

# Our 2020 Vision



Where  
**EVERYONE**  
Matters

# Welcome to our 2020 vision

**We want everyone to have the chance to learn about our vision for care in 2020.**

This is for everyone involved with local care. Patients, carers, professionals, other organisations, members of staff, public members, volunteers, funders, suppliers, and students. Depending on your area of interest or expertise you are likely to spend more time understanding our vision for certain areas but there is always a common thread which is what our 2020 vision sets out.

This 2020 vision, described with patient stories and case studies, summarises what services will be like in five years' time, what will be different, and what will stay the same. The strategy shows you the highlights, not every detail, but it makes firm commitments to improvement.

**Our goal is to become renowned as the best integrated care organisation in the NHS.** That is a big ambition and we already have a strong track record and reputation for placing integrated care at the heart of what we do. We are not starting from scratch. Whether it is in our work to help patients and staff make healthy lifestyle choices, or in offering more locally accessible outpatient clinics in community centres and GP practices. The focus is now on this becoming the

way we do things across every part of the Trust not just in some specialist areas.

This comes at a time when many care organisations are making a similar claim or stating a similar commitment. We know that in Sandwell and West Birmingham, patients experience integrated care on a daily basis. Our single measures of success will be the opinion of those we care for: Our patients.

We cannot achieve these plans alone. We have important partnerships in place with the voluntary sector, with our commissioners, with social care services, local schools, with GPs, dentists, optometrists, and pharmacies. We work with other hospitals, and expect to do that much more actively, especially across the Black Country, in coming years. We are deeply involved in educational excellence locally, and have high ambitions to develop research further at the Trust. We believe our plans fit well with those of other partners, especially those providing mental health care on which our work always depends. The 2020 Vision gives our partners clarity about our aims and ambitions.





# Contents

1. Developing our vision for care in 2020
2. What do we mean by integrated care?
3. Does our 2020 vision fit the changing landscape around us?
4. Our diverse population
5. How do we keep everything that's good in Sandwell and West Birmingham?
6. Our 2020 Vision: Clinical and corporate services
  - Community and therapy care in 2020
  - Imaging services in 2020
  - Medicine and emergency care services in 2020
  - Pathology services in 2020
  - Specialist eye, ENT and dental care in 2020
  - Surgical and critical care in 2020
  - Women and child health in 2020
  - Our Corporate Services
7. Care transformation locally: Innovation and research
8. Care transformation locally: Locations
9. Care transformation locally: Our workforce
10. Judging our level of integration - you decide in 2020

# 1. Developing our vision for care in 2020

---

We have been working on our 2020 vision throughout 2014 with teams and services, clinicians and managers, having time to consider and develop their ambitions and plans for transforming the care they provide. Starting with our leadership conference in 2014, workshops, surveys and other tools have allowed us to test and refine the ideas of our staff, and to engage patients in developing ideas.

In July 2015 we launched our draft vision for care in 2020 and engaged with staff, patients, stakeholders and third sector organisations to gain their views. Our 2020 vision now reflects that feedback.

Our eight clinical groups have worked through how they can support each other's plans. This work has led us not just to choices about priorities but also to a descriptive series of patient

stories showing how care models will change. In many cases most care will be delivered in the same way, and certainly to high quality standards but in all sorts of ways we expect to change the coordination of care - joining up more effectively with patients and their relatives, with GPs and other care partners, and across our own organisation, between sites and specialties. This coordination is a seven day a week ambition.

Our detailed plans will evolve as time moves on but the direction of travel is clear and consistent, in line with this 2020 vision. We want to take a lead role in disease prevention. We aim to provide care for long-term conditions in different ways and in partnership with GPs. Acute hospital care will be specialised and centralised for excellence and long-term rehabilitation and social care will be part of what we do, working alongside others to meet the changing needs of our population.

## 2. What do we mean by integrated care?

---

**Sandwell and West Birmingham Hospitals NHS Trust provides care to over half a million local residents. One and a half million times each year someone has contact with one of our 7,000 staff. We are not, however, the biggest provider of care locally, nor the biggest provider of NHS care. We work in partnership with professionals in primary care, and with families and voluntary groups who support people in their own homes. Their roles will be enhanced by what we do.**

Integrated care can mean different things to different people. It is for this reason, at the outset of developing our 2020 vision, that we felt it important to adopt one definition which clearly describes what integrated care means and which forms the basis of how we see care developing over the coming months and years. Central to this is making sure that we always put our patients at the centre with our services coordinating care on their behalf.

National Voices, a national coalition of health and social care charities in England, were tasked with developing a definition for person-centred coordinated care in 2013. This definition has been developed to take away the jargon of integration, and describe what this really means, feels and

looks like from a patient's point of view. It is this definition we adopted in 2014 to set the direction for our organisation. This definition clearly puts patients, their families and carers in the driving seat when it comes to their care.

***"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"***

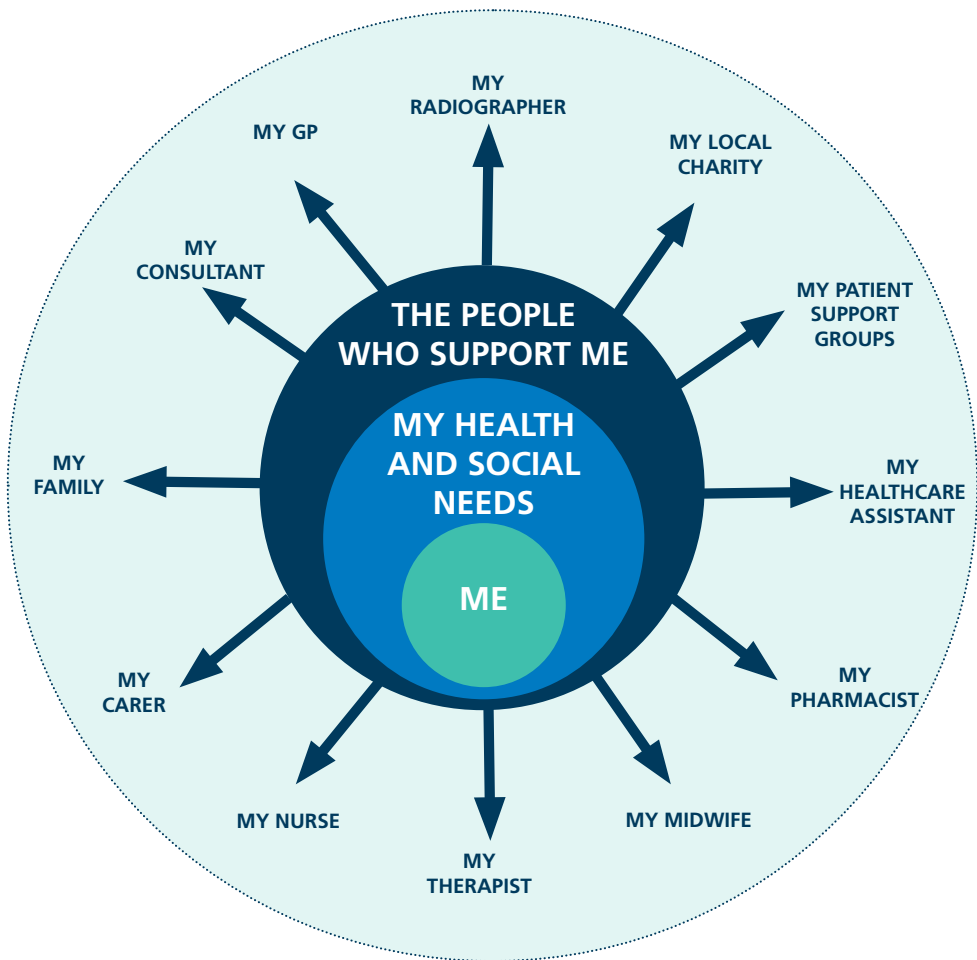
Importantly, this definition makes it clear that location alone is not enough. Simply moving services "out of hospitals" does not deliver integrated working and it does not necessarily orientate services around the patient's needs. Location can be very important, especially where repeated consultation is needed. That is why the Right Care, Right Here focus is on local services for people with long term conditions. In the chapter on location we describe how patients who need follow-up outpatient appointments over a sustained period of time can expect to have these appointments or treatment at the most suitable place that is closest to them. We will for instance be supporting care provision in GP practices as we do now for diabetes, on a scale not seen elsewhere in the NHS.



Co-ordinated care does depend on connections made through technology. We are investing over £50million in technology in coming years. We want to be able to work across geographical and organisational boundaries. We strongly support Your Care Connected, which provides access to a summary care record for GPs and hospital staff. We are also working to improve patient access to the information we hold about you and your care.

Skilled, motivated people provide the best care. Teamwork is always at the heart of what we do,

and good integrated care relies on inter-disciplinary working. Traditionally, NHS staff choose a career discipline, a job location, and a ‘sector’ to work in. We are working with our staff and our students to understand how to work best when we organise what we do differently, and how to prepare and prosper professionally when integrated models of care becomes our norm. These changes are exciting, but also daunting. We need to involve people, be clear with them, and support them in making the changes that we know need to be made. This is a Trust “where everyone matters”.



## INTEGRATED CARE PIONEER

### New clinic helps patients manage their breathlessness

*Patients who suffer with fatigue, anxiety and breathlessness are being helped by a new six week pilot clinic (F.A.B.) which has been established to help them manage their symptoms. The pilot clinic is a collaborative venture between the Specialist Palliative Care Team, Respiratory and iCares team. The team recognised that some patients were suffering more because of their anxiety about their symptoms, which in turn leads to increased attendance at A&E departments and even admittance to hospital. The clinic is specifically being piloted for those people who need to have help to manage their symptoms and use relaxation techniques, pacing and other self management skills to lessen their symptoms and empower them to feel in control of their breathing. It is a holistic approach where we address symptoms not conditions.*



### 3. Does our 2020 vision fit the changing landscape around us?

**The NHS has to meet changing needs in years to come, and has to do so more efficiently as demand will rise faster than funding. Our vision to integrate care is consistent with national policy and evidence. We will play our part through the Right Care, Right Here partnership in delivering care without boundaries in the years ahead.**

In the next five years we expect the local population to:

- continue to be among the most ethnically diverse in England, including additional immigration from Eastern Europe and Sub-Saharan Africa;
- see rising and changing patterns of need, with diabetes and dementia increasing among local people; and
- increase significantly with many more living past 85 years of age.

At the same time, the care that the NHS can provide will change. Genetic medicine will make a big difference to how we personalise care. Treatments for a host of diseases, including cancer, are changing and we need to be able to provide the most modern interventions for local people. More of our patients live with a number of long term conditions such as arthritis and respiratory disease. These mean they have much more frequent contact with healthcare services over extended periods of time, but also that they themselves become an expert in managing their own care. It is right that healthcare services become more tailored to their requirements and to those

who care for and support them. And of course, changes in technology and treatments allow much more healthcare to be self-managed or delivered in people's homes.

The NHS Five Year Forward view, published in October 2014, summarised a vision for the future of the NHS. In order to respond to changes in health needs, address the widening health gap and respond to the development of new technologies, there is a need to fundamentally consider how the NHS is structured to deliver the best care to patients to meet their future needs.

