

QUALITY ACCOUNT 2018/19



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About the trust

Our mission is to provide high-quality, integrated services delivered by highly-motivated staff.

We provide safe, effective and personal care to our patients. As a community and acute trust serving a large population of over 200,000 our vision is to deliver the best care in the right place. We have over 2,500 staff who work across our community settings and our three hospital sites. The hospital locations can be seen here: www.eastcheshire.nhs.uk/Contact%20Us/Location-Directions.html

The trust consists of three hospitals providing inpatient services at Macclesfield and Congleton and outpatient services at Knutsford. Further outpatient and community services are delivered from other sites in the region.

Our community health services are delivered from locations including Knutsford and Congleton hospitals, clinics, GP premises and patients' own homes. They include child health, district nursing, intermediate care, occupational health and physiotherapy, community dental services, speech and language therapy and palliative care.

Acute services provided at Macclesfield District General Hospital include A&E emergency care and emergency surgery, elective surgery in many specialities, maternity and cancer services.

We also provide a number of hospital services in partnership with other local trusts and private providers, including pathology, urology, cancer services and renal dialysis services. For more information about the trust visit our website: www.eastcheshire.nhs.uk

Chairman's Statement

We are pleased to present our Quality Account for 2018/19. Throughout the year, our focus has remained on delivering the best care in the right place, providing safe, quality, integrated services delivered by highly motivated and compassionate people. The improved experience patients have, as evidenced by feedback from the 'Family and Friends' surveys, incidents, the many communications of thanks for care received and the reducing number of complaints, collectively demonstrates that we are on the right path.

As a partner within the Cheshire East Place, we are making our contribution to broader integration by investing resources and people into the development of Care Communities alongside others, for patient benefit with an improved experience and outcomes. Underpinning this progress has been a consistent focus on timely and person centred interventions in the right place. These are incremental steps towards the transformation necessary to realign services so they are closer to the patient, fit for our population and more clinically and financially sustainable for our local population.

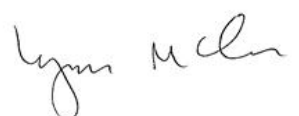
These developments, together with a renewed focus on prevention as outlined within NHS England's NHS Long Term Plan, link with strategic regional plans across Cheshire and Merseyside and Greater Manchester, together with local and regional priorities. This approach remains clinically-led and underpinned by the same quality standards expected of all licenced health care provision.

Learning from experience and feedback, we will continue to work with our patients, carers, partners and our workforce to innovate care models that deliver safe care, balanced with the need to make the most of every NHS pound. This is supported by patient and staff stories to Trust Board and Safety, Quality and Standards committee, demonstrating the values and behaviours we expect of everyone.

Despite another challenging winter, we have prepared well and continue to enjoy strong people engagement which has resulted in improved delivery of harm-free care. Throughout the year I have seen many examples of outstanding care, against the backdrop of the pressures faced both from demand on services and the financial climate. I am immensely proud of the care provided here and the resilience of our teams.

It is my privilege to share thanks with our outstanding teams, valued volunteers, staff and partners whom have worked tirelessly and continue to demonstrate their commitment and dedication to patients through compassion, care and with the courage to challenge. I look forward to another exciting, dynamic year of achievement and transformation. Thank you to everyone.

Lynn McGill
Chairman



Why are we producing a Quality Account?

We believe it is important to be open about the quality of the services we provide. This report sets out how we are performing and takes into account the views of our patients.

It also describes how we are continuously improving our services through clinical audit and innovation and assesses opportunities to improve further.

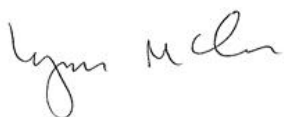
Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

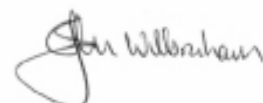
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account. By order of the board.

Lynn McGill
Chairman



John Wilbraham
Chief Executive



Chief Executive's Statement

We strive to provide the best care in the right place for the patients who need us. The development of services in the community as part of the “care communities” development is critical in this ambition. These teams of staff from health and social care organisations are working to provide integrated services for those in most need within the towns of East Cheshire.

