



East Cheshire  
NHS Trust  
Quality Account  
2017/2018

## Spotlight on 2017/18



### April

The Walking Majors initiative was introduced in A&E as an alternative process for streaming majors patients who do not require treatment on a trolley

### May

A record turnout of over 250 people at International Nurses' Day, which included Nurses' Day learning events relating to four key areas – frailty, dementia, falls and wound care.

### June

26 staff members completed their Care Certificate introduced to support workers with the knowledge and skills needed to provide safe, compassionate care.

### July

Advanced podiatric specialist George Dunn was given a Fellowship of the Faculty of Podiatric Medicine by the Royal College of Physicians and Surgeons of Glasgow.

### August

The trust was among a group of Cheshire organisations which came together to transform palliative and end-of-life experience and care via a new collaborative plan.

### September

The Critical Care Outreach Team introduced a new sepsis proforma to improve learning and promote awareness of sepsis to staff, patients and relatives

### October

The trust launched #Endpjaralysis, a social media campaign aimed at enabling hospitalised patients to get up, dressed and moving to prevent deconditioning.

### November

Trust district nursing sister and University of Chester nursing student Jodie Carr was recognised as one of the highest-achieving nurses in the country.

### December

A major redevelopment of Macclesfield Hospital's A&E was completed to help patients access the care they need more efficiently.

### January

The trust's Maternity department was one of just four nationally which performed 'better than expected' in the CQC Maternity Services Survey 2017.

### February

Single Sign On was rolled out to all wards at Macclesfield Hospital to speed up access to clinical applications.

### March

Free patient and public Wi-Fi was launched throughout Macclesfield District General Hospital

## Achievements against 2017/18 priorities



1. Harm Free Care **Achieved**
2. Improving Outcomes **Achieved**
3. Listening and Responding **Achieved**
4. Integrated Care **Achieved**

“All staff were approachable, helpful and kind during my stay. No question was too silly and really helped me with my confidence with my first baby.”

*Maternity*

## Achievements against 2017-18 priorities

Domain	Action Focus	Progress
<b>Harm Free Care</b>  <b>(Evidence of significant improvement)</b>	Reduction in falls with harm	<ul style="list-style-type: none"> <li>The injurious falls rate per 1000 occupied bed days for 2017/18 has been achieved</li> <li>Appointment of falls coordinator to work with wards to review all falls and ensure accuracy of reporting</li> <li>Review and trial of falls sensor equipment</li> <li>Continued embedding of multi-factorial falls assessment</li> <li>Implementation of enhanced care pathways</li> </ul>
	Reduction in pressure ulcers associated with lapses in care	<ul style="list-style-type: none"> <li>Overall increase in number of reported pressure ulcers developed on caseload due to improved reporting and increased complexity and acuity of patients (65% stage 2)</li> <li>Number of avoidable pressure ulcers has reduced for second successive year (53% reduction)</li> </ul>
	Reduction of Clostridium <i>difficile</i> infection	<ul style="list-style-type: none"> <li>Overall reduction in number of Clostridium <i>difficile</i> infections- nine cases in year against national trajectory of 14 cases</li> </ul>
	Reduction in infant mortality	<ul style="list-style-type: none"> <li>Estimated foetal weight charts implemented and staff trained in their use</li> <li>Symphysis fundal height charts implemented and staff trained in their use</li> </ul>
	Reduction in medication errors and near misses	<ul style="list-style-type: none"> <li>Improved insulin prescription sheet launched following user engagement with clinicians, nursing and pharmacy staff</li> <li>Ward-based pharmacy teams continue to review medication charts and audit against standards set out in National Patient Safety Alerts to ensure we maintain safe prescribing and medicines optimisation.</li> </ul>
	Improved management of the acutely unwell, deteriorating patient	<ul style="list-style-type: none"> <li>Ongoing AWARE training for non-registered staff</li> <li>Improved sepsis proforma includes community and paediatric pathway</li> <li>Further focus to embed compliance with sepsis bundle</li> </ul>
	Skill mix review of acute ward areas	<ul style="list-style-type: none"> <li>Successful pilot programme for trainee nurse associates who will complete their training in December 2018</li> <li>Skill mix reviewed on all hospital wards prior to the implementation of Safecare Rostering Tool which will provide real-time overview of patients acuity levels and allow for safe redeployment of staff where possible</li> <li>Ongoing review of staffing and skill mix to maintain patient safety</li> </ul>