We believe that the NHS in West Birmingham and in Sandwell is well placed to meet the challenges of the Forward View. We work closely with our main commissioning organisations, the Clinical Commissioning Groups, to co-design health outcomes and services so that patients are offered good quality care in the right place at the right time. We have a tradition of innovation and partnership. This ranges from new care models, like our work with GPs on diabetes, through to supporting local people with employment opportunities. We have over 100 apprentices in the Trust, and work with partners like St Basils to target employment opportunities for traditionally vulnerable groups. Our plans for the Midland Met Hospital in 2018, and longer term work as part of the Right Care Right Here programme, will help to ensure we are at the fore-front of this transformation. The single most critical step to change is the traditional outpatient visit model, retaining it in acute hospital settings only where

it is the right approach for a specific patient, and replacing it in other cases with consultation through technology, via local GPs, and in group consultations where long term therapy can be delivered to large number of patients.

It is important that we sustain our outstanding partnerships with primary care. We must also ensure that specialist acute services are improved and that we develop sub-specialisation locally. It is in that context that we are strengthening our existing ties with Walsall Healthcare NHS Trust and Dudley Group of Hospitals NHS Foundation Trust. These important acute centres, each of which also offers community based care, are both essential to the Midland Met Hospital as emergency models of care change,

## Right Care, Right Here



A multi-agency collaboration to reshape how local services are delivered, Right Care Right Here has been in place for over ten years. The Trust remains a key part of this partnership which is focused on Sandwell and West Birmingham, and works with the 110 GP practices in that boundary to improve consistency and accessibility of care. Our 2020 Vision is consistent with our Right Care Right Here heritage and future plans.

## Where does the Black Country Alliance fit in?

The Black Country Alliance is a partnership between The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust and Walsall Healthcare NHS Trust. Our aims are to improve health outcomes, improve people's experience of healthcare and maximise the resources available so that together we can do even more for the people of the Black Country with what we have.

For the first time the BCA brings together health providers across a local population of over 1 million people, with a combined budget of a billion pounds. We want to use that scale to provide specialist and sub-specialist care, to integrate research and education, and to ensure that expertise stays local. We will not do everything together but where we choose to work across the Alliance we will be able to achieve outcomes that we cannot deliver alone.

### INTEGRATED CARE PIONEER

#### Wrapping care around patients: our iCares team

*Seen as a model of national as well as local best practice, our Integrated Care Service or iCares places coordinating care at the heart of what they do. Through care jointly provided by nurses and therapists, iCares help people avoid a hospital stay or get home from hospital more quickly and safely.*

*This service is not about working in a set way with rigid pathways, or expecting our patients to fit into the way we deliver care. It is about wrapping our community services and others who can provide support around each and every patient we care for so that they have what they need to be safe, well and happy with life.*

*The team are made up of community specialists delivering care in people's homes and out in the community. The team work on behalf of patients to help them navigate moving between different boundaries and organisations for their care, so that from a patient's point of view their care is joined up and they have one point of contact.*

*In October we won the prestigious Nursing Times Award for Integrated Care. The team of nurses and therapists beat off national competition to scoop this inaugural award. The prize reflects wider praise for the service, both from the King's Fund and the Care Quality Commission.*



## 4. Our diverse population

**The NHS aims to offer a defined standard of service as set out in the NHS Constitution. But the people we serve locally have diverse, as well as common, needs so we have to respond differently to achieve the same outcomes.**

Our population is dominated by high levels of deprivation and poor health when compared with the rest of England, with Sandwell ranked as the 12th most deprived local authority in England and Birmingham ranked 9th.

Whilst comparatively, we serve a relatively young population, we estimate the number of people of pensionable age in Sandwell is expected to increase by 33% between 2008 and 2033 (more than double that of other age groups). This is coupled with an expectation that late onset dementia is expected to rise by 50% between 2006 to 2030.

We are also an ethnically diverse population, including those from an Indian, Pakistani and Black and Caribbean background. As migration patterns change we anticipate an even greater ethnic mix in the population we serve. Such diversity is associated with certain specific health needs, and therefore future care services need to ensure they meet the needs of these population groups and remain culturally sensitive.

The lifestyle factors and choices that people make have a major bearing on their health needs. The number of smokers, obese adults and people

admitted to hospital as a result of alcohol in Sandwell and West Birmingham is well above the average for England. Housing status and employment both impact on people's health, wellbeing and use of NHS services.

This means three principles for our future:

1. We have to play our part in tackling poverty and exclusion in the communities we serve. We can do that through how we spend NHS resources and by the partnerships we develop and support.
2. We have to address health behaviours, starting with the wellbeing of our staff, but also helping those we care for make lifestyle changes that can be sustained. Every service we provide needs to make every contact count.
3. We have to offer services suitable to need, delivering diversity not uniformity that addresses cultural differences to make sure that our services are clinically effective.

In 2014 we published our three year Public Health Plan for the Trust setting out specific commitments for improvement by 2017. A further three year plan will follow, taking us towards 2020. However, unless we work with partners to address the three principles by 2020 services locally by 2030 will face severe difficulties as underlying needs will rise beyond our funding, workforce and service plans - and beyond what is foreseeably achievable. Success is entirely possible, but we must act now.

### In 2020...Mary's story

Mary is an 81 year old lady who lives alone. She was previously independent with mobility and all activities of daily living, including shopping. She had a fall at home while preparing a meal in the kitchen and, after pressing her STAY Telecare alarm button, was taken to hospital by ambulance.

Doctors found that Mary had not broken anything, but was bruised and sore. She was assessed by the Rapid Response Therapy Team in A&E. They found that Mary's confidence was low and she was very unsteady on her feet. As Mary lives alone with minimal support, it was decided in discussion with Mary and her family that a short period of rehabilitation was required before returning home.

She was transferred from A&E to an Intermediate Care Bed where she received a short period of rehabilitation. At this point, Mary was still lacking confidence when getting out of bed and walking around, and she required some support when getting something to eat and drink. It was decided with Mary and her family, that Mary could return home with an increased level of support and ongoing rehabilitation to assist in her return to complete independence. Mary was therefore referred to the Own Bed Instead (OBI) Service for a period of rehabilitation and support in her own home. After a short period of support from the OBI service, Mary regained her independence and confidence and was able to continue living in her home, to Mary and her family's delight.

# What do we mean by Long Term Conditions?

Long term conditions is a term used to describe health problems that cannot be cured but can be managed by medication or other therapies. It is estimated that more than 15 million people in England have a long term condition. Examples include high blood pressure and coronary heart disease, depression, dementia and arthritis. Many of us call these diseases “chronic conditions”.

It is estimated that the number of people with a long term condition will increase significantly over the next ten years, particularly the prevalence of people with 3 or more conditions at once. Long term conditions can affect many parts of a person's life, from their ability to work and have relationships, to housing and education opportunities.

**Care of people with long term conditions accounts for 70% of the money that is spent on health and social care across the whole of England.**

We do excellent work in some parts of our Trust that “wrap” services around our patients. In simple terms to focus on the person not on the diseases. We need this approach to become routine if we are to meet the rising demand in our population, and to meet our integrated care ambition.

**We will need to provide more of our care in multi-specialty clinics and for more care to be coordinated through general practices. In turn this requires major changes in how primary care functions at a time when that system is faced with major workforce issues. We can and will play an important role in helping to address those issues - making the experience of providing primary care locally a simpler, easier, more rewarding one.**

## Palliative and End of Life Care

Palliative care is the active treatment of symptoms for patients whose illness or disease cannot be cured. It involves holistic management including pain control and support with spiritual, psychological and social issues for patients and their families and carers. Palliative care is closely linked to End of Life care where we aim to allow patients to die with dignity whilst receiving individualised care based on their own wishes.

Our trust has made excellent advances in improving care in this area with patients and their carers at the heart of our work. We have a specialist palliative care team which includes specialist nurses, End of Life Care facilitators and palliative care consultants working across hospital and community services. The team provide direct care to patients with complex palliative needs such as difficult to treat physical symptoms and unresolved psychological or spiritual needs. The team work closely with the Macmillan Occupational Therapy team to support patients who can be discharged home.

We recognise that palliative and end of life care is the responsibility of all staff and so training is undertaken with nurses, doctors and other health professionals empowering them to recognise dying patients, assess their wishes and to treat and alleviate symptoms. We now have more patients dying in their preferred place.

Our vision for the future is for greater coordination of palliative and end of life services so patients and their carers can receive prompt care, tailored to their wishes and delivered by the right service at the right time without duplication. This will involve teams in the trust such as district nurses, specialist teams and therapists working in collaboration with local GPs, ambulance services, hospices, voluntary services, care homes and social services.

**We will aim for all services to communicate effectively and share information so that patients and carers can be confident that in times of crisis there will be no delays or confusion and their needs will be met in conjunction with their individual wishes.**

## 5. How do we keep everything that's good in Sandwell and West Birmingham?

**The vast majority of people who use services offered by the Trust rate them highly. Our health outcomes are good when compared to other similar Trusts. So it is important that in adapting to meet the challenges of the future we do not lose sight of those strengths.**

### Our Workforce

In many parts of our Trust engagement and morale are high, sickness and turnover are low, and there is a very strong commitment to the local NHS. Almost half of our staff have worked for the Trust for over ten years, and 92% of staff report in anonymised surveys that their role makes a positive difference to care. Staff routinely have appraisals and mandatory, compulsory training is undertaken consistently.

We want to maintain that strength but we want to make it consistently true across our organisation, in every team, developing a clear plan for the potential of every employee, as roles change and as individuals want to develop.

In support of that ambition we believe that we must:

- Achieve morale and employee engagement scores that are among the best in the NHS, rather than results which are better than average. We will do this by developing local leaders and managers who have the skills to work with their teams to achieve quality improvements;
- Reduce sickness rates, fill vacancies and reduce staff turnover - especially among employees who have been with us for less than two years. We will do this by offering clear career pathways and supporting training and development;
- Create clear job roles for individuals to work across community and hospital practice, whilst retaining the job satisfaction of working in a defined team, and the work/life balance that comes with a base and a routine.

### Our Primary Care Colleagues

Our annual GP survey suggests that some current services are especially valued, including our breast service, the regional eye hospital, and diabetes and pain management. Other strengths include our gastroenterology advice and guidance service which allows GPs to request email advice from hospital consultants. Similar services are being introduced Trust-wide during 2015. GPs tell us that they want better communication and integration with hospital teams.

Work with local optometrists, pharmacists, dentists and other contractors is very important to the Trust. By 2020 we want to have clear networked partnerships in place with both independent and commercial local organisations, whose care is a vital part of local High Street NHS provision.

### Our Partners

Research undertaken on our behalf independently highlights the strong tradition the Trust has of partnership working. Statutory partnerships with local authority and other NHS bodies, are reinforced by specific joint working initiatives with the third sector and a collaborative openness with Healthwatch. We have private sector partnerships in a number of clinical fields, as well as through our Birmingham Treatment Centre contract.

Our 2020 vision expects the scale, breadth and depth of those partnerships to grow. We will maintain links with existing educational partners at Birmingham, Birmingham City and Wolverhampton Universities. We work collaboratively with both Birmingham Community Healthcare and the city's regional Children's Hospital. As services become more specialised in any number of clinical fields, we need to find the right balance of local provision, and rationalisation of services into larger specialist centres.