The quality of care both in and out of hospital is shared in this report against our four high level themes of:


- Harm-free Care
- Improving Outcomes
- Listening and Responding
- Integrated Care

I believe we have delivered improvements cross all of these areas during the 2018/19 and hope that you will see the evidence of these improvement as you read through this document.

Patient safety is integral to our organisation and the continual quality improvement alongside this cornerstone is the key behind continued high levels of patient satisfaction.

I hope you enjoy reading about the care provided by our staff to our patients.

John Wilbraham
Chief Executive



Independent Practitioner's Limited Assurance Report

Independent Practitioner's Limited Assurance Report to the Board of Directors of East Cheshire NHS Trust on the Quality Account

We have been engaged by the Board of Directors of East Cheshire NHS Trust to perform an independent assurance engagement in respect of East Cheshire NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010 and as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the following indicators:

- rate of clostridium difficile infections; and
- percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and Practitioner

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the



Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- the Quality Account has been prepared in accordance with Department of Health and NHS Improvement guidance.

The Directors are required to confirm compliance with these requirements in a Statement of Directors' Responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2018 to 28 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 28 May 2019;
- feedback from commissioners dated 10 May 2019;
- feedback from local Healthwatch organisations dated 10 May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 7 May 2019;
- the national patient surveys dated June 2018, September 2018 and January 2019;
- the national staff survey dated 26 February 2019;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019;
- the annual governance statement dated 28 May 2019;
- the Care Quality Commission's inspection report dated 12 April 2018; and
- the results of the Payment by Results coding review dated January 2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the

Board of Directors of East Cheshire NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and East Cheshire NHS Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and NHS Improvement. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by East Cheshire NHS Trust.

Our audit work on the financial statements of NHS Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as East Cheshire NHS Trust's external auditors. Our audit reports on the financial statements are made solely to East Cheshire NHS Trust's Directors, as a body, in accordance with





the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to East Cheshire NHS Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of East Cheshire NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such Directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than East Cheshire NHS Trust and East Cheshire NHS Trust's Directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP
Chartered Accountants

Manchester
28 May 2019

Performance against 2018/19 priorities

Quality Strategy overview and performance against 2018/19 priorities

Quality improvement at ECT is about continuously improving standards to ensure we provide safe care, better outcomes and positive experiences for the people who access our services and in 2019 we have refreshed our Quality Strategy to build on the final year achievements of the 2015/19 strategy.

The NHS Long Term Plan sets out a number of ambitions and the trust's Quality Strategy demonstrates our commitment to deliver safe, effective and personal care whilst working in partnership to develop innovative and integrated ways of working that drive quality improvement. This will support the trust in achieving its vision to provide the best care in the right place.

As a trust rated overall 'Good' following our CQC inspection we will continue to have a strong focus on demonstrating compliance with regulatory safety requirements. Achieving improvement in patient access standards is a key priority for the trust. A culture of continuous learning from incidents, complaints and good practice is fundamental to patient safety, engaging with people for whom we provide care or services.

The Eastern Cheshire area has a high elderly population compared to the national average, with a high percentage of people aged over 65 and over 85. This is expected to increase further in the future, which will result in rising demands on health and care services. It is therefore essential that we work with partners to make best use of all available resources. Many patients are living well with one or more long-term conditions and our ability to treat the person rather than their condition is something that has been at the forefront of our work with health, care and third sector partners as we develop our five care communities within our catchment area.

We recognise that the best place for care is often in the person's own home and enabling people to maintain their independence is a high priority. When people require essential hospital treatment our aim is to provide timely and responsive care and we will continue to ensure that our staff have the necessary knowledge, skills and competence.

We are proud of what has already been achieved and look forward to working with key stakeholders and staff as we further develop and transform services across Eastern Cheshire.



