revised process for the identification and investigation of surgical site infections and expand on the types of surgery investigated.
- Further improve the screening process for Carbapenemase producing *Enterobacteriaceae* including revised screening questions.
- Continue with a planned programme of peer review audit using Tendable®.

Venous thromboembolism (VTE)

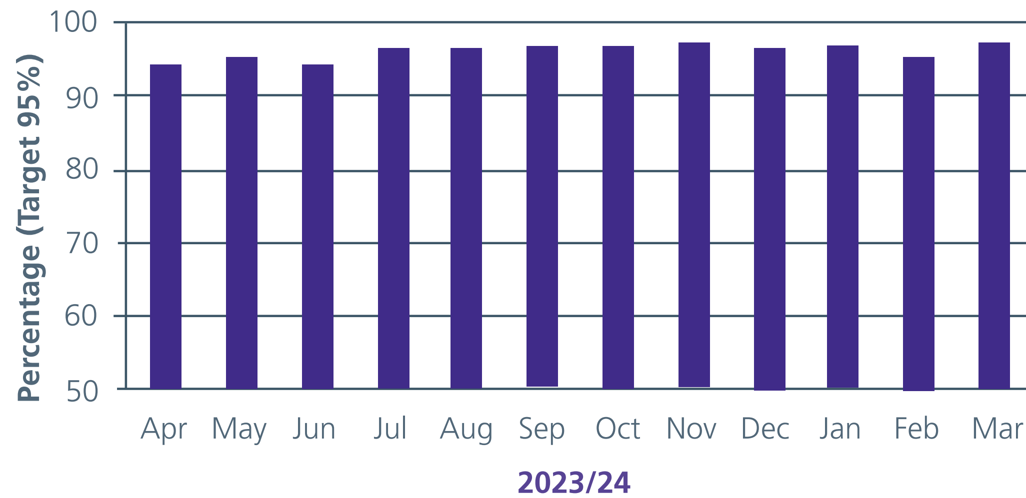
A venous Thrombo-embolism (VTE) is a blood clot that forms in a vein. A calf vein is the most common site for this to occur but occasionally pieces of the clot can break away and flow towards the lungs and become a pulmonary embolism (PE). The Department of Health requires all Trusts to assess patients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

We report our achievements for VTE against the national target (95%) and report this as a percentage. The calculation is based on the number of adults admitted to hospital as an inpatient and of that number, how many had a VTE assessment within 24 hours. Our compliance for 2023/24 is 96.1%

In previous years we have published our compliance for each quarter and indicated the national average and highest and lowest NHS trust percentages. In order to release capacity across the NHS to support the COVID-19 response the Office for Statistics Regulation has paused the collection and publication of some official statistics. VTE is included in the paused data sets therefore we are only able to publish SWB data for the quality account for 2023/24.

Further clarification on this can be found here:

https://www.england.nhs.uk/statistics/statistical-work-areas/vte/



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

We have;

- Improved safety huddle dashboard information for VTE compliance and missed doses information.

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

- Review prescription process for mechanical thromboprophylaxis.
- Review of VTE guidelines.
- Ensure VTE is embedded in the 'Rhythm of the Day' project for our wards.

Readmission rates

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

SWBH	Number of Patients	Total Number of Readmissions	Percentage of Readmissions
4 – 15			
2023/24 (Apr-Feb)	4038	274	6.79%
2022/23	4507	271	6.01%
16+			
2023/24 (Apr-Feb)	65610	4484	6.83%
2022/23	73312	5191	7.08%
All Ages			
2023/24 (Apr-Feb)	69648	4758	6.83%
2022/23	77819	5462	7.02%

The data in the table shows a reduction in our adult readmission rates but we have seen a slight increase in our paediatric readmissions.

We continue to focus on reducing readmissions with efforts centred around the national urgent and emergency care recovery plan with improvement schemes related to this and preparations for our move to MMUH. For both paediatrics and adults this will see a continued implementation and establishment of our virtual wards and same day emergency care services and continued development of our community admission avoidance and facilitated discharge services.

Readmission reduction remains a focus area for our Trust. We expect to continue to improve our readmission rates and are proud to be continually below the national average. To support this, we have in place plans that will support patients when they are discharged from hospital and to support patients when they are at home. These include:

- Use of population health data to identify patients at risk of deterioration, linking to case management, integrated pathways, community multi-disciplinary teams (MDTs) and ensuring that patient preferences matter.
- Admission avoidance and early discharge schemes including home-based care, same day emergency care for medicine, frailty, surgery, gynaecology and paediatrics, and virtual wards for services including paediatrics, frailty and heart failure.

Safeguarding children

Keeping children safe remains an important priority for our Trust and this principle is embedded into practice across all disciplines and roles, from our Chief Nursing Officer, as the Executive Lead for Safeguarding through to our frontline staff. We have a dedicated team of specialist safeguarding children professionals which is made up of a diverse and multi-professional team who provide specialist and expert safeguarding training, advice, support, and supervision to all Trust employees to enable them to fulfil their safeguarding responsibilities and duties on a wide range of safeguarding issues affecting the unborn, children and young people and their families and carers. This includes a specialist nursing team to meet the health needs of children in care whether placed in Sandwell or out of area.

The safeguarding team strive to ensure all safeguarding processes are robust and effective and are responsive to emerging local and national needs. This enables us to achieve full compliance against all our safeguarding standards. These principles have been enhanced further following on from the safeguarding review undertaken in 2022 to revise our leadership structure and the introduction of an Associate Director for Safeguarding and facilitate a move towards a fully integrated Children and Adult Team. This is a positive move and will support a seamless transition for vulnerable children moving through to adult services to ensure their needs are met and responded to.

During the year we have continued developing partnership priorities, procedures and working arrangements to safeguard and protect vulnerable children, young people, and families, at both an operational and strategic level. This has included contributing to both local safeguarding children partnership's quality audit programmes and to demonstrate that SWB, as an organisation, is meeting its corporate responsibilities in relation to safeguarding children. This, combined with our learning from tragic national child safeguarding reviews has ensured that the voices of children are heard, listened to, and responded to. Our safeguarding training is regularly reviewed and updated to include key messages from safeguarding reviews (both children and domestic homicide reviews).

Throughout 2023/24 assurance, quality and accountability has been demonstrated by the inclusion of quarterly and exception reporting from our Safeguarding Children Operational Group (from February 2024 this group is now a combined Adult Children Operational Group) to the Safeguarding Vulnerable People's Group, chaired by the Chief Nurse where safeguarding concerns and risks are discussed and reviewed. Membership includes Black Country Integrated Care Board (BCICB) and Sandwell Place designate professionals who offer a level of scrutiny regarding our safeguarding arrangements. In addition to this, quarterly joint adult-children safeguarding reports are produced by our safeguarding leads and presented to our Quality Committee and Trust Management Committee to ensure senior executives are fully sighted on key safeguarding developments and any challenges faced during the year.

Our Emergency Department (ED) Domestic Abuse Advocacy Service continues to be a positive venture and has demonstrated this by having the ED Independent Domestic Violence Advocacy (IDVA) service increases accessibility for victims to access specialist domestic violence and abuse support via either our ED departments or in-patient episodes. We continue to receive part funding from Safer Sandwell Partnership to support the service.

During the year the service has received over 270 referrals with approximately 70% of victims previously being unknown to domestic abuse support services. The ED IDVA service continues to evaluate positively, with 100% of victims stating they now knew where to go for support and with over 90% feeling safer following this intervention.

"I have had years of support and counselling and felt at times patronised. Thank you for talking to me you made me feel as if I was understood".

"I wasn't aware of the help available until I spoke to different people at the hospital. I never realised how much I needed the help and feel much better after speaking to the mental health team and you. Thank you I really appreciate you listening to my personal information and doing something with it that's so positive".

"no one has spoken to me in the way you did the visual tools are so interesting. How do you know so much about something"

"If another incident happens, I know there is relevant support available to me thank you".