### Our Commissioners

We have strong relationships with our commissioners and work in partnership with them to meet agreed health outcomes for patients, deliver the right amount and standards of care in the right locations, and support them in delivering the health plans for the people that we serve. We work in collaboration to co-design how health services should and could look in the future. The local clinical commissioning groups lead on consultation and engagement activity with patients and the public.

### Our Patients

96% of those who are admitted to our Trust rate their care as good or outstanding. Over 30,000 local residents have fed back their views on outpatient services, and more than 19 out of 20 are very satisfied with the way that they were cared for. Individual services offered by the Trust consistently undertake patient feedback surveys, focus groups and other methods to gather opinions and ideas.

This feedback matters. During 2015 for example we have completely changed the arrangements across our sites for visitors to come and see friends and family in our wards, by moving to what we call 'open visiting'. This reflects patient feedback, but also our commitment to making sure that we don't isolate people when they are in our care.

We have clear feedback on what people want us to change, and we are acting on that:

- Ensuring that patients are always involved in conversations about their care and are not talked about;
- Giving more notice for appointments and cancelling fewer operations at the last minute;
- More consistent care for patients who are cared for by several teams, during their hospital stay or over several visits to our services;



## 6. Our 2020 Vision: Clinical and corporate services

**Services cut across all of our teams. A patient may have contact with multiple services, many times, across several sites. The teams within our Trust are organised into care groups, and we have organised the ideas put forward about our future on that basis. But for many patients, it will be helpful to summarise what you can expect on a pathway basis - from home onwards.**

Our Vision expects that general practice remains the fundamental unit of care within our NHS. We will ensure that our community based teams are organised to fit alongside and within the extended primary healthcare team. That integration may be geographical, as in the case of district nursing, or may reflect local authority teams for services where that is most appropriate.

Where a GP refers a patient to our care, we will provide expert advice. More commonly than at present that advice will not require a patient to come to a hospital clinic. Where it makes sense to do so, we will undertake diagnostic tests before a clinic visit or on the same day. The scale of same day services will be larger than it is today. More planned care services will be open in the evening and at weekends.

Planned care services will be offered through our two Treatment Centres, on Dudley Road and in West Bromwich: Birmingham and Sandwell. In

some cases we will be able to provide outpatient procedures even more locally than that. Follow up care will take place, if it is long term, closer to home.

Emergency care will be focused on the Midland Metropolitan Hospital, but only where being admitted to a bed is the next step for care. We will work to prevent admission wherever we can do so, by both providing and supporting alternatives to admission that sustain home or nursing home care.

These alternatives, as well as step down facilities from acute provision, form the basis for our intermediate and rehabilitative care model, which will be delivered from at least four locations - Leasowes, Dudley Road, Sandwell and Rowley Regis.

The Trust is committed to providing care on a long term basis to local residents. Over the next five years we would expect to become much more involved in delivering extended social care services. This reflects the changing needs of our population.

Finally, and crucially, our preventative care services are being expanded, and developed alongside traditional NHS provision. We expect this part of what we do to grow, because we know that by 2030 we have to tackle the underlying determinants of ill-health in our local communities.



# Community and Therapy care in 2020

## Did you know?

Telecare personal alarms are available across our communities to let a friend or family member know you need help, and motion sensors to turn light on and reduce your risk of falls

## What services do we offer and why might you use them?

**We offer a comprehensive, seamless range of nursing, therapy and medical services to meet the needs of our local population to help them live well.**

**Integrated Care Services (iCares)** is a nationally recognised service Sandwell service that pioneers hospital admission avoidance, case management and community rehabilitation organising healthcare for adults no matter what is wrong with them, their age or where they live. The service includes a diverse range of staff including nurses, therapists and support workers providing specialist community interventions to support patients to remain out of hospital, coordinate their care and receive the appropriate rehabilitation whether that is in their own homes or in care homes. This integrated team operates seven days a week, supporting GP colleagues and working collaboratively with voluntary and community groups and agencies.

Our Palliative Care Team has strong track record of delivering safe, responsive, high quality specialist end of life care. We will continue to provide this patient centred service for patients, carers and healthcare personnel ensuring their experience is positive and seamless. In the future we will take advantage of enhanced technology to further support self-care at home, plan for your needs after hospital discharge, and support intensive rehabilitation and care in your own home.

**The Integrated Bed Service (iBeds)** provides nursing and specialist therapy services to patients receiving inpatient care at City, Sandwell, Rowley Regis Hospitals and Leasowes Intermediate Care facility. Our philosophy is to deliver person-centred care and treatment to support recovery from ill health and optimise quality of life. We do this through a comprehensive portfolio of high quality services working across a number of specialty areas where nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, nutrition nurses and skilled support workers assess and treat our patient's physical, functional, communication, swallowing and nutritional needs.

Our interventions may occur at any stage of the patient journey. This may be from our emergency departments or acute medical units where the Rapid Response Therapy Service prevents unnecessary admissions by effective signposting to colleagues in iCares supporting patients to return home safely or treating those on critical care, trauma and orthopaedics and other acute wards.

In recognising the growth in complex needs of the local population, our Frailty Intervention Team employs a multidisciplinary approach to improve the quality of care and outcomes for older people by working with them from the point of admission to hospital and throughout the rest of their stay. For those who cannot return home directly from hospital, we offer an extensive range of community bed and intermediate care services, which deliver inpatient rehabilitation and reablement programmes tailored to the needs of each individual to facilitate the recovery of physical and functional task abilities.

Our Beacon award winning Stroke Service includes a multi-disciplinary therapy service deliver excellent outcomes from the point of admission and post discharge via a well-established early supported discharge (ESD) model striving to restore independent living for those who have suffered a life changing event.

**Ambulatory Care** refers to all of our therapy services that provide specialist interventions in an outpatient setting. This could be in a hospital clinic or a community health centre. We support both Consultants and GPs to restore function or enable management of chronic long term conditions.

Examples of our specialist pathways are, chronic back pain, frozen shoulder, rehabilitation following hand surgery, knee replacement, management of a foot ulcer, voice therapy following surgery and after surgery care for an ingrown toe nail.

## Where can you access services now and in 2020?

The Community & Therapies group comprises a large range of services in community settings and patient homes, as well as supporting inpatients across our acute and intermediate care facilities. Our services work closely together and in partnership with external agencies to provide an integrated package of care for patients.

Our service will discuss with you where you are best seen. We see patients in a range of locations, including: home, work, health centre, leisure centres. You can refer yourself to the service or get your friend, local GP, social services to refer you; even the Ambulance Service can make a referral.

## What will be the same in 2020?

- We will provide intermediate care across Sandwell, Ladywood and Perry Barr.
- We will aim to maintain 7 day a week 8am - 8pm services.
- We will offer research-led therapy care across our Trust.
- A specialist palliative care team will be available to directly see patients with complex palliative needs 7 days a week and provide telephone advice out of hours

## What will be different in 2020?

- All referrals will come through a single point of access, no matter who is making the referral.
- Our collaboration with local GPs will be strengthened, and we will roll out our Early Supported Discharge model (having piloted in stroke).
- Much greater use of technology will allow us to help support for your self-care, plan for needs after hospital discharge, and keep track of your care progress.
- We will further improve our ability to help support people's choice of where they die and how they supported.
- Greater collaboration with our partners to deliver coordinated palliative and End of Life Care, ensuring patients' needs are met by the right team at the right time
- Access to these services will be via a single telephone number. We will respond to patient's needs ensuring they are seen by the most appropriate person with the best skills at the earliest opportunity. Services will be coordinated to ensure our patients have long term access to the help they need, provide treatment so they can regain independence and return to living the life they want to live as fully as possible. Our District Nursing teams for example deliver highly skilled care to people in their own homes or other community settings. They, together with patients and their families, provide advice and support, hands on care, anticipating health needs, promoting self-care to maximise independence.
- In the future we will take advantage of enhanced technology to further support self-care at home, plan for your needs after hospital discharge, and support intensive rehabilitation and care in your own home.
- As we are a single team and work together we will make sure you receive the full range of services in a coordinated way to ensure that you do not have to make lots of visits to your GP to get new referrals for our services. These clinic based services enable GPs to refer patients that require specialist therapy in facilities that are closer to your home without the need to attend a hospital setting. The specialist staff will also ensure that if an additional Consultant opinion is required all the diagnostic tests will be completed and ready for the Consultant appointment. We provide hospital and home based end of life care across Sandwell and Birmingham. Our integrated team operates seven days a week, supporting primary care, and supported by the third sector.

## What are we aiming to be renowned for in 2020?

- A national pioneer in hospital admission avoidance work through iCares, supporting those at home and in care homes.
- A beacon of excellence in Long Term Conditions, Stroke and Rapid Response therapy care.
- Our integrated Musculoskeletal service, and a seamless foot health offer to those in need.
- Fully integrated and coordinated holistic services in palliative care with the ability to respond urgently to patients in crisis, meeting their needs appropriately.
- Virtual follow up of your care using skype, face time or other media platforms.
- Reduce waiting times to deliver care at point of need.
- All appropriate staff will be independent prescribers to enable provision of one stop shops.

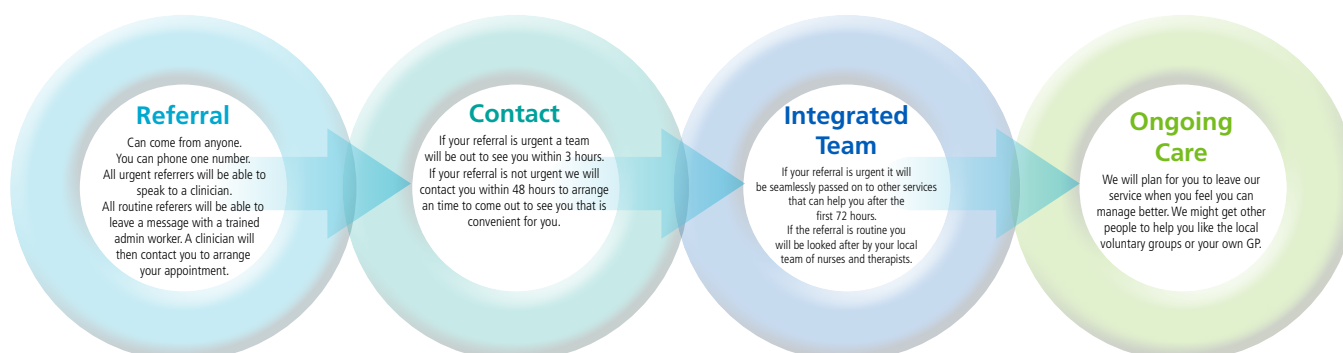
### In 2020... Mohamed's story

Mohammed is a 52 year old self employed accountant. Whilst visiting a client Mohammed began to suddenly feel unwell, his speech became slurred and difficult to understand. When he attempted to stand up his leg gave way and he collapsed to the floor. His colleagues rang the emergency services. The attending paramedics recognised Mohammed was "FAST" positive, diagnosing a potential stroke. With time being critical to Mohammed's recovery he was taken immediately to Sandwell General Hospital. Once there, he was seen immediately by the Stroke Alert Nurses and Stroke Consultant and sent for a scan of his brain, which confirmed the suspicion of stroke. Mohammed was given a clot busting drug and admitted to the Hyper Acute Stroke Unit.