Performance against 2018/19 priorities

Domain	Action focus	Progress
Harm Free Care (Evidence of significant improvement)	Reduction in falls with harm	<ul style="list-style-type: none"> The injurious falls rate per 1000 occupied bed days for 2018/19 has been achieved at 1.7% against a target of 2.5%. This equates to 13% reduction in the total number of injurious falls reported when compared to last year (193 compared to 222) There has been one fall resulting in moderate harm There have been two reported falls resulting in severe harm which is a significant reduction when compared to the 8 severe harm falls reported in the previous year. The trust has commenced participation in the new 2018 national falls and fragility fracture audit programme. Part 1 has been completed (outcome pending)
	Reduction in pressure ulcers associated with lapses in care	<ul style="list-style-type: none"> Overall there have been 53 pressure ulcers reported on StEIS during 2018/19 of which 21 have been undeclared as there have been no lapses in care. Of the 32 remaining - 22 have been deemed as avoidable and 10 are currently under investigation. There have been 2 Category 4 and 10 Category 3 pressure ulcers which have been confirmed as hospital acquired pressure ulcers. The remaining confirmed avoidable relate to 2 Category 4 and 8 Category 3 pressure ulcers which have been reported as developed on community nursing caseloads. *End of year figures may change once the 10 current investigations have been completed. Pressure ulcer prevention training is now delivered as part of the face to face clinical statutory and mandatory training.

Domain	Action focus	Progress
Harm Free Care (Evidence of significant improvement)	Reduction of Clostridium difficile infection	<ul style="list-style-type: none"> Overall reduction in number of Clostridium difficile infections - eleven cases in year against national trajectory of 13 cases
	Full implementation of Sepsis Care bundle	<ul style="list-style-type: none"> Implementation of evidence-based tools Clinical consistency of critical care outreach Outreach sepsis champion Red sepsis grab boxes Mandated e-learning Named sepsis nurse per shift in ED Grand round presentation
	Improved management of Intravenous lines	<ul style="list-style-type: none"> Review of current process for peripheral cannula care New Peripheral Cannulation Policy developed Planned audits using the National Saving Lives Peripheral Care Tool.
Improving outcomes (Evidence of significant improvement)	Improved patient's understanding of possible side effects of medications including improved antimicrobial stewardship	<ul style="list-style-type: none"> Consultant microbiologist presented Grand Round presentation in May which included a section on red flag sepsis and also the importance of reviewing antibiotics Shared decision making pages on medication uploaded to the trust website to support patients
	Embedding Personalised Care Plans	<ul style="list-style-type: none"> Frailty dementia care bundle has been created EMIS system has been improved to enable personalized care to be documented electronically
	Improve patient flow	<ul style="list-style-type: none"> Launched "Improving Patient Flow" (Flo) with an internal event Produced a video to demonstrate the initiative which went on to win a regional award and featured local NHS and social care staff

Domain	Action focus	Progress
Listening & responding (Evidence of significant improvement)	Improving Care Environment within Medical Wards	<ul style="list-style-type: none"> Relocated the Discharge Lounge to support patient flow New clinical equipment purchased including 70 new electronic beds Increased the number of computer workstations Improved sluice environments and installed new flooring on some wards
	Skill mix review of acute ward areas	<ul style="list-style-type: none"> Registered nurse vacancies and retention rates improved First cohort of nursing associates commenced on the wards Increased the health care assistant pool Introduced a flexible registered nurse pool
	Reduction of outpatient clinic cancellations	<ul style="list-style-type: none"> Monthly data has been monitored to provide assurance regarding the rationale for any clinic cancellations The annual leave policy for medical staff has been updated to provide a clear and equitable process Further work is ongoing to streamline processes from the point of request to action by the booking team so that any impact on patient care is minimized.
	Friends and Family Test	<ul style="list-style-type: none"> Overall positive Friends and Family test results throughout the year
Integrated care (Evidence of significant improvement)	Develop integrated community care teams effectively aligning health and social care professionals	<ul style="list-style-type: none"> Five Care Communities fully established Development of a Community Dashboard with key quality metrics Trusted assessor pathway implemented for all seven nursing homes who support intermediate care patients
	Improve End of Life Pathway in Hospital and Community	<ul style="list-style-type: none"> Trust received “Outstanding” rating for the CQC Caring Domain in Community End of Life Care.



Achievements - year at a glance



APRIL

The trust was rated 'Good' by the Care Quality Commission (CQC) following inspections of the trust's services and leadership. The trust underwent a major inspection of its services followed by a 'well-led' inspection of its leadership team in January and February 2018.



