

Report Title	Quality Improvement Plan for Children and Young People		
Sponsoring Executive	David Carruthers, Medical Director		
Report Author	Dr Rajesh Pandey, Clinical Director for Paediatrics, Amanda Geary, Group Director of Operations, W&CH and Dr Nick Makwana, Group Director, W&CH		
Meeting	Public Trust Board	Date	4 th July 2019

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

Review of the quality plan indicators for impact of service use and outcomes on children and young people

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

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

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

4. Recommendation(s)

The Trust Board is asked to:

- a. **ACKNOWLEDGE** the quality measures relevant to Children and Young People accessing our services
- b. **NOTE** the current position in relation to the delivery of Objective 8 of the Quality Plan

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

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

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the: Public Trust Board: 4th July 2019

Quality Plan – Paediatric Directorate

1. Introduction

1.1 The initial work in the Trust on the quality plan focused on clinical conditions where an increased mortality had been identified (the big six). There were a further 9 key objectives in the quality plan identified. The majority of the further 9 objectives require actions by the paediatric services with delivery of one; Objective 8, being led by the service.

1.2 Quality plan objective 8:

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.

2. Reducing lost days of school as a result of hospital care

Primacy of education is recognised to be a key factor for the health and social well-being of a child and their success in adult life. We currently do not have baseline information to define an outcome target and the team are in the early stages of obtaining data to determine factors that are associated with delays in hospital discharge and reasons for re-admission however, it is clear that there are significant improvements to be made.

2.1 Actions required

Actions points over the next 6 months currently being planned are:

For inpatient admissions:

- An initial survey of families and children to understand factors for delays in return to school after discharge
- Undertake analysis of reasons for readmissions and length of stay, by condition
- Provision of specific health advice on return to school following discharge from hospital needs to be implemented
- Working with our school health nursing service to map and monitor delays in return to school
- Increase community nursing support for children discharged from hospital and early GP follow-ups to avoid re-admissions
- For chronic conditions such as asthma, diabetes and epilepsy, a robust school health care plan needs to be in place and key to this is oversight by the school health nursing team

- Undertake a survey of families and children on factors related to delay in return to school following discharge.

For outpatient attendances:

- Review current outpatient clinic availability in hospital, community and school settings both in and out of term time and review the possibility of increased clinics within the schools
- Review current volumes of outpatient activity aligned with schools
- Review of the need for follow up appointments – and those children that can be transferred back to the care of GPs
- Work with the PCNs to review pathways of care and the development of GP specialists to lead on early access GP led paediatric clinics at surgeries local to where children live
- Explore the possibility of Telemedicine and Skype clinics to avoid children and young people attending hospital clinics in school hours – with facilities based in the schools.
- If face to face consultation is required scope potential pilot of school based clinics – with an appropriately trained clinician

2.2 Measures of success:

These will include, where appropriate, reduced admissions, length of stay and readmissions and reduced time spent out of school attending appointments with increased patient and carer satisfaction.

3. Transition of Children and Young People

Progress towards robust transition of care for our children has been made with further work to be undertaken over the next 12months.

3.1 Progress to date:

A Trust wide Transition Policy is in place. This needs implementation across all services applicable to children.

A Trust wide audit has been undertaken of 17 specialties to identify whether there is a transition pathway in place, whether there is a specialty transition lead in place, whether a transition checklist is utilised and whether there is access to a key worker.

There is recognition of the 5 transitioning flows for children which are:

- SWB paediatrics transitioning to SWB acute services
- SWB children transitioning to GPs
- SWB children transitioning to UHB
- Children external to SWB transitioning into SWB acute services
- SWB SEND children

A transition key worker has been appointed, starting in July 2019 and will initially contribute to the assessment of existing services. The key worker is required to work with identified children, families and services to ensure safe transition.

Data on the number of children in different specialities needing transition annually is being collated alongside information gathering on the number of transition clinics established in paediatric and adult specialities in the Trust and identification of gaps in the service.

3.2 Next steps:

Over the next 6 months the service will have oversight of the numbers of children requiring transition by specialty, an agreed standard for quality transition of children plus a specialty matrix completed against standards as a baseline position. Gaps identified, initially with SWB children transitioning to SWB adult services, will be subject to a remediation plan reporting into the Children and Young Peoples Board. The remaining 4 transitioning flows will then be worked through.

Work will be undertaken to develop an extension to the specialty checklist and develop disease specific checklist.

Significant work is required to support safe transition of care of children with Special Education Needs and Disability. There is a need to identify appropriate services in the community and in secondary care services for this group of children. Transition in these cases is more complex in comparison with children who have a single chronic condition. Social care, education, transport and housing are added factors.

3.3 Measures of success:

In the next 6 months there will be a clear matrix detailing where each of the 17 specialties are in line with a defined transition process with the following 6 months closing the gaps. Patients and carers will be satisfied that their care has been safely transitioned to adult services at the appropriate time.

4 Summary

The importance of Objective 8 of the Quality Plan is noted with respect to children and young people. We have reviewed the objectives and actions required to deliver improvement to the wellbeing of the children we care for in relation to reducing lost days at schools as a result of hospital care and ensuring the safe transition of care to adult services at an appropriate time.

5 Recommendations

The Trust Board is asked to:

- a) Note the current position in relation to the delivery of Objective 8 of the Quality Plan
- b) Note the plans to move forward

Dr Rajesh Pandey
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In collaboration with

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Ms Amanda Geary, Group Director of Operations, W&CH

28th June 2018