Across the partnerships we have continued to see an increase in cases of child neglect, levels of serious youth violence, exploitation and gang activity amongst our youths, and increased parental mental health needs which has impacted on parental capacity to parent competently. We have worked closely with our partners and frontline staff to improve our response to cases of neglect and have promoted the use of assessment tools to support identifying cases of neglect and poor home conditions. Through the work of Sandwell's Unborn Baby Network we have seen an increase in referrals to support early intervention when emerging concerns present for pregnant women and unborn babies offering the opportunity to review support needs and services at the earliest point in order to avoid a crisis response and potentially statutory involvement of social care.

As a result of the increased incidence of youth violence SWB have continued to fund and work with St Giles Charity 'Turning a past into a Future', an established provider of services to young people exposed to this level of violence and have just received notification that the Violence Reduction Partnership will fund the service in 2024/25. We continue to see a significant improvement in the response and support offered to our young people presenting to ED in these circumstances and support offered by the case workers, feedback from service users and their carers continues to be positive. We are working closely with the Black Country Integrated Care Board's (BCICB) Serious Violence Steering Group to ensure we are compliant with the requirements outlined in the Serious Violence Prevention Duty Act (January 2023) with regards to collection of data for serious violence incidents when young people and adults present in our EDs.

Key themes to continue for 2024/2025 include:

- Continue to work collaboratively with BCICB and serious violence duty requirements.
- Integration with our safeguarding adult team and wider place collaboration to support victims of domestic abuse.
- Continue to report and comply with data collection required for the BCICB Provider Safeguarding Performance Framework 2024/25.
- Continue to work in partnership with both the Black Country and Birmingham & Solihull ICB to ensure SWB are equal partners at board and strategic level in relation to the safeguarding agenda.
- Fully integrate both adult and children's safeguarding teams into one team.

Safeguarding and vulnerable adults

The Safeguarding and Vulnerable Adult Team have undergone a service review. The outcome of this review has introduced a new structure that is a response to identified gaps in care and knowledge that were identified in statute reviews, serious incidents and complaints.

The team consists of a Vulnerable Adult and Safeguarding Service Lead Nurse, Senior Adult Safeguarding Nurse with funded full time substantive posts for a Safeguarding Nurse, Mental health registered Dementia Nurse, Learning Disability Nurse and a full-time administrative support post.

The service review secured an additional Senior Learning Disability Liaison post to support our Trusts strategic vision which has been successfully recruited to with the post holder commencing in April 2024. We have also secured a Mental Health Lead role seconded from the Black Country Healthcare NHS Foundation Trust as part of a service level agreement which is supporting the vulnerable adult agenda.

During the past year the team have continued to focus on assessment of mental capacity, deprivation of liberty, best interest process and patient advocacy. The Dementia Liaison Nurse has focused on improving practise in our elderly care wards raising awareness of relevant screening for confusion and diagnosis and personalised care planning. The team participated in the National Standards of Dementia Audit and are working closely with the Patient Experience Team to improve our dementia pathways. They have given input into several work streams and provided training, visibility and operational support to frontline colleagues.

The Trust participated in the National Learning Disability Standards and have a clear action plan for improvement. The appointment of our Learning Disability Nurse will provide a clear focus on this and the wider development of learning disability services within the trust.

We continue to work closely with Sandwell and Birmingham multi agency safeguarding boards, ICB and partners and are building relations with charities in the third sector. We are compliant with all cases meeting the threshold for statute public enquiries and participate and contribute to several work streams that include improving learning disability and vulnerable adult services. The team are committed to the national PREVENT strategy and agenda, attending NHS England forums and local steering groups.

Learning from Deaths

The mortality review pathway is a multi-step process, which has been designed to provide assurance that deaths receive adequate independent review. The first step is the medical examiner service which has been in place at our Trust since 2019. The role of the medical examiner is not only to scrutinise the case notes to identify any issues in care but also to ensure accuracy of the death certificate and speak to the next of kin about the care their loved ones received. Following scrutiny of notes, the medical examiner can request a structured judgement review of cases that either meets a nationally set criteria or cases where they have identified issues in care.

During 2023/24, 1440 of Sandwell and West Birmingham NHS Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 344 deaths in Q1, 319 deaths in Q2, 362 deaths in Q3 and 415 in Q4.

Of the 1440 deaths reported during 2023/24, 1434 (99%) underwent a tier one mortality review by medical examiners. This equated to 342 reviews in Q1, 315 in Q2, 362 in Q3 and 415 in Q4. Of these, 135 were referred for further review in the form of a Structured Judgement Review (SJR) for panel discussion at the Clinical and Professional Review of Mortality Group (CAPROM) to determine if they were avoidable. This consisted of 31 cases in Q1, 39 cases in Q2, 28 in Q3 and 37 in Q4.

Of the cases which received further scrutiny, 16 cases (representing 1 per cent of all patient deaths during 2023/24) was judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of: 5 patient deaths representing 1.45 per cent of the patient deaths for Q1, 3 patient deaths representing 0.9 per cent of the patient deaths for Q2 and 3 patient deaths representing 0.8 per cent of the patient deaths for Q3. There were 5 patient in Q4 representing 1.2 per cent of the patient deaths.

	2023/24			
	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
Total Inpatient spells	25,042	24,864	24,739	25,193
Total deaths	344	319	362	415
Avoidable deaths	5	3	3	5

Engagement with Next of Kin (NOK)

With the expansion of the number of medical examiner officers, we have increased the percentage of next of kin contacted, to seek their views on the care their relative received whilst in our care, to an average of 91% in 2023/24. All comments are analysed and fed back to the caring team for review/action.

Next of Kin Contact 2023/24											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
93%	95%	92%	91%	88%	91%	90%	86%	91%	94%	93%	84%

Legislation changes

Regulations for the death certification reforms have been laid in parliament, including the introduction of a statutory medical examiner system. The legislation will come into force on 9 September 2024 which will require all non-coronial deaths in England and Wales, in both primary and secondary care, to have independent scrutiny by a medical examiner.

In preparation for this we have been communicating with the 47 GP Practices/Groups in our area to engage and work with the service changes before they become statutory. Of the 47, a number have engaged and already referring deaths to our medical examiner service for review. We are now focusing on engaging with the remaining practices to ensure they are aware of the expected changes and the implications moving forward. We are also working on changes to our internal processes and policies to ensure we are ready for full implementation in September.

Mortality Indices (SHMI)

The Standardised Hospital-Level Mortality Indices is the ratio between the actual number of patients who die following hospitalisation at the Trust over the number that would be expected to die based on average England figures, given the characteristics of the patients treated. This acts as a "smoke alarm" and a prompt to investigate the cause of an elevated SHMI. Contributing factors such as data coding, severity of illnesses, admission pathway, end of life care provision and local population characteristics are all taken into consideration when reviewing the quality of care and treatment of patients. This ensures that care and quality has not been compromised and potentially predisposing to avoidable harm. It includes death up to 30 days post discharge and does not adjust for palliative care. SHMI above 1 is higher than benchmark.

Trust Board level reporting of mortality activity uses the SHMI figure based of NHS Digital Monthly data (Figure 1). The NHS Digital SHMI reported in March 2024 (reporting period up to October 2023) is 104.76.