After 24 hours, Mohammed was assessed by the rest of the stroke team (including therapists), and, together with Mohammed, they agreed rehabilitation goals and treatment plans. Mohammed progressed from the hyper acute unit to the rehabilitation unit. He began to regain his mobility and independence by practising daily tasks such as dressing and making a cup of tea. As Mohammed progressed, the Stroke Early Supported Discharge Team (ESD) came to review him to discuss discharge home.

After 3 weeks in hospital, Mohammed went home with a carer visiting him daily. For the next 6 weeks the ESD Team supported Mohammed within his own home, continuing rehabilitation with regaining life skills, returning to everyday tasks such as outdoor mobility, shopping, planning and cooking meals and lifestyle advice. Mohammed wanted to return to work but recognised he would require ongoing support. The ESD team liaised closely with the community therapy team and, after a joint hand over session, Mohammed continued with rehabilitation. After 6 months hard work, Mohammed no longer required a daily carer, was independent and safe at home.

## Your patient experience





# Imaging services in 2020

## Did you know?

In 2014 we did 133000 X Rays, 32000 CT scans and 22000 MRI scans. We expect that to expand in the years ahead.

## What services do we offer and why might you use them?

### Diagnostic Radiography – X Ray:

X Rays can be used to tell whether or not a patient has a broken or fractured bone. They are also commonly used for assessing joint problems. Chest x-rays are commonly used to look at the heart and lungs. The team undertakes work for all outpatient clinics, GP practices, emergency medicine and inpatients.

### Interventional Radiology:

These are a wide range of procedures usually done under local anaesthetic, that can be used as a less invasive alternative to surgery.

### CT and MRI scans:

These machines produce 3D images of the body, with MRI scans being particularly effective for viewing the brain, spinal cord and joints. CT is particularly useful for looking at the lungs in more detail than is possible with chest x-rays. Cardiac CT and MRI enable assessment of the blood supply to the heart via the coronary arteries and assessing the function of the heart muscle. Both CT and MRI are used for viewing the internal organs of the abdomen and pelvis.

**Dexa** scans are used to measure bone density, looking for osteoporosis.

**Ultrasound** scans are used during pregnancy but are also very useful for assessing small joints, looking for blood clots in the veins, checking for gall stones and as an initial test for viewing the abdominal and pelvic organs.

### Nuclear Medicine:

These tests usually involve injection of a radioactive substance followed by a scan to detect the substance in the body. Common tests include bone scans, kidney scans and heart scans. Some radioactive substances can also be used as treatments.

### Breast screening:

We run one of the largest breast screening programmes in the country, providing imaging services for the NHS Screening Programme and symptomatic services.

## Where can you access services now and in 2020?

We have CT and MRI scanners at Sandwell and on Dudley Road, plus Neptune and Victoria Health Centre. Midland Met comes on line in 2018. We expect to offer some services on a mobile as we do breast screening now.



## What will be the same in 2020?

- We will be providing breast screening services in support of our symptomatic service.
- We will be offering tests and treatments like joint injections across our sites and primary care.

## What will be different in 2020?

- You will have a say in where and when your scan is.
- We will contact you tell you your test results are ready.
- More of our services will be open at weekends and in the evening.
- With more scanners, wait times will be even shorter.

## What are we aiming to be renowned for in 2020?

- Our diagnostic scanning for musculo-skeletal services, such as orthopaedics.
- Our cardiac imaging services, improving diagnosis and care.
- Our leading nuclear medicine department, pioneering new techniques and research.

### In 2020... Alice's story

Alice is a 51 year old teacher who has three children, aged 21, 18 and 15. It has been a particularly stressful time as all of her children are working towards exams at school and university. Whilst rushing around she tripped and hurt her ankle. Alice went to see her GP who sent her for an X Ray. She was able to ring up and book an appointment for the next day, and as this was a Saturday, she was particularly pleased not to have to take any time off work. The X-ray was reported by an Advanced Practitioner while she waited and she was referred straight to the Emergency Department.

### In 2020... Bob's story

Bob had been experiencing some tingling down his right arm, so went to see his GP who referred him for an MRI scan. Having booked his appointment online, he arrives at the MRI department and checks in at the self-check in kiosk. Mohammed makes sure that all of his patient details are up to date before he goes in for his scan. Once he has had the scan, the team let him know that they will be in touch when his results are ready. They also put him in touch with the Neurology team as he mentioned to his radiographer that he had been struggling with migraines and wasn't sure how to access any support.

## Your patient experience



# Medicine and emergency care services in 2020

## Did you know?

In 2018 our Emergency Department will be based at the Midland Met Hospital and for all non-life threatening injuries a new Urgent Care Centre at Sandwell Hospital will be available.

## What services do we offer and why might you use them?

**Admitted Care:** After an assessment on the Acute Medical Units or Emergency Department it may be necessary to offer some patients admission on one of the hospital wards, in either single or 4 bedded accommodation. Where this is required patients will be moved, as soon as possible, with a plan for on-going investigation and treatment. This will be under the direction of appropriate specialist medical, nursing, pharmacy and therapy teams. For example, usually, asthmatics would be looked after by the respiratory team, older people with several illnesses by the elderly care team, those with multiple sclerosis by the neurological team and people with liver problems by the gastroenterology team. Other specialty teams include cardiology and stroke who will often admit patients directly to their specialist units from the Emergency Department.

**Scheduled Care:** Patients with chronic long-term diseases will be empowered to manage their condition and will feel confident in knowing they can access healthcare when they need it. They will feel familiar with the team of doctors, nurses and therapists that are ready to support them and who understand their individual condition; confident that they are available and accessible. They will know how to manage a change in symptoms. They know they may utilise day-case therapy or drop-in clinics and so will not expect to need hospital admissions or A+E.

**Emergency Care:** Patients who attend the Emergency Department having had an accident or in an emergency situation will be seen by our Emergency Medicine team and if a specialist opinion is required that will be received within 60 minutes. Most of these patients will be discharged home or with follow-up care from their GP. Some patients will need to be admitted to one of our Assessment Units for additional tests and investigations and will either be discharged home later that day or will need to stay in hospital.

If a GP sees a patient, in their own home or at the surgery, and believes the patient needs an urgent specialist opinion at the hospital, he can contact a single point of access and will be advised which department to send the patient to. This means patients do not need to go to the Emergency Department but straight to the specialist team on one of our Assessment Units. A member of staff with the right skills and experience will carry out tests and investigations on the patient as an outpatient in an ambulatory area or as an admission to the Unit. The patient will either be discharged home later that day or will need to stay in hospital.

There are some patients who attend the Emergency Department who have not had an accident or in an emergency situation. These patients are either seen by a co-located GP or advised that they can seek advice in a more appropriate setting for example from their own GP or a pharmacist.

## Where can you access services now and in 2020?

Physicians who work in these teams will help to diagnose what is wrong with you, and will work with you to deal with your condition using medication. Some patients may only access our medical specialties once, whereas others with long-term conditions (such as diabetes or heart disease) are likely to require ongoing support. Our Medical teams work in many locations in our hospitals and GP Practices. Most initial appointments for care will be by 2018 in either our Birmingham or Sandwell Treatment Centre. But long term follow up will be as close to home as possible.



## What will be the same in 2020?

- We will continue to provide care in partnership with GPs, by continuing to offer Advice and Guidance to Primary Care clinicians thus reducing unnecessary hospital visits for patients.
- Patients will continue to be able to have their outpatient appointment at a location nearer to their home. In many cases this means that they will not need to come to the hospital to get specialised care and treatment.
- Patients, and their families, will have access to information about their condition and will be actively involved in plans for both treatment and discharge from hospital.
- We will plan discharge at the earliest opportunity with support from the social work team when necessary.

## What will be different in 2020?

- We will provide outpatient care in community locations across our catchment area, providing patients with care closer to their homes.
- We will provide more services 7 days a week such as Cardiology.
- We will conduct research across our specialities thus attracting a high calibre of staff.
- We will be in the top quartile for waiting times to see our speciality teams.

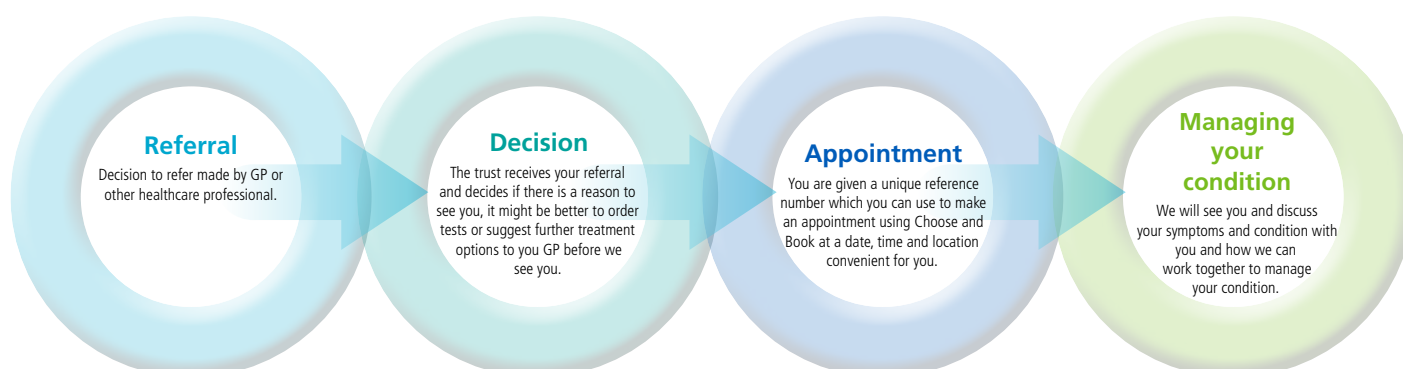
## What are we aiming to be renowned for in 2020?

- Educational and research excellence, in existing strengths like cardiology and important disciplines like sickle cell and thalassemia.
- First class emergency care that is provided 'by the whole hospital' but also connected with general practice and with local pharmacies.
- The quality and compassion of care provided to older people across our services, involving carers from the start of our work.

### In 2020... Mario's story

Mario is a 57 year old gentleman who has smoked for many years. Recently he has been getting out of breath more often and his ankles are slightly swollen. Mario's GP referred him for a series of tests including an Angiogram. Mario is admitted for the day to have the procedure carried out by a consultant cardiologist the test shows some of the vessels providing Mario's heart with blood are becoming blocked and so the consultant suggests that Mario has a procedure call an angioplasty preformed. Mario is pleased his appointment is on a Saturday since he works part time this means he does not have to unnecessary time off work before the procedure and as he has been advised to take some time off to recover. Mario is also pleased that the Trust has promised not to cancel his appointment on the day.

## Your patient experience



# Pathology services in 2020

## Did you know?

We tested over 1.5 million samples last year, for things like anaemia, vitamin or hormone deficiency, cancer and diabetes. 70% of hospital visits result in a sample being taken.