MAY

The trust once again took part in International Nurses' Day. The day was very well attended by staff who said it appeared the best-attended year so far. Colleagues on the Aston Unit at Congleton War Memorial also dressed in vintage nursing uniforms and brought in nursing memorabilia which proved a great hit with nostalgic patients!



JUNE

Karen Clayton, Macmillan Lung Cancer Lead Nurse with East Cheshire NHS Trust, was given the Queen Elizabeth the Queen Mother's Award for Outstanding Service at a recent Queen's Nursing Institute ceremony. Karen, who is based at Macclesfield Hospital, was one of just five nurses nationally to receive the award.



OCTOBER

The trust celebrated the first ever National Allied Health Professionals Day with a range of stalls and representatives from Podiatry, Occupational Therapy, Speech & Language Therapy, Radiology, Pharmacy, Dietetics, Audiology, Plaster Technicians and Physiotherapy.



NOVEMBER

The Tissue Viability Team and 'Pressure Ulcer Super Hero' Stephen performed a trolley dash around Macclesfield Hospital, to increase awareness about the damaging impact of pressure ulcers. This event was part of Stop the Pressure Day – a national campaign aimed at the prevention of pressure ulcers.



DECEMBER

NEWS2 - England's new standardised early warning system for identifying acutely ill patients - was officially launched at MDGH. North West Ambulance Service is already using NEWS2 along with peers at local hospital trusts including Stockport NHS Foundation Trust.



JULY

On Thursday, July 5th staff from all around the trust joined in with the national 70th birthday celebrations for the NHS. Colleagues helped to celebrate by decorating their departments, hosting tea parties, reminiscing with old medical instruments and eating lots of cake!



AUGUST

Staff nurse Barbara Morton won colleague of the month for being the main gardener in a project to revamp Ward 10's garden. The garden now gives a more private area for patients and their visitors to sit and staff and patients can spend time there together.



SEPTEMBER

The trust and its partners launched the 'Helping Flo' campaign aimed at highlighting the ways in which members of the public can help free up hospital beds for those who really need them. The campaign featured a video starring local NHS and social care staff along with a fictitious patient called Flo.



JANUARY

Sue Brown, management facilitator for Acute and Integrated Care, received recognition for her role in helping the trust hit a 75% flu vaccination figure. Sue performed the important and ongoing task of checking staff lists are accurate and up-to-date to ensure good data quality.



FEBRUARY

A poster produced by the Bollington, Disley and Poynton (BDP) Care Community was voted the best on display at a national cardiovascular disease conference. The poster coincided with work the trust is taking part in to support patients with heart failure.



MARCH

Nine trust nursing associates were among the first-ever cohort to graduate from the University of Chester in this month. The nine are now working within community teams, Ward 9, MAU, ED and Ward 11.



“

*The staff are so
friendly and kind
in their approach.
They are both
caring and
compassionate.*

WARD 8

”

Data Quality

Secondary Uses Service Data Quality Dashboard

The trust's Data Quality Policy states that all staff have responsibility for ensuring the quality of data meets required standards.

The Secondary Uses Service Data Quality Dashboard which provides data quality reports is continually monitored, areas for improvement are identified and quality errors, such as invalid NHS numbers, are rectified. Overall, data quality is reported monthly to the trust board. The trust's overall data quality scores are better than the national average.

Under figures for April 2018 to November 2018, the Secondary Uses Service Data Quality Dashboard was at 97.6%, against 96.6% nationally. Meanwhile, for a valid NHS number being present in the data, the scores are above the national average.

Admitted patient care was at 99.8% against 99.4%, outpatients was showing 100% against 99.6%, and accident and emergency was significantly above the national average of 97.5%, at 98.3%.

For a valid Healthcare Resource Group version 4 code, the scores are 99.9% for the trust against national scores of admitted patient care at 97.9%, outpatients at 100% against national figures of 99.1% and accident and emergency at 100% against national figures of 97.9%.