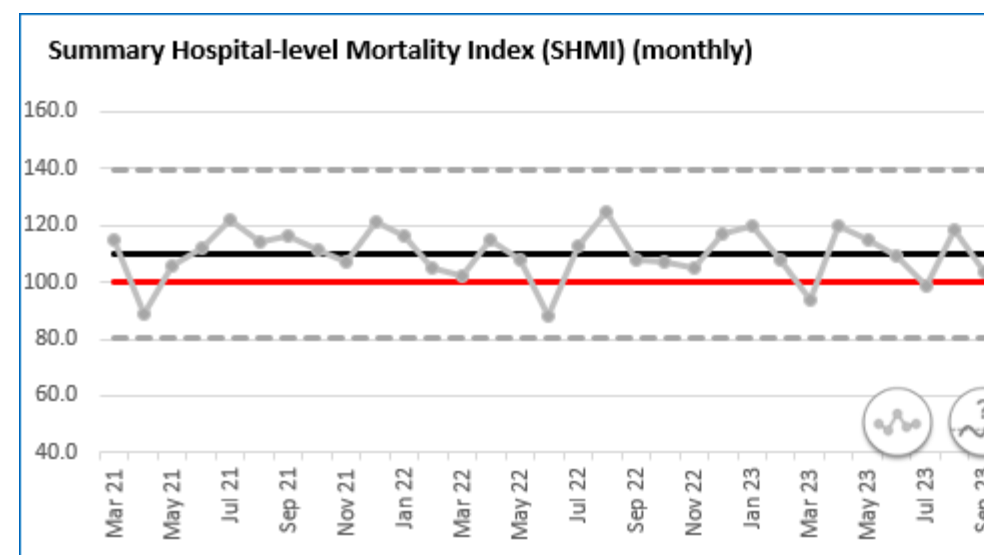
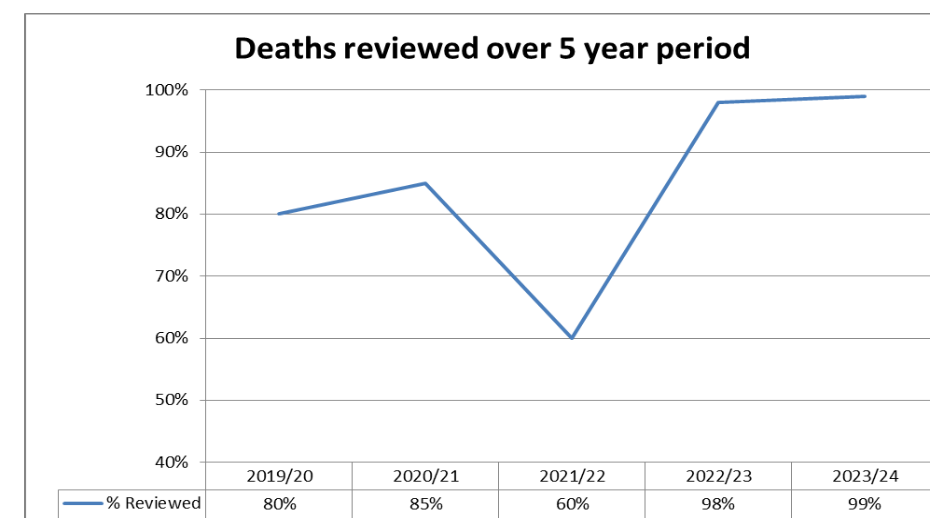


Figure 1: SHMI: NHS Digital Monthly (September 23)

Strategies to improve SMHI include:

1. Robust medical examiner process: The percentage of deaths scrutinised by medical examiners has improved significantly over the last 5 years. For 2023/24 Q3 and Q4 we have reviewed 100% of deaths and we have also introduced a peer review system as a quality assurance process to the medical examiner case note reviews. Quality improvement initiative to support bereaved relatives and improving the process and timeliness of issuing death certificates is ongoing.



2. Established processes of disseminating learning from death:
   a) Thematic analysis of structured judgement reviews (SJRs) which are fed back to groups and directorates at governance meetings for action.
   b) Direct feedback to teams following discussion of cases at Clinical and Professional Review of Mortality Panel.
   c) Development of an open intranet site and Sharepoint where key documents and presentations can be easily accessed by staff.
   d) Thematic analysis of feedback from next of kin as well as complaints.
3. A SJR Lead Reviewer role has been introduced in 2023/24 to provide a peer review element to our SJR process. The peer review process aims to strengthen the quality and consistency of our SJR process by identifying opportunities for improvement and identification of additional learning. The SJR Lead Reviewer will also be a contact point of support for mortality leads and report themes from completed peer reviews to the Learning from Deaths Committee to promote learning.
4. Specialty Reviews

To provide clinical assurance, the Learning from Deaths committee asks each specialty to review their deaths routinely and report into the committee at a set frequency on key learnings and actions taken. In 2023/24 the following specialties presented an overview of their SJRs, key learning points and what action they have taken in response:

Specialty	Month of presentation
Acute Medicine	November 2023
Emergency Department	April 2023, January 2024
Toxicology	August 2023
Cardiology	October 2023
Elderly Care	March 2024
Gastroenterology	September 2023
Haematology	August 2023
Respiratory Care	Due to present in June 2024
Stroke	September 2023,
Critical Care	February 2024
Ear, Nose, Throat	February 2024
General Surgery	April 2023
Trauma and Orthopaedic	August 2023
Urology	Due to present in May 2024
Community care	March 2024
Vulnerable Adults/Learning Disability	August 2023
Gynaecology and Gynae-Oncology	Due to present in April 2024
Neonates	October 2023
Obstetrics	October 2023
Paediatrics	April 2023, September 2023,

5. Trust-wide Quality improvement projects developed as a result of mortality reviews include;
   a. Continuation of the Pneumonia Task Force with the aim to improve the percentage of patients with CURB65 score completed. A pneumonia care bundle has now been built within our digital electronic patient record (EPR) system UNITY. In April 2024, the Pneumonia task force will be agreeing a socialisation plan to support trust-wide utilisation of this bundle.
   b. The deteriorating patient quality improvement project has been reinvigorated with an initial focus on capturing real time monitoring and reporting of compliance of National Early Warning Scores (NEWS). A dashboard is in development stage to aid ward level oversight to provide a baseline to inform what local improvements are required to ensure no missed opportunities in early identification and escalation. This should also have a positive impact on our treatment of patients with sepsis.
   c. End of Life Quality Improvement Project: The end of life care team have dedicated resources to strengthen training across our Trust this year and have developed e-Learning modules aimed at both patient facing and non-patient facing staff. The team organised a 'saturation week' which saw an increased presence on inpatient units and have extended this to a 'saturation month'. The team are fully engaged with participation in the National Audit for Care at End of Life (NACEL). Work has been started to establish clear information sharing processes between the ongoing work of the end of life care team and the Learning from Deaths Group to utilise all available insight to inform and improve care at end of life.
6. Efficient coding and documentation process
   a. Work completed last year by the digital clinical coding fellow provided proof of concept that early identification of cases with coding relating to the SHMI Alerts, allowing for documentation review and amendments, has a positive impact on our SHMI. This year we have been exploring options to embed sustainable processes that enable us to continue this approach.
   b. During 2023/24 the Chief Registrar has promoted awareness of the Unity comorbidities to trainees.
7. Alerts: The Trust receives a pre-warning of diagnostic groups where we may have more deaths than expected. Further investigation is done into these diagnostic groups to identify reasons for the alerts, and learning and actions that can be taken:

Diagnostic group reviewed	Review Period	Investigations
Other perinatal conditions	HSMR Alerting Jun 22 – Dec 23	The SWBH Patient Safety Team and the ICB are investigating the increase in stillbirths seen over this time period. Data informing this alert will be linked into ongoing Patient Safety Investigations.
Skin and subcutaneous tissue infections	SHMI Alerting Jan 22 – May 23	A case note review of the cases triggering this alert has been completed and themes will be presented at Learning from Deaths Group in May 2024. Actions will be agreed and implemented accordingly.
Other non-traumatic joint disorder	SHMI Alerting Jan 22 – Jun 23 and Oct 22 – Oct 23	A process has been established between the Clinical Effectiveness and Coding teams to identify any deaths that have these codes assigned. Further clinical input will be sought to ensure the documentation behind the coding is accurate. Any concerns highlighted in this process will be fed back to the relevant mortality leads.
Hepatitis, Viral infection, other infections including parasitic, sexually transmitted infections (not HIV or hepatitis) and immunizations and screening for infectious diseases	SHMI Alerting Jan 22 – Jun 23 and Oct 22 – Oct 23	

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2023/24 that were recruited to participate in research approved by a research ethics committee was 2742. This includes all studies eligible for inclusion onto the National Institute for Heath & Care Research Portfolio as well as non-portfolio studies. A total of 98 studies were open for participation across 19 specialties at SWB.