## What services do we offer and why might you use them?

**Pathology** uses different areas of science to help study human disease. When you are required to provide a test sample, these come to our laboratories for specialist testing so that we can either diagnose, treat or monitor your condition. SWBH Pathology Department offers a full range of relevant services to our hospitals, local GPs, and a range of specialist services to hospitals across the UK.

**Clinical Biochemistry** measures a wide range of substances in bodily fluids such as urine, blood and saliva.

**Haematology** deals with diseases of the blood and blood-forming organs. The Blood Bank provides analysis to ensure that blood products given are properly cross-matched and used in a range of acute medical situations. Our anti-coagulant services offer patient centred care using integrated treatment pathways.

**Phlebotomy** this is the service you will use when you have a blood test. We provide thirty-two sites across our hospitals and community where you can attend to have your pathology samples taken.

**Immunology** studies the immune processes in the body and their role in fighting disease. Immunology specialists also look at allergies and how to manage the body's reaction to allergies and intolerances.

**Histopathology** deals with the fundamental aspects of disease, especially changes in body tissues and organs that cause or are caused by disease and helps in diagnosis and treatment.

**Microbiology** studies microorganisms such as common bacteria that can cause amongst other things chest and urinary tract infections, as well as viruses e.g. influenza, and fungal infections. We can also look for TB and also more rare organisms, which might have been picked up whilst travelling overseas.

## Where can you access services now and in 2020?

We provide phlebotomy from 32 locations, as run pathology tests at the bedside. Our anticoagulation service happens locally and on hospital sites. Our main lab will be in one place by 2018. Our central forensic mortuary will be at Sandwell.



## What will be the same in 2020?

- We will continue to offer relevant tests on a near patient testing basis, producing results immediately for speedy diagnosis.
- We will work closely with local GP practices and reduce repeat samples and sample error.
- We will offer short and reducing turnaround times.

## What will be different in 2020?

- Pathology will have a single main base, taking samples for analysis seven days a week.
- We will offer a booked phlebotomy service as well as drop in.
- All service users will request tests electronically not on paper.
- We will text results and make some results available securely but remotely.

## What are we aiming to be renowned for in 2020?

- We will offer more self requested tests from our lab, alongside traditional NHS services.
- We will continue to be a national specialist centre, harnessing the latest advances in clinical science to improve patient care.
- We will be at the forefront of testing in areas such as bacterial gastroenteritis.

### In 2020... Ali's Story

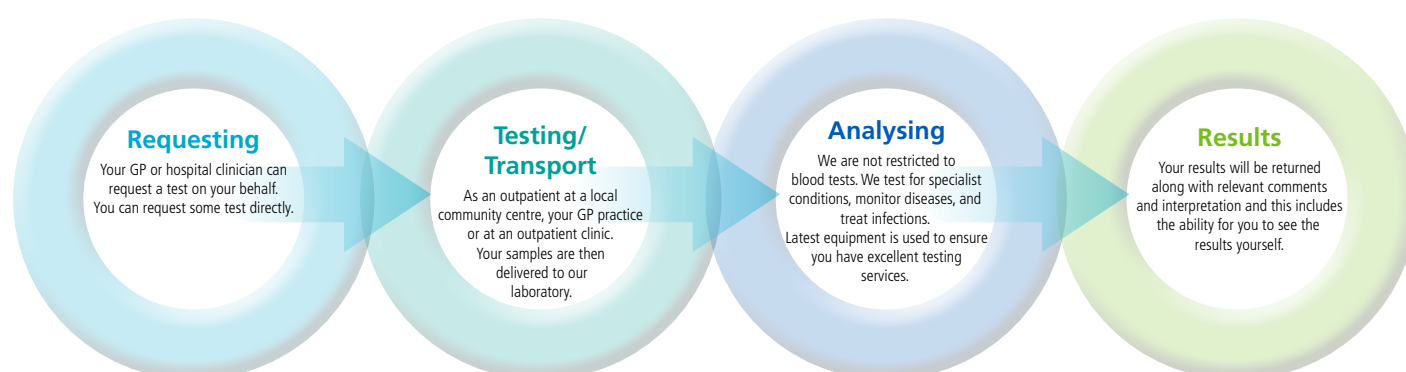
Ali has had diabetes for 15 years and has to have his blood taken and checked regularly, as it has been difficult for Ali to get his condition under control. Ali is really pleased with the changes that the blood taking service has made over the past few years.

He finds he can now have his blood taken at a health centre near his home or one nearer where he works. Once his blood is taken the sample is given a barcode, this means that Ali is able register and track his sample on line and can see when his result is available. He can then book an appointment at his GP practice to see the diabetes team to discuss changes that can be made to improve the control of his blood sugar levels.

### In 2020... Jay's Story

Jay works full time as an office manager. He has been feeling tired and unwell for some time. He makes an appointment with his GP as he has noticed blood in his urine. Jay receives a text reminder the day before his appointment which was very helpful, as he had accidentally double booked himself. Once at the GP surgery, Jay's GP suggests the first thing they should do is check his urine to see if there any clues to what is going on. Jay submits the urine sample at the doctor's surgery, and the doctor tells him that sample will be collected along with the other samples from the practice as they have a regular daily collection. Jay is happy to find that he can register for a patient service which means he can see when his results are available online, which Jay does. He then makes an appointment back with his GP once he sees all his results are back to discuss them.

## Your patient experience





# Specialist eye, ENT and dental care in 2020

## Did you know?

Our hearing services see as many people each year as one of our A&E departments

## What services do we offer and why might you use them?

**Emergency Eye Care:** We offer a rapid access to Ophthalmologists through our A&E in the Birmingham and Midland Eye Centre (BMEC) if you have a problem with your eyes that needs a specialist's attention.

**Ophthalmology:** We are one of the largest specialist ophthalmic care providers in Europe providing both a full range of general Ophthalmology services alongside our specialist activities.

**Ear, Nose and Throat:** We offer rapid access through A&E and a full range of routine treatments for example you might need to see the team if you have problems with swallowing or Menière's Disease

**Audiology Service:** We offer hearing checks and the fitting of hearing aids including some highly specialised hearing aids. We also provide a renowned new born hearing screening service.

**Oral Surgery:** We work in partnership with other hospitals to provide general oral surgery along with cancer services

## Where can you access services now and in 2020?

- Emergency Eye Care is at BMEC on our City site.
- Ophthalmology services are at all 3 of our hospital sites and at a number of community settings.
- Ear, Nose and Throat services are at Sandwell and City sites.
- Audiology Service services are City, Sandwell and a number of locations across Birmingham and Sandwell.
- Oral Surgery is at City Hospital.
- Many services stay where they are with Midland Met but complex ENT and oral surgery will move in 2018.



## What will be the same in 2020?

- We continue to be a centre of expertise in eye diseases, providing regional leadership and specialist care in BMEC.
- We offer comprehensive hearing services from neonates through to older residents with high levels of client satisfaction.

## What will be different in 2020?

- ENT services will operate in partnership with other centres to maintain specialist services locally.
- Waits will be shorter and many more visits will be on a one stop basis.
- Our links to primary care practitioners will be transformed, offering seamless integrated care.

## What are we aiming to be renowned for in 2020?

- Our Eye Centre will be producing exceptional research and innovating with new techniques.
- The Behcets service will be at the forefront of three national centres across England offering joined up care across the ophthalmology and rheumatology teams.
- Hearing services will provide outstanding education opportunities for the best scientists trained regionally.

### In 2020... Martha's story

Martha is a 63 year old lady who has cataracts. She has seen the ophthalmologist and they have agreed she needs an operation. On the day of her surgery she arrived at the department and was pleased to be greeted by someone who welcomed her and her husband who was accompanying her and pointed them in the right direction of the ward. On arrival the nurse checked her details; the nurse also noted that Martha's pre-operative assessment had been completed.

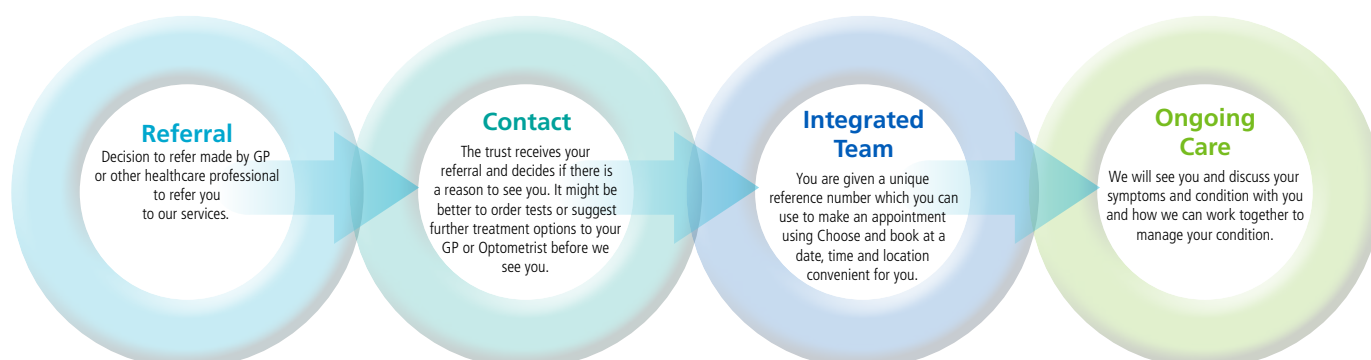
Martha had an armband put on with her details and the nurse mentioned she would be asked for her details several times during the day but Martha did not mind as the nurse explained it was for safety reasons to ensure they operated on her correct eye. Martha was discharged the day of her operation. It was explained that she would have an appointment to check her vision and that was made before she left.

### In 2020... Grace's Story

Grace is a six year old girl with a history of problems with her hearing. This has been due to a build-up of fluid in her ears, so she needs an operation to try to prevent the fluid from building up again. Grace was a bit scared about going into hospital but felt reassured by her consultant who has known her since she was a baby. She went to the health centre near to her house to have some tests done before her operation, and remembered some of the nurses there from when she'd been there for check-ups before.

On the day of her operation, Grace got to the hospital and was able to work out where she needed to go with her mum, as there were lots of signs everywhere. She was told what would happen during the operation and how she might feel afterwards. She was particularly happy to find out that she would be able to go home later the same day. Following the operation, Grace has been able to hear much better, and has become more confident both at home and at school.

## Your patient experience



# Surgical and critical care in 2020

## Did you know?

Over 92% of our breast surgery patients were able to return home on the same day as their surgery in 2014

## What services do we offer and why might you use them?

The surgical specialties provide high quality care to patients requiring diagnosis and treatment of an injury or disease, typically requiring an operative procedure. Often, patients can return home on the same day as their operation took place. Our surgical specialties deal with different parts of the body, and different conditions/diseases:

**Breast surgery:** The Breast Unit is a multi-disciplinary team comprising of general / breast surgeons, breast care nurses, radiologists, pathologists, oncologists and plastic surgeons. Within the unit, we provide rapid access clinics for both routine and urgent assessment of all breast symptoms. Additional clinics include follow-up and results clinics and also family history clinics. The Breast Unit also provides the breast screening service for north, east and west Birmingham.

**Critical Care** provides care to patients who are critically ill following a medical emergency.

**The General Surgery department** deals with conditions of the stomach, liver, intestines and other vital organs in the abdomen (belly). Many of the procedures carried out by the team are Day Surgery cases. Adults and children with abdominal problems are dealt with either through routine outpatient appointments, or if necessary by emergency procedure. The department offers a comprehensive service from initial assessment through to surgery, medication or counselling.