For a valid general medical practice code under figures for April 2018 to November 2018 the scores are above the national average. Admitted patient care was at 100% against 99.9%, outpatients was showing 100% against 99.8%, and accident and emergency was significantly above the national average of 99.3%, at 100%.

Clinical coding

Clinical coding translates the medical terminology written by clinicians to describe the patients' diagnosis and treatment into standard, recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of the patient records. Clinical coding is carried out using the full patient case note supplemented by electronic systems, such as histopathology and radiology, which is considered best practice. The clinical coding staff attend all mandatory clinical coding training as required, as well as clinical coding specialty workshops. Annually, the trust undergoes an information governance toolkit audit, which is a national requirement. In January 2019 the annual external clinical coding audit illustrated a consistently high level of accuracy as shown in the table below:

	Correct (%) 2016/17	Correct (%) 2017/18	Correct (%) 2018/19
Primary Diagnosis	93.50	95.50	95.00
Secondary Diagnosis	94.60	94.89	94.35
Primary Procedure	95.21	97.65	96.88
Secondary Procedure	91.64	96.07	97.54

Counter-fraud

The trust operates a local anti-fraud policy available for all staff. Close links with anti-fraud organisations and robust provision of staff information including case studies of fraud helps to mitigate against fraudulent activity. Fraud information is also available on the trust website: www.eastcheshire.nhs.uk/Our-Services/Counter-fraud.htm

The trust is committed to reducing the level of fraud, bribery and corruption within both the trust and the wider NHS and aims to eliminate all such activity as far as possible. The trust has an established anti-fraud service provided by Mersey Internal Audit Agency (MIAA), with a nominated anti-fraud specialist (AFS) who undertakes a variety of activities in accordance with the Standards for Providers for Fraud, Bribery and Corruption.

The trust ensures compliance in accordance with its contractual requirements under the NHS Standard Contract in respect of anti-fraud, bribery and corruption as required by NHS Protect's Standards for Providers and has an Anti-Fraud, Bribery and Corruption Policy in place which encourages anyone having reasonable suspicions of fraud, bribery or corruption to report them.

The trust is committed to embedding an anti-fraud culture throughout the organisation which is fully supported by the Board and monitored on a regular basis by the trust's Audit Committee. The trust takes all necessary steps to ensure that NHS funds and resources are protected and safeguarded against those minded to commit fraud, bribery and corruption and that appropriate measures to combat fraud, bribery and corruption are put in place.

Being open and duty of candour

The trust has policies and processes in place to ensure openness and compliance with its regulatory and statutory responsibilities for duty of candour. This means that when staff engage with patients or their families and carers they are properly communicated with and informed about all of their treatment and care.

Where harm occurs they are notified and, if this is moderate or severe in nature, the findings and learning from investigations are shared and discussed with them. The Trust Board monitors compliance with its duty of candour via its governance arrangements. In this way, we provide assurance to our patients that we are doing everything we can to keep them safe and are promoting a safety culture dedicated to learning and improvement that continually strives to reduce avoidable harm. The trust's policy on duty of candour can be seen on its website: www.eastcheshire.nhs.uk/About-The-Trust/policies/D/Duty%20of%20Candour%20SOP%20ECT2625.pdf

Data Security and Protection Toolkit

In January 2018, to improve data security and protection for health and care organisations the Department of Health and Social Care, NHS England and NHS Improvement published a set of 10 data and cyber security standards – the 17/18 Data Security Protection Requirements (2017/18 DSPR) – that all providers of health and care must comply with.

The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

For 2018/19 the trust published its final toolkit submission with an assessment status of "Standards Met".

Review of services

During 2018/19 East Cheshire NHS Trust provided and/or sub-contracted 10 NHS service types encompassing 11 regulated activities. The trust has reviewed all the data available to it on the quality of care in 100% of these NHS services. The income generated by the NHS services reviewed in 2018/19 represents 100% per cent of the total income generated from the provision of NHS services by East Cheshire NHS Trust for 2018/19. See www.eastcheshire.nhs.uk/Downloads/The%20Trust/Quality%20and%20performance/Statement%20of%20Purpose.pdf

The trust systematically and continuously reviews data related to the quality of its services. It uses its integrated Quality, Safety and Performance Scorecard to demonstrate this. Reports to the Trust Board, Safety Quality and Standards Committee, Finance, Performance and Workforce Committee, Clinical Management Board, Executive Management Team and the Performance Management Framework all include data and information relating to our quality of services.