We have developed a 5-year strategy to 'Improve lives through Research' which aims to build on our four pillars of Leading areas of research, Outstanding R&D department, Enabling staff to be part of research and Patient and public engagement and involvement.

2023/24 year has seen an increase in the number of investigator-led grants awarded to SWB as well as an increase in the number of collaborations with commercial organisations. This is reflected in our increased recruitment of participants to this portfolio.

We have continued to lead, sponsor and deliver on a number of major projects resulting in advancements for earlier and easier diagnosis of cancers in gynaecology and gastroenterology. We also continue to be an active partner and contributor to Birmingham Health Partners, which aims to transform health, wellbeing and economic growth of the area and have actively contributed to the development of the strategy, goals and various working groups at all levels.

This year saw the launch of a new initiative to support and enhance the next generation of researchers with our new 'SWB Research Fellowships'. Seven projects were funded with an investment of over £300,000. To date, three of these projects have resulted in applications for further funding and publications.

In addition, a jointly funded fellowship within opthalmology has resulted in securing substantial research funding for

- ($2.3M USD) from the US National Institutes of Health (NIH) National Eye Institute (NEI).
- $10M USD NEI Ocular Microbiome Consortium comprising US (Johns Hopkins University, Vanderbilt University, Baylor College of Medicine, University of Pittsburgh, University of Washington) and UK (King's College London, University of Birmingham) academic partners.

Much work has been undertaken this year to strengthen partnerships with local higher educational institutes including:

- Our first jointly appointed clinical academic within physiotherapy.
- Appointment of four PhD students with Aston University in cardiology.
- Our work in Artificial Intelligence was showcased at a regional 'fringe event' this year with Aston University focusing on the vital role humans play in this arena.
- This year has also seen a newly appointed PhD fellow to undertake laboratory-based work with the University of Birmingham, Cancer Institute.

Haematology-oncology continue to improve the care of patients through research contributing significantly to trials improving the care of chronic lymphocytic leukemia patients, and setting standards as published in the New England Journal of Medicine. The team are active collaborators to the West Midlands Research Collaborative in the area, setting up the first NHS Research Ethics Committee approved database to enable data collection, sharing and research on a regional level to aide in research development and improve patient pathways and treatments in conjunction with commercial organisations and academic partners.

As well as medically qualified investigators, we continue to build on our work with the nurses, midwives, allied health professionals, pharmacists, psychologists, and scientists (NMAHPPS) group. This initiative sees collaboration with other provider trusts, and Birmingham Health Partners, providing bespoke research training and education events. An agreement is also in place to provide research specific placements for NMAHPPS students from University of Wolverhampton to provide 'real world' experience of research development and delivery, with the first student placement planned for early autumn.

A range of promotional materials have been developed in conjunction with the provider trusts within the Integrated Care Board (ICB) to signpost and highlight the opportunities in research. This is now available and shared across nursing, midwives, and Allied Health Professionals (AHP) preceptorship days across the ICB.

Participation in clinical audits

During 2023/24, a total of 64 national clinical audits and national confidential enquiries were relevant to the services that are provided at our Trust: Sandwell and West Birmingham.

During this period, of those that we were eligible to participate in (excluding those which were paused by the provider) we participated in 92 per cent national clinical audits and 100 per cent national confidential enquiries.

Table 1 outlines

Column 1: The national clinical audits and national confidential enquiries that Sandwell and West Birmingham NHS Trust were eligible to participate in during 2023/24.

Column 2: The national clinical audits and national confidential enquiries that we participated in during 2023/24.

Column 3: The national clinical audits and national confidential enquiries that we participated in, and for which data collection was completed during 2022/23, identifying the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: Overview of participation

Provider and Title	Are we participating in this?	% eligible cases submitted
British Hernia Society Registry	Data collection suspended by provider	Data collection suspended by provider
British Society for Rheumatology - National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100%
British Thoracic Society - Adult Respiratory Support Audit	Yes	100%
Healthcare Quality Improvement Partnership (HQIP) - National Joint Registry (NJR)	Yes	100%
IBD Registry - Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	No	0%
Intensive Care National Audit & Research Centre (ICNARC) - Case Mix Programme (CMP)	Yes	100%
Intensive Care National Audit & Research Centre (ICNARC) - National Cardiac Arrest Audit (NCAA)	Yes	100%
King's College London - Sentinel Stroke National Audit Programme (SSNAP)	Yes	95%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Child Health Clinical Outcome Review Programme - Juvenile Idiopathic Arthritis	Yes	Data collection ongoing
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcomes Review Programme - Testicular Torsion	Yes	80%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcomes Review Programme - Community Acquired Pneumonia	Yes	40%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcomes Review Programme - End of Life Care	Yes	Data collection ongoing
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcomes Review Programme - Rehabilitation following critical illness	Yes	Data collection ongoing
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcomes Review Programme - Endometriosis	Yes	66%
National Institute for Cardiovascular Outcomes Research (NICOR) - National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)	Yes	90%

Provider and Title	Are we participating in this?	% of eligible cases submitted
National Institute for Cardiovascular Outcomes Research (NICOR) - National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	Yes	100%
National Institute for Cardiovascular Outcomes Research (NICOR) - National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary	Yes	100%
Intervention (NAPCI)	Yes	90%
National Institute for Cardiovascular Outcomes Research (NICOR) - National Cardiac Audit Programme (NCAP): National Heart Failure Audit (NHFA)	Yes	100%
NHS Benchmarking Network - National Audit of Care at the End of Life (NACEL)	Yes	Data collection ongoing
NHS Blood and Transplant - National Comparative Audit of Blood Transfusion: 2023 Audit of Blood Transfusion against NICE Quality Standard 138	Yes	100%
NHS Blood and Transplant - National Comparative Audit of Blood Transfusion: 2023 Bedside Transfusion Audit	No	0%
NHS Digital - Breast and Cosmetic Implant Registry	Yes	100%
NHS Digital - Elective Surgery (National PROMs Programme)	Yes	56.6%
NHS Digital - National Diabetes Audit (NDA) - National Diabetes Core Audit	Yes	50% (100% Primary care 0% Secondary care)
NHS Digital - National Diabetes Audit (NDA) - National diabetes Footcare Audit (NDFA)	Yes	100%
NHS Digital - National Diabetes Audit (NDA) - National Diabetes Inpatient Safety Audit (NDISA)	Yes	39 cases*
NHS Digital - National Diabetes Audit (NDA) - National Pregnancy in Diabetes Audit (NPID)	Yes	100%
NHS England - Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	100%
Royal College of Anaesthetists - National Emergency Laparotomy Audit (NELA)	Yes	100%
Royal College of Anaesthetists - Perioperative Quality Improvement Programme (PQIP)	Yes	0%
Royal College of Emergency Medicine (RCEM) - Emergency Medicine QIPs: Care of Older People	Yes	Data collection ongoing
Royal College of Emergency Medicine (RCEM) - Emergency Medicine QIPs: Mental Health (Self-harm)	Yes	Data collection ongoing
Royal College of Emergency Medicine (RCEM) – Emergency Medicine QIPs: Infection control	Yes	Data collection ongoing
Royal College of Obstetrics and Gynaecologists - National Maternity and Perinatal Audit (NMPA)	Yes	100%
Royal College of Ophthalmologists (RCOphth) - National Ophthalmology Database (NOD) Audit - National Cataract Audit	Yes	100%
Royal College of Paediatrics and Child Health - Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	0%
Royal College of Paediatrics and Child Health - National Neonatal Audit Programme (NNAP)	Yes	100%
Royal College of Paediatrics and Child Health - National Paediatric Diabetes Audit (NPDA)	Yes	100%
Royal College of Physicians - Falls and Fragility Fracture audit Programme (FFFAP): Fracture liaison Service Database (FLS-DB)	No	0%
Royal College of Physicians - Falls and Fragility Fracture audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	Yes	100%