**Pain Management:** The team works both in hospital and in the community, helping you to manage pain associated with acute and chronic conditions and patients with cancer.

**Plastic surgery** has two main parts: reconstructive plastic surgery, which relates to the restoration of appearance and function to the body following illness or accident, and aesthetic and cosmetic plastic surgery which is done to change the appearance following clinical indication. We provide reconstructive plastic surgery in a wide variety of subspecialties covering all aspects of wound healing and reconstruction following birth defects, disease and injuries and breast reconstruction following cancer.

**Urology** is the medical term focusing on the urinary tracts of men and women, and on the reproductive system of men. We would also treat you for problems with your kidneys, such as kidney stones.

**Trauma & Orthopaedics:** Orthopaedics is the branch of medical science concerned with disorders or deformities of bones. You would be treated by a member of our team if you were having a joint replacement or surgery to repair a broken bone.

**The Vascular surgery service** refers to procedures carried out to repair the vascular system (blood vessels and lymphatics), arteries and veins. The general surgery team treats many abdominal conditions, and offers several clinics. The team also carries out endoscopy services (using a tiny video camera on a thin, flexible tube to see inside the body).

## Where can you access services now and in 2020?

There are surgical services on both acute sites now. From 2018, complex surgery will occur there, with less complex surgery in the Sandwell and Birmingham Treatment Centres.



## What will be the same in 2020?

- Our nationally recognised breast service will go from strength to strength.
- We will continue to meet national wait time guarantees for elective services, but with a six week maximum wait to be seen when first referred.

## What will be different in 2020?

- You will have direct access to scanning so that you can book your appointments at a time and location to suit you, meaning more convenience and quicker results.
- We will have standardised our surgical pathways and protocols so that you will experience the same efficient, high quality care in all of our specialties.
- You will only be booked in for a follow up appointment after your surgery if you choose to, rather than it being booked automatically.
- Any screening will take place at your outpatient appointment so that, unless you require general anaesthetic or have complex health needs, you will not be required to attend hospital for a separate pre-operative assessment.

## What are we aiming to be renowned for in 2020?

- Our critical care services will be outstanding, supported care across our sites through education and outreach.
- Cancer services will exceed national standards for both waits and quality.
- Operating waiting times will be among the best in the West Midlands.

### In 2020... Sheila's story

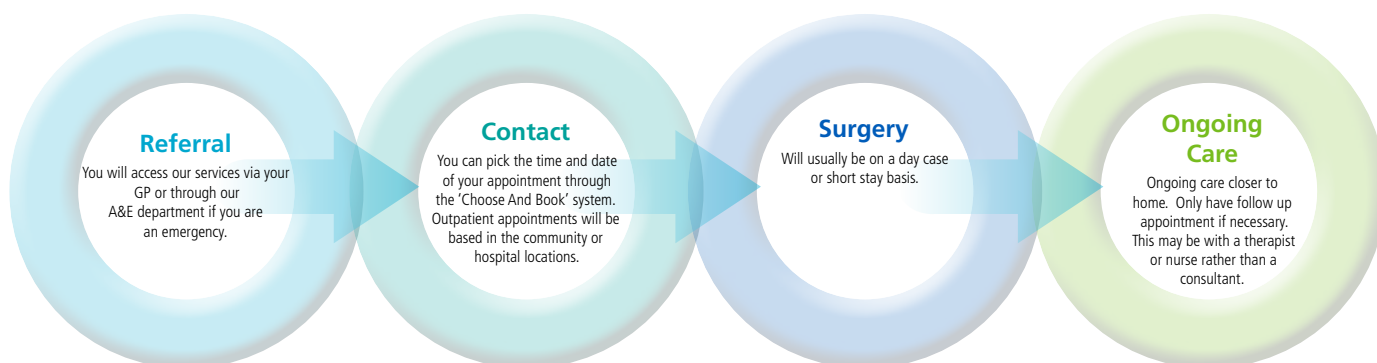
Sheila is a 70 year old lady who was referred to the hospital after she had found a lump in her breast. Her GP referred her using Choose and Book (an online system that allowed her to pick her own appointment time) and she was seen within a week. Sheila's friend had recommended that she choose SWBH as she herself had been under the care of the Breast Team five years earlier and had been seen within two weeks.

Sheila had her initial consultation in a clinic where the breast surgeon worked alongside the radiographer. She knew what to expect as the hospital had sent her a leaflet explaining the procedure in the post with her appointment letter. The next day, she received a phone call to let her know that her test results were available, and she returned to clinic to be told by the surgeon she would need to have an operation to remove the lump as it had been confirmed as breast cancer.

One of the breast care nurses, Emma, contacted Sheila to let her know which checks she would need to have before her operation and where she could go to have this done. Sheila chose to go to the local community health centre and she was familiar with it and felt comfortable. During her appointment, Sheila met Emma, and they discussed what would happen once Sheila was discharged from hospital.

Sheila came in for her operation at 12.30pm and was home by 8pm the same day and was glad she could recover at home with her family. She knew that she would have a visit from one of the District Nurses later that week to dress her wound, and was told about a local Breast Cancer support group that she was pleased to join.

## Your patient experience



# Women and child health in 2020

## Did you know?

One and five year survival rates for gynaecological cancer in our unit are the best in England

## What services do we offer and why might you use them?

**Gynaecology** deals with diseases of the female pelvic organs of the body such as the womb, neck of womb, tubes, ovaries vulva and vagina.

**Gynae-Oncology:** This is a specialty that looks after cancers of the female pelvic organs.

**Genito Urinary Medicine (GUM) and HIV services:** These relate to the diagnosis and treatment of sexually transmitted diseases.

**Contraception and Sexual Health (CASH):** This service offers family planning clinics, sexual health, contraceptive advice and pregnancy testing.

**Maternity:** Women are supported during their pregnancy (antenatal), during birth (intrapartum) and after birth (postnatal) by our midwives, community midwives and consultant obstetricians. This includes antenatal classes, screening and blood tests.

**Neonates:** The neonatal unit cares for pre- term (babies born early) and term babies who need additional help.

**Paediatrics:** Paediatric services are for children and young people up to the age of 16. The teams are based both in the hospital and community. The patient may see our teams just once but some teams care for complex or chronic conditions and thus meet more often. We also provide support for "end of life" care. We provide home-based and specialist school nursing support for children aged up to 16 and their families. This team includes consultants, paediatric nurses, physiotherapists, speech and language therapists together with nursery nurses and occupational therapists.

**Health Visiting:** Health Visitors support the under '5' Sandwell children through the national Healthy Child programme and includes the Family Nurse Partnership programme of intensive support, advice and information offered to young, first-time mothers living in Sandwell. The teams work in close partnership with GPs, dieticians, social workers, children's centres and other professionals and voluntary groups.

**Children's Community Therapists & Nurses:** includes Community children's nurses, Occupational therapists, Physiotherapists and Speech & Language Therapists. Children's nurses support children with acute and long term conditions, including palliative care. Children Therapists support children with physical disability, communication and feeding difficulties.

## Where can you access services now and in 2020?

- Gynaecology outpatient services are delivered from our 3 hospital sites and community locations within health centres. The Pan-Birmingham Gynaecological Cancer Centre is the hub of the Pan-Birmingham Gynaecological Cancer Network which provides highly specialised care for four cancer units across Birmingham and the Black Country.
- GUM, HIV and CASH services are available at Sandwell and Rowley Hospitals along with a number of community locations.
- Women can access antenatal and post natal care in their homes and many community venues including GP practices, Health Centres and Children Centres. Women preparing to give birth can choose to give birth at one of the two midwifery-led units, one based in our Maternity Unit and one based in the community, in the delivery suite or at home.
- The neonatal unit is based at the City site for inpatient care with outpatient clinics available at both City and Sandwell. This moves to Midland Met in 2018.
- Paediatric assessment, day case and outpatient activity is delivered City and Sandwell sites with inpatient activity at the Sandwell site. This moves to Midland Met in 2018. Health Visiting services are delivered in parent's homes, Children's Centres, Health Centres and nurseries.
- Both teams see children within their community environment; including home, school, local GP surgeries, leisure centres and children's centres. Community teams work closely with hospital staff, education and social care.

## What will be the same in 2020?

- Our seven day service model will continue.
- We will continue to strive to promote healthy outcomes both for children and for pregnant mothers.
- We will maintain our excellent risk management systems for care, ensuring we comply with standards of practice.
- We are a Beacon Service of SWBH & aim to maintain our high standards of care.
- We will work with Children & their families to achieve outcomes that matter to them.

## What will be different in 2020?

- Reduced hospital attendance and readmission to hospital among children, through improved community provision.
- Our GUM and CASH services will be integrated and each service will make sure that all a patient's needs are met.
- Patient and pregnant mothers will be able to access more services through convenient locations, often enabled by technology.
- Through greater partnership working we will reduce the length of time children spend in hospital
- Using technology we will improve communication & the efficiencies of our service.

## What are we aiming to be renowned for in 2020?

- Consistent successful promotion of breast feeding and low rates of smoking.
- High normal delivery rates, but reduced teenage and unplanned pregnancy rates in our communities.
- Outstanding outcomes from gynaecological cancer care.
- Our One Stop Community Gynaecology Services.
- We aim to deliver a high quality, fully integrated service that supports the child and family holistically across the acute and community settings.

### In 2020... Nisha's story

Nisha is a 26 year old who works as an accountant in Smethwick. Nisha went to see her GP as she had been experiencing heavy menstrual bleeding for nearly 12 months. Nisha's GP referred her to the Community Gynaecology specialist service and asked Nisha which of the 6 locations across Sandwell and West Birmingham she would like to go to. Nisha is happy to find one of the locations is near where she works and she chooses that one. Before her appointment Nisha has her scan, full assessment, bloods taken at one of the many locations offered at her first appointment.

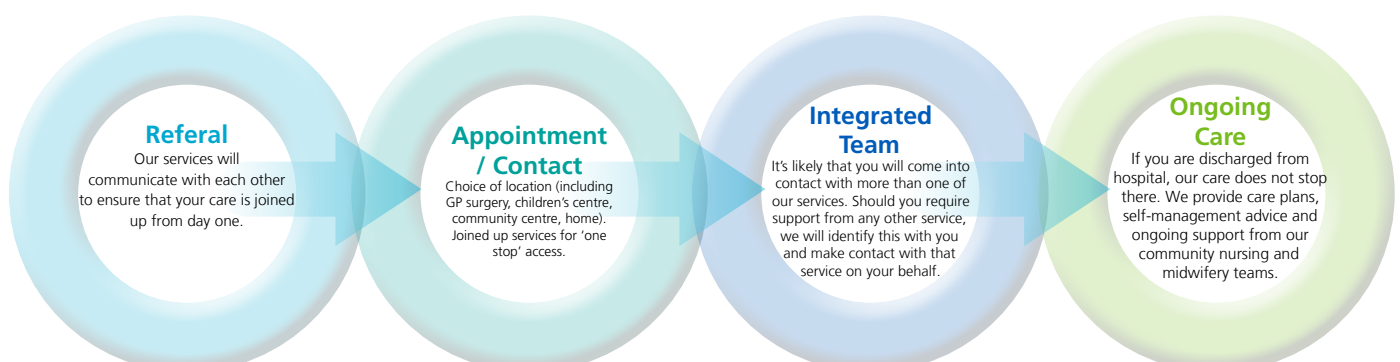
Nisha is notified of her appointment by email and has a text reminder; she arrives at her appointment and is seen on time. Firstly she sees the sonographer for her ultrasound and then she sees the doctor who has her scan results along with her blood results so he can help her choose the best way to treat her. They decide together she needs an operation, and a week later she has her pre-operative appointment at the same clinic. This means that she doesn't have to worry about where she is going as she is familiar with this clinic, and was informed that all of her pre-operative checks would take place at once, which saves her from having to take time off work.

