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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Quality Plan: thresholds and trajectories		
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Meeting	Trust Board	Date	4th July 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Quality Plan looks to improve care across many domains in the Trust, reaching across all Groups and into primary care. These are ambitious projects that build on work that is already underway in many areas and will provide further support and direction for this work. This needs to be carefully balanced against other important Trust work and realistic trajectories set and outcome targets defined.

This paper will summarise the discussions with the Groups and clinical teams that aim to define the phasing and projected outcomes of the projects over the next 3-5 years.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board and Quality and Safety Committee – June 2019

4. Recommendation(s)

The Trust Board is asked to:

a.	**REVIEW** and provide **SUPPORT** for the projected outcomes and timeline for delivery of the projects
b.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register							
Board Assurance Framework	x	SBAF 14					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4th July 2019

Quality Plan: thresholds and trajectories

1. Introduction or background

1.1 Reviews have taken place with relevant Group Directors of Operations and clinical staff most relevant to these projects to review the current status, outcome measures and target for improvement, possible interventions and projected timelines. These have been grouped according to pre-existing project status and planned progress. Project oversight has also been considered.

2. Plans that are development of work already in progress:

2.1 **QP2: Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.**

1 and 5 year survival rates for cancer patients by specialty and by stage at diagnosis will be used as outcome measures. We will identify equivalent national dataset to establish where we are and how much improvement is needed. This will be examined by specialty area and stages of the pathway will be identified for opportunities for improvement (earlier presentation, accessing right service, achieving diagnostics, establishing treatment plan). Information will be gathered from MDTs (surgical data sets mainly) to inform outcomes and targets. (18 months)

Oversight: Cancer Board

2.2. **QP6: We will reduce the number of stillbirths and deaths in the first week of life so that we are providing a better service than others in the West Midlands.**

Identify comparative data for still birth and neonatal death rate to see how we compare in light of recent improvements seen in our service from national initiatives. Examine common themes with still birth and neonatal death especially around late presentation to service or presence of comorbidities in mother that may have contributed. Examine whether closer working with primary care will allow earlier referral and medical management of those with maternal health problems. (24 months)

Oversight: Maternity governance group

2.3 **QP9: Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.**

National PROMS data is only collected for hip and knee replacement. We will examine the questions asked of patients and the data sets that are collected to establish where patients have most problems post operatively. This will allow targeting of stages of the surgical pathway that will have most influence on patient outcome to put us in the top 20% nationally. We also need to know the percentage of patients completing the PROMs form, identifying those who do not complete and the reasons for that. (18 months)

Oversight: Surgery Group

3. Plans that are part of projects where some work is already underway

3.1 **QP5: More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.**

Breast and bowel screening is to be looked at initially. We will need to understand from screening teams the reasons for patient non-attendance. We will look at the demographics of those who do attend and those who do not to try and identify themes (including area they live) that will allow targeting of groups where needed. Consider whether service capacity issues are a factor as well. (24 months)

Oversight: Cancer Board

3.2 **QP7: Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.**

20% of patients don't die in the place of their choice but we also know that all patients in the last year of their life are not asked this question. Can we get better at identifying patients approached end of life by examining admissions in the 3 months before death (data to be obtained to see if number of admissions acts as predictor). Already starting work with elderly care to help identify patients who should have EoL care discussed with them and giving the team skills to do this. Will be rolled out to other clinical areas with patient groups with chronic disease (respiratory and cardiology) with consideration for orthopaedics as well where already identified that EL discussions would be helpful. Focus will be on training and supporting individuals in discussions in EoL care. To identify where additional investment needed (18 months)

Oversight: PCCT Group

3.3 **QP8: We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time.**

There are 2 parts to this project. There is a transition lead to start in July with a plan for development over next 18 months (establish service, planning and establishing change). Look at 5 main groups – transition from SWBH paeds service to (1) an adult service at SWBH, (2) an adult service outside SWBH or (3) to their GP, (4) transfer of young person to adult service at SWBH from other paediatric service and (5) those with special education needs or neuro-disability to community services. Look at pathway to each specialty and that service established for transition of young person. Assess preparedness of young person and service for transition and that effective follow-up established in adult specialty.

For reducing days off school will look at 2 main areas – those related to an in-patient stay (acute and chronic disease) and that related to clinic attendance for chronic disease management. Understand factors that may reduce duration of stay in hospital, the advice given to patient/parent and GP on discharge about return to school and timing of out-patient clinics, including use of technology to reduce school disruption.

Oversight: Children and Young People Board

4. Quality plans that are building on less developed projects:

4.1 **QP3: We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.**

There are a total of ~8500 readmissions a year (within 30 days of discharge) (8.4%). The aim is to reduce this by 10% over 18 months. We need to look at data in detail by specialty, by month, place from which discharge occurred, place discharged to and diagnosis. Is the readmission for the same reason as the initial admission? We will look at this across each group including paeds, surgery and medicine. Understand what is planned readmission v emergency and what could change in pathways to support patients at point of discharge for early clinic or community review. (18 months)

Oversight: Operations

4.2 **QP4: We will deliver outstanding quality of outcomes in our work to save people's eye-sight, with results among the top 20% of comparable NHS Trusts in the UK.**

National data is lacking on sight loss, but we will look at patients registered blind in last 12 months from BMEC and use this as an outcome measure on which to demonstrate improvement. Project work is already underway to alter administrative infrastructure to reduce any delay in treatment pathway. We will establish process for looking at high risk areas for acute and chronic visual loss. We will look at pathways across primary and other secondary care services for vascular causes of visual loss (i.e. temporal arteritis working with rheumatology). Understand processes for high volume work that leads to visual loss such as macular degeneration and diabetic retinopathy and identify areas to target (delayed referral, treatment protocols, working with other specialties and primary care). (36 months)

Oversight: surgery Group

4.3 **QP10: We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.**

Several aspects of care will be examined which include looking at provision of community services and understanding reasons for patient attendance at A+E (known or new MH patient), support for those needing and those not needing admission to MH bed and understand issues around availability of local or national bed. In addition we will look at those who need admission to SWBH while awaiting MH bed, the appropriateness of the area admitted to and the training provided to staff to look after the patient. Comparative data for the services between Sandwell and City site will help. This must include thoughts on CAMHS group and opportunities for improvement here, especially in the 16-18 year old group. Other areas to consider are patients with physical health problems who also have MH problems, those who are substance abusers that lead to MH problems and elderly population with MH problems. (24 months)

Oversight: Medicine Group

5. Recommendations

5.1 The Trust Board is asked to:

a. Note the progress with discussions on the quality plan projects
b. Discuss the proposed outcomes and timelines

David Carruthers
Medical Director

26/06/2019