Provider and Title	Are we participating in this?	% of eligible cases submitted
Royal College of Physicians - Falls and Fragility Fracture audit Programme (FFFAP): National Hip Fracture Database (NHFD)	Yes	100%
Royal College of Physicians - National Asthma and COPD Audit Programme (NACAP): Adult Asthma Secondary Care	Yes	90%
Royal College of Physicians - National Asthma and COPD Audit Programme (NACAP): Children and Young people's Asthma Secondary Care	Yes	100%
Royal College of Physicians - National Asthma and COPD Audit Programme (NACAP): COPD Secondary Care	Yes	90%
Royal College of Physicians - National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation	Yes	100%
Royal College of Psychiatrists - National Audit of Dementia: Care in general hospitals	Yes	100%
Royal College of Surgeons of England (RCS) - National Bowel Cancer Audit (NBOCA)	Yes	100%
Royal College of Surgeons of England (RCS) - National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Data collection suspended by provider	Data collection suspended by provider
Royal College of Surgeons of England (RCS) - National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Data collection suspended by provider	Data collection suspended by provider
Royal College of Surgeons of England (RCS) - National Lung Cancer Audit (NLCA)	Yes	100%
Royal College of Surgeons of England (RCS) - National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100%
Royal College of Surgeons of England (RCS) - National Prostate Cancer Audit (NPCA)	Yes	100%
Serious Hazard of Transfusion (SHOT) - Serious Hazards of Transfusion UK National Haemovigilance Scheme	Yes	100%
Society for Acute Medicine - Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	50% (100% Summer SAMBA, 0% Winter SAMBA)
The British Association of Urological Surgeons (BAUS) - BAUS Nephrostomy Audit	Yes	Submission confirmed**
The Trauma Audit & Research Network (TARN) - The Trauma Audit & Research Network (TARN)	Suspended by provider	Suspended by provider
Univeristy of Bristol - National Child Mortality Database (NCMD)	Yes	100%
University of Oxford / MBRACEUK collaborative - Maternal, Newborn and Infant Clinical Outcome Review Programme: - Annual topic based serious maternal morbidity	Yes	100%
University of Oxford / MBRACEUK collaborative - Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal mortality confidential enquiries	Yes	100%
University of Oxford / MBRACEUK collaborative - Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal mortality surveillance	Yes	100%
University of Oxford / MBRACEUK collaborative - Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal mortality and serious morbidity confidential enquiry	Yes	100%
University of Oxford / MBRACEUK collaborative - Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance	Yes	100%
University of Oxford / MBRACEUK collaborative - Perinatal Mortality Review Tool (PMRT)	Yes	100%
University of York - National Audit of Cardiac Rehabilitation	Yes	90%

*Concerns have been identified about how to establish the denominator needed to accurately calculate case ascertainment percentage for NHS Digital - National Diabetes Audit (NDA) - National Diabetes Inpatient Safety Audit (NDISA). For this reason, the number of cases submitted have been provided. Work will progress in 2024/25 to strengthen our methods for identification of eligible cases to ensure sufficient participation going forward.

** Concerns have been raised to British Association of Urological Surgeons (BAUS) about the restricted access to their online platform. Currently non-clinicians are not granted access to the BAUS platform, which has prevented us from confirming precise case ascertainment rates, however we have confirmed that we have participated.

The Clinical Effectiveness Team will continue to further strengthen local processes around supporting national audits going into 2024/25. This will be achieved through improved governance of the assurance of group participation in national audits through diarised check-ins with clinical audit leads. The team will also introduce mapping the process of each national audit to identify if there are any opportunities to monitor case ascertainment more robustly.

Of the 8 percent of National Audits with no participation in 2023/24

IBD registry – There was a lack of admin capacity to submit data to this audit in 2023/24. However, the team did participate in the National Confidential Enquiry into Patient Outcomes and Death on the topic of Crohn's disease which supports evidence of continued review and improvement of service. There has since been a national announcement that the IBD registry will not be running in 2024/25, and the team are engaged with conversation about ensuring participation in the national audit that is likely to replace this.

Peri-operative Quality Improvement Project – Nursing capacity has impacted on participation for 2023/24 but we now have revised processes agreed with surgery and research departments for participation.

Fracture Liaison Service Database – The service was recovering from the pandemic in 2022/23 which impacted data collection last year. An electronic template has been created to support data collection going forward, however clinics are not yet processing patients that fit into the cohort hence the lack of participation in this for the 2023/24 cycle of this audit.

Epilepsy12 – We were unable to submit to the 2023/24 cohort for this audit due to limited clinical capacity. The clinical effectiveness team have worked with the paediatric epilepsy team to understand barriers to data collection and put mitigations in place. A local audit was completed which reviewed practice against the priority standards of Epilepsy12 audit to provide assurance of quality service delivery. The Clinical Effectiveness Team have utilised the foundation doctor workforce to capture data for the 2024/25 cohort so that we can ensure participation next year.

National Comparative Audit of Blood Transfusion: 2023 Bedside Transfusion Audit – The blood transfusion nurses are unable to participate in this national audit due to the time intensive methodology. The team have agreed that a more effective use of time is to focus resources on supporting other national audits (i.e.SHOT), embedding our new transfusion policy and delivering local training and support to improve practice trust-wide.

Having identified the issues for compromised participation in these five national audits, the Clinical Effectiveness team have been working with relevant services to develop recovery plans and escalation arrangements to support participation in 2024/25 national audits.

Local Quality Improvements in response to National Clinical Audit Findings:

The reports of 36 national clinical audits and confidential enquiries were reviewed in 2023/24 and Sandwell and West Birmingham NHS Trust intends to take several improvements forward to improve across various domains some of which are described in the following table.

National Audit	Quality Improvement Activity
National audit of cardiac rehabilitation	The default mode of cardiac rehab has now been reviewed and now offers alternative options to the home exercise programmes put in place due to COVID-19. This will better support our patients, as identified through the national audit benchmarking recommendations
NACEL	The end of life care team are developing a fast track referral process in the electronic record system, and promoting the use of the end of life dashboard amongst ward teams. Ongoing communication training is being offered to staff and the end of life care team are planning to utilise feedback from families to support ongoing learning and improvement. The team are also working to ensure a sufficient supply of syringe drivers trust-wide.
Epilepsy12	In response to the publication analysing Cohort 4 data, a local audit has been completed based on the NICE best practice standards and Epilepsy12 standards, to identify ways to improve documentation and data collection for Epilepsy12. This has informed process and provides a framework for a second local audit, looking at cohort 5 patients, to give a head start to the data collection required for the national audit.
National Hip Fracture Database	In addition to the national report, SWB has received an outlier status for 30-day-case-mix-adjusted mortality. The team have completed a thorough review of cases, reviewed the fractured neck of femur pathway and an AHP-led quality improvement project has provided additional information to clarify low compliance with ASA score. From this the team have implemented a process to review all cases graded as the default ASA2, to promote data accuracy. Ongoing work is being done to investigate options for ring-fencing theatre lists and fractured neck of femur beds, as well as promoting training and awareness of key patient pathways.
National Early Inflammatory Arthritis Audit	Following this national publication, the team agreed to complete a local audit and quality improvement project to capture data in real time. Their aim is to identify opportunities for local interventions that will improve compliance to the national standards and have a positive impact on patient care.
National Diabetes audit: Type 1; Care processes and treatment; Young people with type 2; Diabetes prevention programme	A Diabetes Quality Improvement Group has been established to review multiple sources of data relating to diabetes. The aim is to identify the biggest risk areas, agree actions and monitor progress to improve service delivery. Clinical Effectiveness are a stakeholder in the group and will continue to feed in learning and themes from the national diabetes audits to support improvements.
National Paediatric Diabetes Audit	
National Pregnancy in Diabetes audit	
Sentinel Stroke National Audit Programme	The stroke team have updated several processes to enable improvement against the standards in this audit, therefore improving care for stroke patients: - Cases that are not compliant with the key standards of this audit are reviewed regularly in specialty meetings - Beds are "ring-fenced" for stroke patients where possible - Senior medical staff are present when thrombolysis decisions are made - Concurrent alerts during daytime hours can now be reviewed by multiple band 6 nurses - As part of the thrombolysis decision, the MDT will balance the risk and benefits for each individual patient and clearly document when this may result in a breach of compliance (e.g. delayed thrombolysis due to patient being unstable)