### In 2020... Jenny's Story

Jenny is a 38 year old mother of two and is currently expecting her third child. She is considered to be a high risk mum due to her age. Jenny was worried that she would have to go to hospital for all of her appointments. Instead, after her initial booking appointment she has been able to attend the local community centre where she can have her blood tests, growth scans and ante natal support all in one place. She finds this so much easier as she doesn't drive.

Jenny's daughter, Emma, has just given birth to a baby girl, Mia. Emma has been supported by the Family Nurse Partnership as a first time mum under the age of 20. She gave birth to Mia in the Serenity Suite and was really happy with her first birthing experience. Now that Mia is a couple of months old, Emma has been encouraged to think about her future and with the help of the FNP, is looking to attend college 2 days a week. Emma takes Mia to the local Children's Centre on Mondays and Fridays, which gives her a chance to meet other mums, and access benefit support in order to find a new home. Both mum and daughter have been visited by a CASH nurse to discuss ongoing contraception.

## Your patient experience





# Our Corporate Services

## What do we do in 2015?

We have in-house teams which provide human resource, finance and IT expertise in supporting all our employees. We have a facilities staff, who provide vital patient facing services, such as cleaning and portering. Our estates team manage our BTC PFI contract and run services on other sites. And we have a series of expert functions that support teams with risk management, research and development, educational governance and communications.

## What do we do well?

- We have a very dedicated team that is well integrated with clinical teams, and that is well integrated across functions.
- Our PLACE scores for facilities services are the best in the NHS region. Patients tell us they value the support of our facilities staff greatly.
- Given the age and dilapidation of our estate, it is kept safe and presentable with great effort and estates energy.
- And our educational capability, particular our medical educational capability is widely regarded by peers and students alike.

## What will be different in 2020?

Where there is a chance to automate a process and standardise it safely, we will look to do that consistently. For example, much of our reporting infrastructure, and processes to approve expenditure or decisions, can be supported by technology. That will release members of our workforce to focus on providing more expert support to difficult issues, either in IT, HR or finance.

We will look to explore how we sell or share our expertise with other organisations, in the NHS, or wider local landscape. In doing that, we may make choices to use the services of others instead of providing every service in house. We will approach those issues mindful of our local employment obligations and the values of our Public Health plan.

The relationship between corporate functions and clinical teams will begin to change. Increasingly our directorates will ask for, or commission, what they need from corporate help. This cultural shift is a common issue across public services as we strive to ensure innovation and autonomy is developed for professional teams.

Our corporate services are changed by the 2020 Vision that we have. In 2015-2016 the Board's annual plan has prioritised developing and changing corporate support functions, so they are fit for the future, as well as able to meet the needs of today.

We know that our fixed plans do reshape some key corporate functions. For example:

- Where we provide services changes, and in Midland Met some estates staff will leave us to join the provider organisation, who operate that building.
- Our IT ambitions, set out in this vision, mean that the shape and scale of those services will be very different by the end of the decade.

We have already published specific plans which signal changes in delivery within corporate services:

- Our Research and Development plans mean that our ability to undertake research governance as partners require, and our ability to support multiple trials has to be enhanced.
- We continue to work with multiple education providers, and need to become expert at operating that diversity in one main hospital where currently different is spread by site.

Our long term plan generates new roles and focus for corporate teams:

- Our financial plans see major changes in how we achieve a surplus to reinvest in care, and the scale of surplus we need. Broadly, that surplus has to double by 2020 in order to ensure financial stability having met our obligations from investing in work, IT and estates. This changes the focus of the finance team, although safe delivery of those changes is the job of all Trust employees.
- Our workforce plans focus not just on efficiency, but on how work is organised and the development offer to people who work here. This refocuses the human resource function from processes to the development of our people.

Most significantly of all we want to make sure that the corporate support around safety, risk management, patient experience, quality improvement and change management is outstanding.

These are critical functions to both patient and staff in changing how we work, making sure that what we do is of the best possible quality, and helping the organisation to improve consistently across our teams. These are critical functions to both patient and staff in changing how we work, making sure that what we do is of the best possible quality, and helping the organisation to improve consistently across our teams.







## 7. Care transformation locally: Innovation and research

**Research is integral to our ambition to continually improve the safety and quality of the care we provide to our patients and forms part of our 2020 vision. We are a major centre for research that contributes to the development of vital new ways to prevent, manage, and treat health conditions. Our work has influenced approaches to disease management at both national and international levels. We want to grow those areas. But we also want to increase the breadth of our research, empowering the full spectrum of health care staff to deliver research and to give all our patients the opportunity to take part in research. In doing, so we will make ourselves truly responsive to our patients' needs.**

### **Increasing clinical research activity and the breadth of our clinical research portfolio**

We want to significantly increase the numbers of patients recruited to take part in research studies by 2020. It is our vision that all patients looked after at the Trust are given the opportunity to take part in clinical research.

### **Promoting national and international excellence and leadership in clinical research**

We will continue to support and develop our areas of research excellence and we will expand our portfolio of research by developing at least two

disease areas in which we are national / international leaders.

### **Increasing the range of health care professionals contributing to our clinical research**

We will make sure that key studies taking place at our Trust are led by nurses and allied health professionals.

### **Translating research into better and safer clinical care**

As a leading integrated care organisation we are an ideal environment within which to strengthen research operating at the interface between secondary care, primary care and social care. We will agree a strategy with representatives from these sectors to lead research into understanding the earliest phases of disease and integrated management of people with long term conditions.

### **Making patients aware of research and development and empowering them to influence it**

We will increase the visibility of research opportunities so patients are aware of studies they may be able to participate in. We will involve patient representatives in decision making processes, allowing the patient voice to help shape the direction of research and development.

**The trust is undertaking a major investment in information technology between now and 2020. This will not only provide our staff with the tools to deliver better and more reliable care with access to better and more up to date information about you. It will also transform the way you access your care from us and enable you to better care for yourself with our support.**

#### **Safer and more reliable**

Technologies such as VitalPacs and Electronic Prescribing will mean that the care that we provide will be safer than ever. Our systems will know when your condition changes whilst in hospital and enable clinical teams to respond more rapidly. Doctors and nurses will be able to ensure you are taking the right medicines, that you always get them on time and that they are the most appropriate medicines for you. Our systems will be able to ensure that you have always had the right tests and are always ready for your appointment or operation.

#### **Information always available everywhere**

Mobile technology and the Electronic Patient Record means that your health record will, with your permission, be available to any doctor or nurse caring for you wherever you are - whether it is your GP in their surgery, a community nurse visiting you at home or an A&E doctor when you come to hospital. Your Care Connected enables hospitals, community services and GPs to share the information they have. This will reduce unnecessary repeat tests, repeat appointments and vital information about you will not be lost or forgotten.

#### **Keeping you informed, showing you the way**

You will be able to monitor your own progress as you pass through our systems - make and see your appointments online. See your own test results and even ask questions of your clinical team. Our self check in kiosks will welcome you when you arrive at hospital, they will help you find your way to your appointment on time, make sure the information we keep about you is up to date and will even let you know if there is an opportunity for you to take part in one of the many research studies we carry out.

#### **Empowering you through technology to care for yourself**

We are pioneering the use of smartphone and tablet technology that provide apps to help you take control of your condition. Patients Know Best is an app that helps you set goals, track your condition, communicate with your clinical team and learn more about your condition - so that you become your own expert. Other devices such as home blood pressure monitoring, heart rate monitors, blood sugar measurement and much more will mean that you can track your own condition and share it with your doctor. You will have access to your own healthcare record and you will be able to take it with you wherever you go. You can even communicate with other patients just like you.

#### **Telling you how we are doing**

Technology will make information available to you about the quality of care we provide. We will be able to tell you how safe and clean our wards are, how our services compare to other hospitals and what others think about the services we provide. Information is power and we will use our technology to give you the power to manage your own care and make your own choices to receive the best care possible.





## INTEGRATED CARE PIONEER

### Delivering more care locally: our DiCE Service

*The Diabetes Community Care Extension (DiCE) teams truly are an example of how integrated care really can make a difference. Sandwell & West Birmingham Hospitals NHS Trust has provided every General Practice with its own Diabetes Community Care Extension (DiCE) team, comprising a diabetes specialist, a diabetes specialist nurse and their administrative support.*

*As part of the transformation, diabetes has had a chance to look into more technological ways of improving patient care. Methods such as using Skype and FaceTime for virtual consultations to free up outpatient capacity and also the use of a simple and effective text messaging system to help patients by managing blood pressure, weight management and medication reminders*

*The use of this messaging system shows that patient experience is at the heart of everything that the diabetes team does. They have also used proven methods from over the years to improve their care, like the use of volunteers in the diabetes centre to provide refreshments. They have also worked with SWCCG's Esteem team to provide emotional support for patients with diabetes-related foot disease and the families and carers of those effected.*

*The central theme of the diabetes service transformation story is about identifying resources already available and using these to the absolute maximum to improve the patient experience.*

## We do not work alone – partnerships matter



The most important partnerships we have are with a patient and their loved ones, and through local teams and clinicians. But organisational joint working is important to ensure that systems and processes work in alignment to make collaboration happen. For many years, the Trust has been just one part of the Right Care, Right Here partnership. Initially called Towards 2010, this commitment to tackle issues as a care system – the voluntary sector healthcare commissioners, Sandwell and Birmingham's Local Authorities, primary, mental health, community and hospital partners work alongside each other to deliver major change.

Over the last decade this partnership has helped to:

- Open major facilities for primary care, and extended care services, across Ladywood, Perry Barr, and the five towns within Sandwell – for example the Sparkbrook Community and Health Centre and the Portway Lifestyle Centre in Oldbury;
- Reduce the number of acute beds in our system by over 300, and introduce ideas like "own bed instead" into the way we

provide care;

- Support close liaison between mental and physical health provision, but for functional and organic conditions, especially dementia care;
- Reduce the boundary between the statutory and third sector in delivering services in innovative community based ways, such as the Community Offer in Sandwell; and
- Involve local representatives, including patient representative, right from the very start of change ideas.