## Achievements against 2017-18 priorities

Domain	Action Focus	Progress
<b>Improving outcomes</b>  <b>(Evidence of significant improvement)</b>	Embed SAFER flow principles	<ul style="list-style-type: none"> <li>• Multidisciplinary morning board round implemented with use of expected date of discharge on all wards</li> <li>• #last1000days social media campaign with monitoring on 'red to green days'</li> <li>• #endpjaralysis campaign implemented on MAU, Ward 9 and Ward 11</li> </ul>
	Implement dementia care strategy	<ul style="list-style-type: none"> <li>• Dementia care bundle revised and embedded including 'This Is Me' patient passport across the trust</li> <li>• Signposting patient and carers to available support network</li> </ul>
	Implement new mortality governance process	<ul style="list-style-type: none"> <li>• Mortality governance policy implemented in April 2017</li> <li>• Mortality nurses reviewed every death and completed online audit proforma to identify any learning</li> </ul>
<b>Listening &amp; responding</b>  <b>(Evidence of significant improvement)</b>	Implementation of WI-FI across hospital site	<ul style="list-style-type: none"> <li>• Full implementation of public/ patient Wi-Fi achieved across hospital site in February 2018</li> </ul>
	CQC Annual National Inpatient Survey	<ul style="list-style-type: none"> <li>• Positive assurance gained in relation to key themes for provision of level of care, friendly helpful staff, efficiency of services and professionalism of staff</li> </ul>
	Friends and Family Test	<ul style="list-style-type: none"> <li>• Overall positive Friends and Family test results throughout the year</li> </ul>
<b>Integrated care</b>  <b>(Evidence of significant improvement)</b>	Implement case manager role in community teams	<ul style="list-style-type: none"> <li>• Case management role implemented across all teams</li> <li>• Community matron input into residential homes</li> <li>• Integrated care nurses allied to community hubs</li> <li>• Integrated assessment documentation in place and being consistently used by frailty team</li> </ul>
	Embed the use of Cheshire Care Record across all teams	<ul style="list-style-type: none"> <li>• Audit of utilisation has improved more in East Cheshire NHS Trust than other sites</li> </ul>

# Commissioning for Quality and Innovation (CQUIN)\*

<b>NHS England CQUINS</b>	
Diabetic eye adult screening programme communication review	On target
Dental e-referral and audit	On target
Breast screening programme - clinical staff development (health promotion role)	On target
Dose banding Chemotherapy	On target
<b>CCG CQUINS</b>	
<b>Acute and Community</b>	
Improvement of health and wellbeing of NHS staff	On target
Healthy food for NHS staff, visitors and patients	On target
Improving the uptake of flu vaccinations for front line staff within Providers	Achieved
<b>Community</b>	
Improving the assessment of wounds	Achieved
Supporting proactive and safe discharge (Community)	On target
<b>Acute</b>	
Improving services for people with mental health needs who present to A&E	Achieved
E-Referrals-relates to GP referrals to consultant 1st outpatient services	Achieved
Supporting proactive and safe discharge	On target
Reduction in antibiotic consumptions per 1,000 admissions	Achieved
Timely identification of sepsis in emergency departments and acute inpatient settings	Partially achieved
Timely treatment of sepsis in emergency departments and acute inpatient settings	Partially achieved
Antibiotic review for sepsis	Partially achieved

## Improving Patient Care



- **EndPJParalysis**
- **Frailty**
- **A&E/GPOOH**
- **District Nurse Education**
- **Maternity**
- **Paediatrics**
- **Community Team Development**

**“Fast process from GP to ETU. Staff were very reassuring. Gave you all information on procedure. Very professional.”**

*ETU*

## Surveys, audits and research



- **Formal consultations**
  - Handforth
- **Local surveys including:**
  - Inpatients
  - Outpatients
  - Community nursing
- **NCEPOD audits**
- **Clinical research**
- **National surveys including:**
  - Maternity
  - Children and young peoples
  - Inpatient and day case
  - Adult Inpatient survey
  - Cancer
  - A&E survey
- **Local clinical audits**
- **National clinical audits**



## 2018/19 Priorities



### 1. **Harm Free Care**

To show a continued reduction in; falls with harm and pressure ulcers associated with lapses in care, full implementation of the Sepsis Care bundle and Improved management of Intravenous lines.

### 2. **Improving Outcomes**

Embedding of personalised care plans, improved patient understanding of possible side effects of medications and improved patient flow and discharge planning across 7 days

### 3. **Listening and Responding**

Improving the care environment within medical wards, a reduction in outpatient clinic cancellations and a review of safe staffing and skill mix in all ward areas.

### 4. **Integrated Care**

Implementation of the community framework hubs, improved partnership working with residential and nursing home providers and improving the end of life care pathway in both hospital and community settings.

## CQC rating 2018



See our CQC report at: [www.cqc.org.uk/location/RJN71/reports](http://www.cqc.org.uk/location/RJN71/reports)

Rated '**Good**' by the Care Quality Commission (CQC) following inspections of the trust's services and leadership during January and February 2018.

Multiple areas of **outstanding** practice including:

- Within community end of life care, staff consistently treated patients in a compassionate, dignified, and respectful way.
- In surgery staff worked with local members of the public with learning disabilities to produce pictorial information booklets to prepare patients for surgery.
- Boxes containing local memorabilia such as local history books were available for patients living with dementia.
- The frailty service provide 'wrap-around' treatment to support patients at home
- The children's ward was especially responsive to children and young people with learning disabilities on the autism spectrum and was accredited by the National Autistic Society.
- The play specialists developed special recreational bags for children with mental health issues.
- The report also highlights opportunities for improvement. Please see our full report.