Consolidation required – NCEPOD study on community acquired pneumonia	The findings from this audit have been circulated to the Pneumonia Task Force, which was originally established through the Learning from Deaths portfolio to improve our mortality rates in pneumonia patients. A CURB-65 bundle has been built into our electronic record system to support the assessment and treatment of community acquired pneumonia. The task force are working on an implementation plan to support use of this bundle.
Twist and shout – NCEPOD study on testicular torsion	The team have hosted a Quality Improvement discussion session to raise awareness of the recommendations from this national study and consolidate stakeholder recommendations for improvements to practice going forward. Further analysis of recommendations is to be completed and the team will move forward with agreed actions.
The Inbetweeners – NCEPOD study on transition from children and young people services to adult services	SWB will look at service delivery model (along with peer trusts in the region) to align best practice. Coffee mornings will support conversations around transitioning, and there is an aim to establish a community transition meeting at ICB level to facilitate cohesion between services. SWB plan to use the Birmingham Community local guidelines and review our Trust Transition Policy to further support our services and patients.
Making the cut – NCEPOD study on Crohn's disease	The team have hosted a quality improvement discussion session and identified the need to strengthen the MDT approach to surgery for Crohn's disease. Gastro and surgical teams will come together in May 2024 to identify specific areas for improvement within their shared processes.
Fracture Liaison database service	Following the successful build of an electronic data collection template in our electronic record systems, ongoing work is now being done to replicate this template for community teams. This will improve compliance with the audit and also promote continuity of care for our patients.
RCEM – Care of older people	This audit has identified issues with documentation. Discussions are ongoing to establish a working group and explore options to improve our electronic documentation.
RCEM – Consultant sign off	The emergency department continue to encourage colleagues to follow the established review process that enables all high-risk patients to be seen by senior clinicians. The department also review workforce gaps and put mitigations in place to ensure staffing and seniority are balanced 24/7, as per RCEM standards.
RCEM – Infection prevention and control	In response to the findings from this audit, the emergency department have developed a poster to raise awareness of practice standards and have improved the staff training provided around screening and isolation requirements. The team are exploring a potential electronic solution to enable effective triaging and cubicle allocation.
RCEM – Self harm	This team have reviewed the results from this audit and have identified opportunities to improve compassionate care and capacity documentation for medium to high risk self-harm patients. Further work is ongoing to establish specific actions to achieve improved care for these patients.
ICNARC Cardiac Arrest	A deteriorating patient quality improvement project has been reinvigorated with an initial focus on capturing real time monitoring and reporting of compliance of National Early Warning Scores (NEWS). A data dashboard is in the development stage, in which key indicators from the National Cardiac Arrest Audit, will be available to teams to aid ward level oversight and support ongoing local improvements.
TARN	The emergency department have agreed a change to their documentation process to enable effective coding and identification of eligible patients for this audit. The ED definitive assessment on Unity has been updated and the team are developing a digital template to further improve documentation of trauma cases.

Local Quality Improvements in response to Local Clinical Audit Findings

Reports of 160 local clinical audits performed by our People at Sandwell and West Birmingham NHS Trust, were reviewed in 2023/24. The following table lists some of the quality improvements implemented or to be progressed, in line with the 'Model for Improvement' approach of implementing Plan Do Study Act Cycles.

Improvement activities against clinical audit in 2023/24	
Procedural sedation in Emergency Department	Following comparison of practice against Royal College of Emergency Medicine, Royal College of Anaesthetists RCOA and Academy of Medical Royal Colleges clinical guidelines, the team identified the need to improve awareness about the ad-hoc procedural sedation documentation template in Unity. They developed a poster and training, which will be included in induction packs. There are plans to add a section to Unity to support discharge advice for these patients.
Feverish children in the Emergency Department	To improve compliance with best practice for treating paediatric patients presenting to the emergency department with high temperature, a piece of work was completed to encourage the use of the sepsis risk stratification tool immediately on child arrival to ED. A process was agreed to ensure all vital signs checked and recorded within 15 minutes and senior review would be arranged for acutely unwell febrile children.
Analgesia in patients with Sickle cell pain crisis	To improve our compliance with NICE guidance on sickle cell pain management, posters have been created and placed in key areas to reiterate the importance of timely and adequate analgesia. There has been local teaching and re-enforcement during handovers.
Use of BNP blood serology in the management of Acute Heart Failure	Teaching session for junior doctors and ED ACCPs have been delivered, to raise awareness of when to perform NT ProBNP and the process for requesting an ECHO. Posters have also been developed to support this.
Lung cancer pathway waiting times	To reduce delays to the lung cancer pathway, radiologists now plan a biopsy at the time of triage and/or MDT discussion. An additional Endobronchial Ultrasound list has been established to support capacity in this pathway.
Medicines reconciliation on admission to CCS	To improve medicines reconciliation for critical care patients the critical care team implemented a "red list" of medications that had a higher risk in polypharmacy. This list is available on the intranet to support medicines reconciliation going forward. An additional audit was completed by pharmacy, who have agreed change to the discharge summary proforma to capture home medications. Pharmacy will also conduct a review of pharmacy technician staffing to identify opportunities to improve our alignment to the NHSE pharmacy workforce strategy document. Local training will be rolled out to raise awareness of polypharmacy issues.
Assessment of sleep quality on AMU	This initial audit identified a significant positive impact of pre-emptively providing patients with sleep packs. The team plan to roll this out to provide all medical patients on AMU with sleep packs and have agreed a clear escalation route for any concerns raised.
Compliance of extended beta-lactam infusion of Antibiotics in Critical Care patients	To improve compliance with best practice when prescribing and administering extended beta-lactam infusion antibiotics, the pharmacy and critical care teams have agreed to pursue Unity changes and raise awareness of best practice through the ICU newsletter.
Improving pre-procedure patient experience in Endoscopy in relation to "nil-by-mouth" advice	To improve patient experience and reduce avoidable endoscopy cancellations, the endoscopy team have a plan to liaise with medical illustration and IT teams to update their patient leaflet and automated 2-week rapid referral letter, to include additional guidance for patients preparing for endoscopy. The patient administration managers changed their communication processes while these amendments were taking effect, to ensure the updated advice was communicated effectively with affected patients.
"Look out" audit - Visual assessment to prevent falls	As compromised vision is a well-known contributing factor for inpatient falls, a team on Lyndon 4 completed a quality improvement project to measure how often visual assessments were completed for high-falls-risk patients. Their findings identified a need to better understand the barriers preventing staff from using the "look-out" assessment tool. They have planned a staff survey and will take further action based on the results.

