



Mid Cheshire Hospitals **NHS**  
NHS Foundation Trust

# Quality Account 2017/18

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# Overview

## Challenges

- Emergency Department performance
- Financial sustainability
- Workforce

## Achievements

- Staff Survey results
- Sustainability and continuous improvement on our **GOOD** CQC rating.
- National patient survey results- Maternity/Cancer/Children & YP
- Improvement in Sepsis performance
- Patient Experience Network Awards
- 11.4% reduction in falls
- 30% Hospital acquired Pressure Ulcers
- Reduction in formal complaints



# Priorities for Improvement in 2018/19

## Well-led

### SAFE:

- Reducing Serious Harm
- Reducing Hospital Acquired Infections
- Pressure Ulcers
- Falls

### Effective:

- Improving the Recognition of the deteriorating patient
- Sepsis
- Mortality

Safe

Effective

Caring

Responsive

Well-Led



# Priorities for Improvement in 2018/19 (2)

## Well-Led

### CARING:

- Improving End of Life care

### Responsive:

- Reducing Inpatient Falls

Safe

Effective

Caring

Responsive

Well-Led



# Feedback from patients (inpatients)

The National inpatient survey took place between July 2017 and January 2018. A Questionnaire was sent out to 1250 adult inpatients discharged in the July 2017. We had a response rate of 53%. Improvements include:

- Patients receiving enough information about their condition/treatment if they were admitted via the Emergency department
- Patients were not bothered at night by noise from the other patients
- Patient were told how they could expect to feel after an operation or procedure
- An increased number of patients were asked for their views on the quality of care they received during the admission



# National Surveys

- National Children's and Young People Survey- 826 questionnaires were sent with a 25% response rate.
- National Maternity Survey- 300 surveys were sent to maternity service users in January/February 2017 with a 48% response rate.
- National Cancer Survey- 314 Surveys were sent to either in-patients or day cases during April and June 2017 with a response rate of 67%.



# Local Surveys

- In the year 2017/2018 51 local surveys have taken place in a variety of settings. Examples include:
  1. Acute Pain Survey- 94% response rate- positive results, actions taking place around pain score, choice of medication and education of staff
  2. Patient views on discharge from hospital- 62 surveys completed, actions taking place around providing discharge leaflets, dispensing medication from the ward and managing complex discharges.
  3. Diabetes Specialist services- (Community services) 36 patients included, positive results, actions taking place around patient education.



# Feedback from patients

- **Friends & family Test:**  
32,000 patient have responded and 95% say they are likely to recommend services or treatment to their friends and family
- **NHS Choices:**
  - 115 new postings  
Leighton Hospital has a rating of 4 stars out of 5  
Victoria Infirmary has a rating of 4.5 stars out of 5





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# Compliments & Complaints

1,913 formal compliments received ↑

215 formal complaints received ↓



# Part 2 of the Quality Account

Includes mandated information in relation to:

- Duty of Candour
- Sign up to Safety
- Equality and Diversity progress
- Participation in clinical audits and research
- Commissioning for Quality and innovation (CQUIN)
- Feedback from the Care Quality Commission (CQC)
- Data Quality Assurance
- CCICP
- Learning from deaths report
- Progress against 7 day services



# Part 3 of the Quality Account

- Review of Quality performance
- Governor's choice



# Review of Quality performance 2017/18

## Experience:

### Appropriate nurse staffing levels

- Staffing boards in place in a visible location for staff, patients & visitors
- Nursing acuity assessment daily
- Strategic staffing reviews for each division with senior nursing team
- Report % fill rates to Unify on a monthly basis which is also presented at board and available on our website
- Introduction of trainee nursing associates
- All staffing incidences reported and reviewed by senior nursing teams
- Rolling recruitment events in place
- Regular engagement session for staff with the Director of Nursing



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### **Experience:**

#### **Supporting patients with dementia and their carers**

- Dementia care bundle in place
- Enhancing the healing environment
- Training/education for workforce on person-centred support
- Monitoring the safe use of anti-psychotics
- Providing 1:1 care where necessary to promote independence
- Avoiding unnecessary moves within the hospital
- Reducing readmission rates for people with dementia
- Ensuring effective discharge
- Screening, assessing and referring people for specialist memory assessment.



## Experience: Medication

- Monthly medication audits to monitor omissions, security and prescribing
- Permanent pharmacy technician on 21B, ward 2 and ward 12
- Self- medication policy fully implemented at Elmhurst intermediate care centre
- Self-administration of IV antibiotics in the community has now been fully embedded
- All NICE approved medicines are added to the formulary within 90 days of publication
- Trial of new software system to send a patient's discharge prescription to their nominated community pharmacy



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**Effectiveness:**  
**Zero tolerance to never events**

- A local safety standard for invasive procedures has been developed and approved to ensure compliance with the national alert.
- Human factors training is being undertaken
- A review of the current Trust policy around 'Never events' taking place in line with new national guidance
- A standard operating procedure has been developed giving guidance on the standardised procedure for checking of the implants size



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## **Effectiveness: Acute Kidney Injury (AKI)**

- Management plan implemented
- Link nurses identified across the Trust
- Training & Education to medical teams
- Steering group implemented
- Urinalysis sticker developed
- Review USS requests





## Safety: Reducing in-patient falls

- One step ahead falls safety collaborative
- Divisional staffing reviews and investment
- Falls development days
- Education and Training for staff
- Safety crosses
- Bay tagging
- Cohort high risk patients
- Falls sensors
- Slipper socks
- A post fall review is undertaken to share learning
- Toilet areas have signage for patient with mobility problems
- Care rounds
- De-clutter programme



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## **Safety:** **Reducing mortality rates**

- Mortality Reduction Group including Trust wide Quarterly meetings
- Part of sign up to safety campaign
- Mortality case note review SOP embedded
- All deaths reviewed weekly by senior medical team
- Care pathway group formed to lead on 4 priority areas
- 'Safety Matters' newsletter
- Development of deteriorating patient worksteams



## **Safety:** **Reducing pressure Ulcers**

- Tissue Viability Nurse works with skin care specialist nurse.
- Senior leadership continues for the team- Quality matron
- Incidences reported on all suspected acquired pressure ulcers
- Skin care group meets monthly- MDT input
- Staff education
- Link nurse folders
- Pressure relieving equipment has been purchased
- SSkin care bundle developed
- Conference held on pressure prevention
- React 2 Red programme continues
- Twitter page introduce to share good practice



## **Effectiveness:** **Sepsis (Governor's Choice)**

- 2 x Full time sepsis nurse employed
- Sepsis pathway implemented
- Screening tool Implemented
- Interactive sepsis game
- Education programme to raise staff awareness
- Sepsis committee in place
- Audits to assess compliance/share good practice
- Sepsis steering group in ED implemented
- PGD developed for nurse to administer IV antibiotics
- Sepsis link nurse in all areas
- Sepsis pocket guides for staff
- Grab bags introduced to support staff to implement screening/antibiotics
- NHSE highlighted our significant improvement in performance over the last year



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**Thank you**  
**Any Questions?**