In the next five years, we want to maintain and develop the Right Care Right Here partnership further, and particularly recognise and support the role of the third sector further. It will be tested by the complex and significant implementation burden of change which every partner has to deliver. But we know that none of those partners can deliver alone. In 2015 a new independent chair of the partnership was appointed, and a programme team created. As a Trust our 2020 Vision is one that we can look forward to with confidence, because of the foundation level of trust and joint working

## 8. Care transformation locally: Locations

**The Trust provides care from 150 locations in 2015. We expect the number of locations to remain similar, but the scale of services provided at home, in general practice, in leisure centres and elsewhere within our communities to grow. Meanwhile, we are investing in all of our four hospital sites, and in 2018 will add a fifth site: The Midland Metropolitan Hospital in Smethwick, on Grove Lane.**

### Rowley Regis Hospital

The site is vital to local people and services have expanded over the last two years. In March 2015 we undertook a consultation exercise on the final state of the site and further expansion. During 2015 and 2016 we are committed to implementing changes to:

- Ensure intermediate and day hospital care is sufficient, and can support discharges from our hospitals and Russell's Hall, where many local people get their emergency care
- Transfer more outpatient services onto the site, to support long term conditions care close to home, in partnership with GPs and the multi-disciplinary primary healthcare team
- Make sure that our changes do not impose a burden on local residents, for example through car park overspill - while trying to create local amenities on the site.

### Leasowes in Oldbury

We provide intermediate care through this centre, as well as offering some end of life and our current midwife led birth centre in the adjacent

Halcyon facility. Our strategy remains to support intermediate care beds both on our sites and, where appropriate elsewhere as well. Over the next five years we plan to maintain the centre and to support its use for rehabilitation and out of hospital long term care. The future of the Bradbury Day Hospice will be driven by commissioner decision about the long term strategy for end of life care in our area.

### City Hospital on Dudley Road

In 2018, the A&E at City Hospital, and the majority of bed based services will close and transfer to the Midland Metropolitan Hospital. The Birmingham and Midland Eye Centre (BMEC) will remain use at City, alongside the Birmingham Treatment Centre (BTC). Current plans retain hearing services on the site, but this is subject to ongoing review. In addition, we are developing the Sheldon Block as our intermediate care base for Ladywood and Perry Barr. That transformation began in 2014 and will continue progressively over the next five years.

### Midland Metropolitan Hospital

This new hospital brings together specialist acute services for adults and children. It allows us to offer seven day a week excellence and team based care. With more diagnostic and interventional facilities this major new hospital for the next century is an essential part of the local health landscape. It is a major change in how care is delivered, as well as where care is delivered. It requires a separation between planned and emergency work, and between community-based care, including outpatients, and admitted care.







### Developing the Sandwell Treatment Centre

The future of our site in West Bromwich - Sandwell General - is secure. But the site sees considerable change from 2017 to 2020. These changes are in line with the prior public consultation but seek to provide more services on the site than previously envisaged. Of course over the next five years the position is a changing one, and commissioner intent may require adjustment to our plans.

- Outpatient services will be the heart of the new Sandwell Treatment Centre model. Both new and follow up care in most adult and childrens' specialties will be provided through the site. We expect to invest in improving the outpatient environment, and this forms part of the approved long term financial model for the Trust, which underpins the agreed Midland Metropolitan Hospital business case. Only emergency outpatients and antenatal care will take place inside Midland Met. There may be a small number of specialties where it does not make sense to duplicate clinics on multiple sites. This restriction would be more likely to apply to complex multi-disciplinary care.
- Day surgery and investigative procedures such as planned endoscopy care will be maintained at Sandwell, exactly as we currently do within the Birmingham Treatment Centre. This will allow local provision to be maintained. This was always the intention of Right Care, Right Here. If some surgical procedures are transferred by commissioners into primary care, then we will need to maintain an assessment of the viability of services.
- 35,000 patients are expected to be able to use the new Urgent Care Centre which will replace the existing A&E department. The CCG have begun an engagement exercise on the future shape of emergency care, and subject

to that work maintaining the agreed system wide strategy, the Trust will offer with partners this vital service from 2018. The exact clinical exclusions from attending an Urgent Care Centre, as against an A&E department, are well understood nationally. Most ambulance transferred patients will by-pass the Urgent Care Centre and be looked after within an A&E department.

- Intermediate and long term care will be offered at Sandwell. This is the type of care we presently provide in Leasowes and Rowley Regis. We know that local delivery of such a service helps to integrate our care with the support of friends and family.
- Over the course of the next five years, we expect to transfer to majority of our corporate services onto the Sandwell site. Trust Headquarters relocated there in April 2014. Key support departments, which help us to run safe, and develop higher quality services, will locate there. This will include important aspects of our Research and our Education portfolios. These investments both confirm the central role that the site will continue to play in the life of the Trust, but also ensure local employment opportunities, as more than 15% of our workforce are within corporate teams.

We do expect to make some land sales. This is in line with our long term published plans, and we continue to explore with partners such as the Local Authority how these intentions can best meet both local need and economic obligations on the Trust. Taking the re-used property and the excess property we remain able to develop some of our estate with local partner organisations, including the third sector. We are exploring the creation, for example, of a general practice service on the site.



## 9. Care transformation locally: Our workforce

**Everything in our 2020 vision depends on the skills, talents and teamwork of our workforce. That is why we are committed to educating the next generation of NHS staff. And why we are investing heavily in research and development, to ensure that the most innovative care is delivered by the Trust, and those with a passion for excellence are recruited to local service.**

In the future we will employ over 6,000 people. We want to sustain that workforce as a high-skill, high-wage, multi-site, flexible group, able to meet the health challenges faced by local people, supporting them to lead healthy lives. Every employee will have not only an appraisal and training plan, but a clear indication of their potential career trajectory. Whether in full time or part time work with us, our workforce will be supported to become ambassadors for the local NHS - implementing their own ideas to improve care within our organisation and with partners beyond it.

### A great place to work

Working for the NHS is a privilege. But the dedication of staff must be rewarded with opportunity, consistency of leadership, and unwavering support to do difficult and challenging jobs. Our investment plans ringfence training expenditure, and provide for support to make major shifts in care. To work in teams requires that we support work-life balance. And that we act to cut sickness and reduce turnover. The Board, and wider leadership, understand that without success

in those basics, the Vision outlined in this and other documents, cannot be achieved.

### The next generation of employees

We know that part of our contribution to health lies in the jobs that we create and nurture for local people, be they school leavers through our association with the Sandwell UTC; apprentices through our ground-breaking work enrolling young people from our communities; or the skills training we provide to older adults re-entering employment.

### Preparing our teams for change

Our care model requires different skills. More reliance on technology. The capability to work across different teams and various sites. These are big changes. 60% of our employees who have worked for us for more than five years. Around 10% of our staff change each year. For both longstanding and newly enrolled staff the future is different to the present and we need to prepare carefully for that, with time, investment and collaboration.

### Our multi-year education, learning and development plan

In 2015 we launch our education plan that sets out how we are going to support our workforce to develop the skills and competence that they will need to deliver our ambitions for 2020 and the years in between. Our activity within the education plan aims to attract talented people to come and join our team, give all new starters a welcoming environment and positive joining experience, and ensure we retain our skilled colleagues.



## Improvement and leadership skills

In 2015 we launched a major Improvement Plan for care. At the same time we created ring-fenced dedicated time across our services for one half day each month, to be reserved for development, support and quality improvement. That time to talk is crucial to our 2020 Vision. Individual teams need the chance to identify opportunities for change, and to reflect on organisation wide learning. At

the same time, the skills to improve services, to bring about and evaluate change are critical, and we will develop a model of routine implementation methodology during 2016. This supports the three year investment in leadership that we made in 2014. Across our directorates and Groups we are working to core leadership competencies, which we need to consistently apply throughout the Trust.

**Name:** Dean

**Department:** Medical Director's Office, City Hospital.

**Framework:** Business Administration, Intermediate Level.



Dean joined the Medical Director's Team in January 2015 and had shown a keen interest in wanting to work in a business environment. He settled in quickly and is already responsible for a variety of tasks which see him working closely with Consultants and Ward staff to gather the information he needs to report on a daily basis.

Dean said: "The work is very varied and at a higher level than I had expected but I am really enjoying the responsibility. I get to go out and visit the Wards to check and gather information I need from the medical staff. One of my main tasks at the moment is to chase VTE Risk Assessments from Consultants who have not yet submitted them. I then enter these into compliance graphs for the Medical Director. I am also responsible for data entry of mortality reviews and checking the Bed Management System."

Dean goes on to explain: "I am enjoying my QCF training from Learning & Development and I have just taken my first exam. I am well supported by my manager, team and assessor and know there are people on hand if I have any difficulties at work. It has been really great joining the NHS and I can see it is going to give me many skills to help in my future career."

## Investing in our people

In 2014, and again, in 2015 the Trust has increased significantly the money spent on training and development for our staff. Annual expenditure is now above £1million for the first time. We would expect to continue to grow our training funds in coming years as we strive to both improve the skills of individuals and develop our teams. The Trust works actively with Health Education West Midlands to access national and regional funding, and to understand good practice from elsewhere in the area.

Increasingly, clinical groups will develop multi year training plans, so that staff are clear what is available some time in advance. Part of that work is ensuring that support is available at every step and stage of someone's career, not just when they first start with us, or when they are stepping into very senior roles. Our future plans see many of our staff working in different ways, through technology, or different places, as care moves into the community. Honing new skills through training and development lies at the heart of preparing for our future.

## 10. Judging our level of integration – you decide in 2020

**Successful integration is not easy to measure. As part of our plans, and those of the wider Right Care, Right Here partnership, there are agreed metrics which set expected levels of service change. But the real test is the opinion of each patient about their experience of our care. Have we changed who controls care outcomes? Because that is our aim.**

### Getting your feedback on care co-ordination

During 2015-2016 we will be changing how we gather feedback in our surveys and focus groups. We will make sure that the co-ordination of care across settings and services is a dominant feature of local data capture. Over the next five years that dataset will build a picture of where we are succeeding and where we are falling short of our vision. In 2020 we will undertake a much larger scale study of patient opinion in order to both assess the delivery of our plans and frame our strategy to 2030.

### Making this 2020 Vision happen day to day

We will be establishing a series of patient panels to help us evaluate the plans put forward by our clinical groups, and test with you whether they deliver the level of coordination and joined up care you want to see from our services.

The delivery of this vision matters. It is for this reason that this will be governed through our Trust Board, with progress reported to our Clinical Leadership Executive, which has representation

from each of our clinical Groups, as well as the full Trust Executive. Our membership, and the member's leadership group will also be appraised and involved in overseeing our work.

We will report within our annual plan and at our Annual General Meeting on our progress. In particular we will provide commentary on the future state models outlined by each of our Groups, and provide a straightforward assessment of the progress of our Integrated Care Pioneers: These services which will embody the change in how we provide care in 2020 and the decade that follows.

### Taking the lead - our Integrated Care Pioneers

During 2016 we will be selecting 20 services that form our Pioneers programme. These are the services that we believe have to be at the forefront, in vanguard of change, in order to accomplish both our 2020 Vision, and the wider Right Care, Right Here programme.

We would expect our pioneers to include services providing integrated models of care, such as diabetes, as well as those where we recognise that the care model needs to change, such as respiratory services. The pioneers are not only current Trust services, but services where we know we need to develop improved provision both to support care at home and to ensure that the Midland Metropolitan Hospital is supported by consistent models and standards of care regardless of the postcode of the person using its services.





# Our vision for care in **2020**



Where  
**EVERYONE**  
Matters