Ultrasound guided (US) guided lumbar puncture (LP)	This quality improvement project completed by a team in ED, identified the need for more standardisation and safety checks for lumbar punctures completed in ED and acute medicine. A Local Safety Standard for Invasive Procedures (LocSSIP) checklist has been developed for lumbar punctures to improve patient safety.
Prescription of Nicotine Replacement Therapy for Acute Medical and Surgical Admissions	A quality improvement project conducted within the respiratory team identified poor compliance with the National Institute for Healthcare Excellence (NICE) standard for nicotine replacement therapy within 24 hours of admission. However, the project found that there was general good compliance with documenting smoking status. It was agreed to add a checkbox to the clerking proforma to test whether this would increase the uptake of nicotine replacement therapy at the point of clerking. Further "plan do study act" cycles are expected from this project.
Audit on pain management in ICU	To improve the assessment and management of pain for patients on ICU, the team have developed a PADIS (Pain, agitation/sedation, delirium, immobility, and sleep disruption) guideline to support staff delivery quality care.
Audit of the diagnosis of community acquired pneumonia and compliance with antibiotic prescription guidelines on the acute medicine wards at City Hospital	The results from this audit fed into the trust-wide quality improvement project tackling pneumonia care. Staff training has raised awareness of the importance of calculating CURB-65 scores in effective antibiotic prescribing, and an electronic care bundle has been developed in Unity to support to calculation and application.
Improving quality of consent for bronchoscopy under Respiratory Medicine	This local project will link in with the trust-wide ongoing improvement around consent. Following this local project, the respiratory team have agreed to develop a standardised list of risks for bronchoscopy/EBUS procedures that can support the consent process and be used as a reminder for clinicians prior to procedures.
Central tunnelled line infections	This audit highlighted an opportunity to strengthen local guidance on antibiotic administration for patients with central tunnelled line infections. The relevant guidelines are in the process of review, which should improve the number of patients who receive antibiotics for the recommended duration as per national standards.
Trauma QIP	To improve care of our trauma patients, the emergency medicine team have updated their major trauma standard operating procedure to clarify the responsibility of specialty attendance to trauma alerts.
Assessing hydration and nutrition in End of Life Care on AMU wards	Teaching sessions and posters have been provided to emphasise the role of nutrition and hydration in end of life care. A flagging process has been introduced to Board Round discussion to promote nurse led oral care. The team have also requested an amendment to the SCP template to prompt hydration and nutrition management.
Well-baby clinic audit	This audit of the well-baby clinics opportunities to strengthen compliance with information governance and infection control procedures, as well as making better use of health literature for patients. A health & safety checklist has now been developed and clinics are required to complete this before seeing patients.
Paediatric Liaison Service (PLS) audit	To address the findings of incomplete documentation in PLS referrals, the Safeguarding team increase the monitoring of PLS referrals, and have a process for raising awareness of poorly completed referral forms as a method of shared learning.
Health Visiting ICON audit	The national 'ICON' campaign aims to reduce abusive head trauma injuries in babies. The health visiting team have agreed to draft a text message and share with SystmOne superusers and then to send this fortnightly to all children who have received a new birth visit, in order to improve our methods of raising awareness of ICON.
Prolonged jaundice workup	This audit identified a need to strengthen the interpretation of prolonged jaundice workup results in order to improve the quality of care paediatric patients received. The paediatric team have worked with digital teams to agree a change to the Unity bloodwork proforma, to reflect the change in national guidance and remove unnecessary blood tests for paediatric jaundice patients.
Antibiotic Prophylaxis in Onco-Plastic Breast Surgery	Following identification of variation in practice, a discussion was held with microbiology to strengthen the local antibiotic guidance for breast surgery procedures. To support socialisation of the updated guidance, posters were created and placed in breast surgery theatres.

Mortuary Viewing procedure audit	To improve viewing procedures, the mortuary team have added additional steps to confirm patient and next of kin identification and other key pieces of information at multiple points in their process to ensure quality service delivery.
Your Health Partnership Patient Care Network audit of proactive follow up of acts of self harm	Opportunities to strengthen the follow up process for self harm patients were identified through the audit. The team have agreed clearer standards around actions to take and timelines following self harm and will look at communication to improve clarity around discharge summaries and ongoing support requirements.
Dermatology Inpatient E-Referrals Quality Improvement Project	This quality improvement project highlighted the need for a more streamlined and efficient dermatology inpatient referral process. The team are now considering capacity required for increased face-to-face reviews as a way to reduce delays associated with lack of information at point of referral. As most referrals are received via telephone, the project highlighted the need for a shared inbox to support consistency with managing referrals.
The management of atopic eczema in children aged 12 and under	To improve our alignment to NICE standards and nationally recognised best practice for paediatric eczema care, the British Skin Centre have agreed to use validated assessment tools and reinforce patient education (verbally and through written information) at every assessment. The team will promote the importance of identifying triggers and offer treatment appropriate to the severity of eczema, and ensure sufficient supervision is in place when needed
Is ultrasound modality identifying additional pathology compared to mammogram alone?	This audit found that no additional pathology was identified by ultrasound in women presenting with only breast pain or where clinical examination is normal. Therefore, the team identified this as an opportunity to help reduce waiting times for these patients. The team have agreed a new pathway in which surgeons will request ultrasound if deemed medically necessary following the mammogram report.
Post operative venous thromboembolism (VTE) prophylaxis prescriptions in patients who have had surgery for inflammatory bowel disease (IBD)	Only a small number of patients were prescribed extended prophylaxis following IBD surgery. To improve this, the team agreed to develop a specific guideline to support prophylaxis in IBD patients and use this as a teaching tool in induction.
Efficiency of handover in General Surgery	A planned handover toolkit was developed and implemented following the first "plan do study act" cycle of this improvement project and was found to have a significant impact on the quality and efficiency of handover. The team provided additional training in junior doctor induction on use of the toolkit.
The Cappuccini Test- An Audit of supervision of lone workers in SWB Anaesthetic department	A survey was conducted to gauge whether there is an appropriate level of supervision available to anaesthetists working alone. To improve supervision practice, the team will review supervision lists, and provide novice trainees to assist consultants, therefore enabling consultants to support with emergency cases. The team will also provide switchboard with anaesthetic rotas to avoid transferring calls during theatre.
Venous thromboembolism (VTE) prophylaxis compliance in post-NOF surgical patients	This audit identified a potential improvement in provision of mechanical thromboprophylaxis following fractured neck of femur surgery. The team have agreed to add a check to the post-operative checklist to ensure that bilateral TED stockings are considered and applied where appropriate.
Safe use of Tourniquet in trauma patients	To improve safety for patients requiring a tourniquet following trauma, orthopaedics have agreed to make a change to the electronic proforma to account for all variables to consider, as per national guidance. Posters have been placed in theatres to raise awareness of the British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST) guidelines.

Lead Commissioner Comments – NHS Black Country Integrated Care Board - Quality Account Statement 2023/24

NHS Black Country Integrated Care Board (BC ICB) confirms, that to the best of their knowledge, the Quality Account, prepared by Sandwell and West Birmingham Hospitals Trust (SWBH), is a true and accurate reflection of the work undertaken by the Trust during the 2023/24 contractual year.

The BC ICB welcomes the opportunity to comment on the quality of services provided by Sandwell and West Birmingham Hospitals NHS Trust (The Trust). Quality Accounts enhance public accountability and engage the leaders of an organisation and the organisations that commission them in engaging and understanding the continuous quality improvement and patient safety agenda. They allow formative challenge and celebration of good practice.

As detailed within this Quality Account, the challenges, and pressures that the Trust has faced during 2034/34 have been unprecedented, with unrelenting demand on all services, industrial action, recruitment challenges and wider system pressures all significantly impacting on the organisation. The significant pressure of planning for the opening of new hospital build (Midland Metropolitan University Hospital - MMUH) and transfer of clinical teams and services later in 2024, should not be underestimated. The Trust has mitigated this additional pressure in an effective and professional manner and the ICB looks forward to continuing to support the Trust on this exciting journey that will provide modern high-quality services for our population.

Despite the pressures experienced across the whole of the Black Country Integrated Care System during this time period, the BC ICB and the Trust have continued to work collaboratively to improve the quality and effectiveness of care provided, continuing our professional working relationships between the ICB and Trust and supporting the delivery of high quality, safe services provided to our local population. We recognise and commend the Trust's achievements against their 2023/2024 quality and patient safety priorities which are outlined in this account.

The Patient Safety Incident Response Framework (PSIRF) marks a significant departure from the Root Cause Analysis methodology of the Serious Incident Framework (SIF) 2015, with an increased focus on Learning Responses and Outcomes. During 2023/2024, the ICB has supported local Trusts and Independent providers with their transition to PSIRF in line with National Guidance. As of April 2024, all NHS Trusts within the Black Country ICS footprint have successfully transitioned to PSIRF. The ICB continues to support PSIRF within Trusts via quarterly PSIRF workshops and will monitor progression of local PSIRF implementation via the ICB PSIRF Quality Framework.

