

### We will keep our promise to provide safe and compassionate care.

1. Because we complete our Ten out of Ten safety checklist for every patient within 24 hours, all patients will receive expert care.
2. Because we assess and monitor every patient, and learn from every incident, we will protect patients from harm so that they do not experience pressure ulcers or falls that could be avoided.
3. Because we have outstanding infection control practices, we will prevent avoidable infections in our care.
4. Because we always monitor patients' vital signs at the right time we can and will quickly take action if their condition worsens.
5. Because we involve patients in their care plans, and sign personalised plans, our patients and their carers will be best placed to understand their condition and have an agreed care plan.
6. Because we are committed to providing dementia care in the best possible manner, we will work with carers to always meet the commitments in our focused care plan and John's Campaign.
7. Because we review all patients with antibiotics every 72 hours, patients will only be given antibiotics when they are needed.
8. Because we always give patients their medication at the right time, no patient will miss out on a dose of medication.
9. Because we give patients clear information about any invasive procedures, patients are able to give informed consent that we will always record.
10. Because we involve patients in their discharge planning, we will usually meet the expected date of discharge and will always follow up home care packages to make sure they are in place.

## Our quality goals

### Our health outcomes will be among the best in the NHS.

1. We will reduce deaths in hospital that could be avoided so that we are among the top 20% of comparable NHS Trusts in the UK. We will take action to cut avoidable deaths from sepsis, hospital acquired venous thromboembolism, stroke, acute myocardial infarction (heart attack), fractured neck of femur and high risk abdominal surgery.
2. Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.
3. We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.
4. We will deliver outstanding quality of outcomes in our work to save people's eyesight, with results among the top 20% of comparable NHS Trusts in the UK.
5. More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.
6. We will reduce the number of stillbirths and deaths in the first week of life so that we are providing a better service than others in the West Midlands.
7. Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.
8. Children we care for will have convenient appointment times and those who need to stay in hospital will be treated quickly so that they are not missing out on valuable time at school.
9. Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.
10. We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.



Where  
**EVERYONE**  
Matters

## Our quality and safety plans 2016-2019



### **This month we publish our new safety and quality plans – two important documents that set out ambitious goals and confirm the safety standards we will put in place for every patient, at all times.**

These plans fulfil the last building blocks to support our 2020 vision and sit alongside our already published public health, education and research & development plans.

Over the past few months we asked staff, through Hot Topics, for their views on the content of the safety and quality plans. You told us that you wanted Sandwell & West Birmingham Hospitals NHS Trust to have ambitious, stretching goals for quality – to reach for the stars in terms of the care that patients will receive from us. For that reason

our quality goals are to be either in the top 20% of all Trusts or the best in the region.

Our safety plan is different. It sets out our commitment to patients to ensure that safe care is delivered consistently in all parts of our Trust. We know we have areas where we do well on this, but we know we have more to do. This view was echoed when the Care Quality Commission published their inspection report last year.

The whole Trust Board is committed to enabling all of you to achieve these goals and standards. We hope you will get behind these important plans and make a pledge with us to deliver great quality, consistently safe care for all those we treat and care for.

Richard Samuda  
Chairman

Toby Lewis  
Chief Executive



**Tammy Davies, Lead for palliative and end of life care, talks about how we will achieve the sixth goal in our quality plan – enabling patients at the end of their lives to receive compassionate end of life care, and die in the place they choose.**

“Throughout our Trust in hospitals and the community, staff care for people at the end of life. Sadly, death is something we cannot prevent but we can change how people experience their last days and how they die. Often, people in their last year of life have several hospital admissions and procedures and die on busy wards. We all have a responsibility for this to change. The first step is recognising when someone is dying, raising this with colleagues and starting those difficult conversations with patients. Giving people permission to talk about dying is allowing them to plan, have choices and control over their death. People should be encouraged to document those wishes in ‘Advance Care Plans’ ensuring all staff work towards achieving those plans.

“Dying at home is important to many people and can be achieved if we plan for it early through better communication between hospital and community teams. Our new Palliative Care Coordination Hub will hold a register of people who are thought to be within their last year of life with information about their wishes and care needs. There will also be a 24/7 telephone line for patients, relatives and staff. By making these changes and using these tools we can reach our objective of offering every patient the chance to die in their place of choice with the support they need.



**Terry Cordrey, Service lead for ADaPT talks about the 10th safety commitment to reduce delayed discharges and readmissions to hospital.**

“The Advanced Discharge Planning Team (ADaPT) brings together health and social service practitioners to work in integrated teams to prevent our patients being unnecessarily delayed in hospital. ADaPT work from the Acute Medical Units (AMU). When delays are high, the number of hospital beds we have available for patients who need them is reduced. Patients who stay in hospital longer than they need are at risk of hospital acquired infections, which can compromise their health, well-being, and ability to live independently in the future. By working in partnership with Birmingham and Sandwell social services, we have taken some meaningful steps towards achieving our goal of minimising delays, but there is still more to do.

“We need to improve how we engage and support patients and their carers to understand the full extent of their health and care needs in order to plan their discharge. This means daily health and social care board rounds on the AMU, setting a realistic expected discharge date (EDD) for every patient, better continuing healthcare assessment processes and enabling people who need to make big decisions about long-term care arrangements to do this in a community facility rather than in our acute beds. Although ADaPT is sited within the AMUs, every ward clinical team member has a vital role in continuing the work started. Together we can achieve our desired outcomes for patients and their families.”



**Bushra Mushtaq, Clinical Director for Surgery B, talks about how we can be a leading Trust in saving people’s eyesight to deliver the fourth quality goal.**

“At BMEC we are committed to preventing avoidable vision loss, providing timely sight-saving treatments to thousands that desperately need vision to maintain independent living. Because it is so important to treat acute eye diseases early we are working hard so that patients are seen quickly. This has involved extending the roles of the team and upskilling nurses, optometrists, orthoptists and other allied health professionals.

“We provide one stop services for macular degeneration, cataract and glaucoma that dramatically reduces the numbers of visits patients need to make. We are providing care closer to people’s homes from different sites as well as reducing the length of stay in hospital following surgery. Our audits demonstrate how we are saving sight and helping people live independently. 35% of new macular degeneration patients achieve driving standard vision at one year following our treatment and in 83% of cases we prevented blindness. We aim to make this over 90% through working with community optometrists to improve awareness and get early referrals.”



**Peter Cooke, our chief pharmacist, talks about the importance of patients only getting antibiotics when they are needed to achieve our seventh safety promise.**

“Antibiotics are precious, but we over use them, both in hospital, community and primary care. Right now, about one third of our patients are on antibiotics. Too many intravenous (IV) antibiotics are used and we rely too much on powerful antibiotics when simpler ones work just as well, and we often give them to patients for too long. Antibiotics can be dangerous when used in the wrong way - they are not harmless. They interact with other medicines, have side effects, and can cause problems like C diff diarrhoea. The more we use antibiotics, the more resistance we see. It is every clinician’s responsibility to ensure antibiotics are used appropriately.

“To achieve our safety commitment, prescribers should follow the Trust antibiotic guidelines when choosing an antibiotic documenting it on the drug chart. Antibiotics should be administered on time. Patients who are on IV antibiotics will be reviewed daily. Pharmacists will monitor antibiotic prescribing to check that guidelines are being followed and we need all clinical colleagues to work together to support and challenge the review of all antibiotic treatment.”