We have effective working relationships between the Trust and the BC ICB particularly across the quality and safety agenda. During 2023/2024, we have continued to work in partnership through our Clinical Quality Review Meetings (CQRM's) with the Trust, which provide positive engagement for the monitoring, reviewing, and mitigation of any safety and quality issues. We would like to thank the Trust for their engagement openness and transparency in the establishment of these key meetings. We have also undertaken a series of Quality Assurance Visits and Quality Spot Check Visits within different areas of the Trust, and we have found the Trust to be supportive, candid, and receptive to any areas of improvement and feedback provided.

The Trust has demonstrated its commitment to quality by the introduction of several research projects, managing to recruit 2,700 patients to participate in clinical trials. This important area of work is vital in the development of new treatments and medications, but also has the added benefit of engaging with the wider community and establishing positive relationships and building trust.

BC ICB wants to highlight the work the Trust has done in bringing patients experiences and stories to life and using this vital information to enhance and improve services. Listening to the experience of our patients and relatives is such a powerful tool and reminds us of how important it is to have effective communication channels and ensure our patients are well informed in relation to their clinical treatment and follow up arrangements.

The ICB recognises the challenges and impact of industrial action and associated pressures has on our patients, families and carers and is assured that the Trust has managed the situation effectively and maintained oversight of patient's clinical needs during this challenging period of time.

The ICB also recognises the challenges with care delivered by the Emergency Department, with record numbers of patients being received by the Trust, either arriving on site through emergency ambulance or by patients arriving by their own transport/method. This has meant some patients have had to wait a significant amount of time in the Department or waiting to be handed over from the Ambulance into the Department. The number of patients accessing the service has also been impacted by out of area patients requiring treatment, who are required to be transported to the Trust by ambulance due to significant pressures at other hospital sites (often out of area). The Trust, ICB, Ambulance Service and partners across the region have been working collaboratively to identify opportunities for improvement, to maximise the safety and clinical care provided to patients and to reduce the waiting times for our patients. This however remains a challenge, but we will continue to work together in mitigating this issue.

Looking forward, BC ICB welcomes and supports the Trust's Quality Plan Objectives for 2024/2025, particularly its plans to ensure the Trust's readiness for the move to the new Midland Metropolitan University Hospital, which will be essential in the trust embedding practices and making the move as successful and least disruptive to patient care as possible. The BC ICB also welcomes and supports the Trust ambition to focus on the early identification of deteriorating patients and ensuring the most effective clinical care is delivered to these patients. The ICB is also keen to see the positive impact that the Trusts Patient Safety Incident Response Plans (PSIRP's) will have on care and how an embedded patient safety culture, fully aligned to the requirements of PSIRF, will mean safer care for patients and a safer environment for the staff.

In conclusion the BC ICB recognise that the Trust has demonstrated their commitment to quality, experience, and safety in their continual improvement journey. We thank the Trust for their hard work and for the honest and open culture fostered within the organisation and their continued focus on putting patients first. We look forward to seeing the impact of the identified 2024/2025 priorities and the continuation of system wide collaboration within the Black Country Integrated Care System.

Sally Roberts
Chief Nursing Officer/Deputy Chief Executive Officer
Black Country Integrated Care Board

Healthwatch Sandwell

We are asked to consider if a Trust's quality account shows the following:

1. reflects peoples' real experiences as told to Healthwatch
2. a clear learning culture in the Trust that allows people's real experiences to help the provider get better
3. priorities for improvement are challenging enough and is it clear how improvement will be measured

The overall rating for the Trust remains 'requires improvement' following the 2018 inspection. The Trust outlined that they have a commitment to making continuous improvement to ensure that patients receive high quality care across all parts of the Trust.

Priority one for the Trust in 2023/24 was 'Improving Communication and the User Journey' and it was encouraging to see the range of measures and initiatives introduced including the Bereavement Steering group, the launch of the Patient Experience Ambassadors Programme and that the patient voice was given more prominence through the use of patient stories to describe lived experiences of care in a variety of settings, including at the Trust Board meetings, and noting that by increasing the use of real stories, this has been the catalyst for initiating improvements and changes in areas such as support for vulnerable people and personalisation of care. The progress update on training does evidence that there is a commitment to learning by using real experiences from real people using the services. Often, Healthwatch hears that the main themes of concerns raised by members of the public relate to communication, which was acknowledged in this Quality Account as being the second top theme from the 141 (18% of the 769) formal complaints received in 2023/4 and was cited as a driver for a focus on delivering Trust wide training on communications and experience, and provision of specific British Sign Language awareness and communication training by the Sandwell Deaf Community Association.

Priority two was achieving harm free care which saw the Trust work with place-based partners within our local communities to ensure that there are streamlined pathways for patients when they are supported outside of hospital.

Priority three was the Midland Metropolitan University

Hospital (MMUH) readiness and it is evident this was and remains to be a challenging priority, which has been approached with considerable planning of clinical services, administrative functions, and patient pathways.

The Trusts' key priorities for the year ahead are threefold in that they outline a focus on enhancing the care of deteriorating patients, personalising care experiences, and ensuring a safe transition to the MMUH. The opening of the MMUH will be a huge undertaking which will undoubtedly encounter challenges due to the sheer scale and complexity of the task, but with the Trust poised to embark on this transformative journey with patient care at the heart of their mission, with a continued focus on embedding people's real life experiences into the Trusts culture and learning and focusing on providing more personalised care, we look forward seeing how the Trust achieves its continued focus in the delivery of services at the new MMUH and how it can continue to develop ways to evaluate approaches from the patient point of view and really ensure patient's voices are amplified at every opportunity in meaningful ways.

Healthwatch Sandwell are committed to continuing to engage with the Trust in an inclusive and innovative manner, and we will continue to work to improve outcomes for local people and reduce health inequalities. We hope to continue to build on our relationship with the Trust as we move forward into 2024/25.

Elizabeth Learoyd
Interim Chair- Healthwatch Sandwell

Birmingham City Council Health and Adult Social Care Overview and Scrutiny Committee Comments on Sandwell and West Birmingham NHS Trust Quality Account 2023/24

The Birmingham and Sandwell Joint Health and Social Care Overview and Scrutiny Committee received 2 updates at its meetings in 23/24 on the transition to the new Midland Metropolitan University Hospital (MMUH) from the Sandwell and West Birmingham NHS Trust. The Trust was taking patients and the wider community on a journey in terms of pathways of care and services for MMUH and the Stroke services in preparation for opening of new hospital in October 2024.

The Committee also received 2 updates on Patient Experience update within the Trust and was pleased to hear that improved personalised care and support was in place to ensure better understanding of patient care needs and ensure better outcomes. There was also progress on improvement of care recorded and used for further learning and training for clinical and front-desk staff such as communication skills and advanced communication training.

The Committee acknowledged the production of a new Fundamentals of Care (FoC) dashboard which brings a variety of datasets in one place. The Committee was also pleased to hear about the value of Patients Ambassadors which was launched in October 2023 and now has about 100 members committed to promoting and developing positive patient experience. The committee was assured that key priorities for the Trust were understanding data and developing training and learning objectives to effectively deliver excellent patient experience.

The JHOSC Committee received an update on the proposed stroke service changes to be moved to Rowley Regis as it has a much better and improved facilities. In-patient care would be delivered at MMUH. The Trust assured the committee that views of patients on issues of travel were taken into consideration and supported as appropriate. The Trust would look to work with family links and networks of patients to help resolve these issues. Communication will continue for at least 6 months after the Stroke service begins and feedback will continue to be evaluated.

The Birmingham and Sandwell Joint Health and Social Care Overview and Scrutiny Committee noted patient concerns about transport, traffic, and parking issues in relation to the new MMUH as reported by Sandwell and West Birmingham NHS Trust representatives to its meeting in March 2024. Members expressed concerns that these issues could impact on service delivery and meeting patient needs efficiently. Members were assured that the Trust was working with partners to overcome these.

Members noted that there was regular community engagement on the transition to the new MMUH site and on overall patient care.

Trust response

We would like to thank our stakeholders for their valuable comments on our Quality Account for 2023/24.

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