Freedom to Speak Up

The trust has a Freedom to Speak Up Guardian in place whose role is to promote speaking up across the trust, to establish a range of routes through which staff can raise concerns and to ensure that an appropriate management response is provided to address concerns. Arrangements are in place to provide the Trust Board with assurance on speaking up matters and a three-year strategic plan has been developed and approved. Learning and actions as a result of investigation of speaking up matters is shared trust-wide via staff communications, the Infonet and via governance structure.

During 2018/19 a total of 23 concerns were raised with, or overseen by, the Guardian. This is in addition to those concerns raised and managed locally within services. The two key themes arising from speaking up this year relate to effective communication and valuing and respecting people in line with the trust's values and behaviours. Examples of improvements made as a result of concerns raised include; strengthened communication with front line staff during periods of operational pressure, management staff have increased understanding of the important role seeking feedback and listening plays in making staff feel valued and individuals have reflected and increased their self-awareness of the impact of their behaviour and communication style on others. During the year, 39 staff volunteered to be Freedom to Speak Up Ambassadors, and are starting to play a key role in supporting and promoting a speaking up culture across the organisation.



Specified indicators 2018-19

In line with national guidance for quality accounts, external auditors test two indicators annually according to the nature of the trust's activities. For 2018/19 these indicators are Clostridium difficile and Severe Harm.

Clostridium difficile

East Cheshire NHS Trust did not exceed its allocated trajectory of 13 cases of Clostridium difficile toxin positive cases during the financial year 2018-19. The trust came in below trajectory with eleven cases.

Learning from post infection reviews continues, as does the trust's focus on appropriate antibiotic stewardship in order to continue to work towards reducing instances of Clostridium difficile infection further. The trust has received an unqualified opinion on this specified indicator.*

Severe Harm incidents reported via NRLS

Trust staff report patient safety incidents and near misses via the electronic DATIX incident reporting system and this data is exported to the National Reporting and Learning System (NRLS) in line with mandatory requirements. All incidents are reviewed and assigned to handlers for information or investigation and as part of this process the grade of actual harm attributed to each incident is verified to ensure consistency in practice and procedure. A procedure is in place which defines harm levels, which may be death, severe harm, moderate harm, low harm or no harm dependent upon the nature of the incident and impact on the patient. A sample of incidents with a range of harm levels reported via the NRLS during 2018/19 have been reviewed against the health record of the patients concerned to determine appropriateness and accuracy of harm grading. In addition, a sample of complaints records for the same period were reviewed to determine whether the systems for incident reporting and complaints management correlated. The trust has received an unqualified opinion on this specific indicator*.

*Full audit opinion can be found on page 9 of this report

Core indicators

All trusts are required to include their performance against nationally-selected quality indicators. In addition, the national performance average is required to be included. East Cheshire NHS Trust's performance against the selected national quality indicators is presented below.

Quality indicator	Trust data	Comparison	Reason	Action to improve
1: Preventing people from dying prematurely. Summary Hospital-Level Mortality Indicator (SHMI):				
A: SHMI value and branding (July 2017 - June 2018)	1.1201 (band 2 as expected)	15 trusts higher than expected. 16 trusts lower than expected. Lowest = 0.6982 Highest = 1.2572	The trust performs within the expected range for this indicator	
SHMI value and branding (October 2017 - September 2018)	1.15		Trust performed higher than expected	
2: Enhancing quality of life for people with long-term conditions				
B: Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	17.9%	National average = 33.1%	The trust performs better than the national average for this indicator.	
3. Helping people to recover from episodes of ill-health or following injury. Patient reported outcome for:				
i) Groin hernia surgery	Latest data available from NHS Digital at time of print April 2016-March 2017 EQ5D Index: 49.2%	Latest data available from NHS Digital at time of print England EQ5D Index: 51.4%		
ii) varicose vein surgery	*	*	* No data available from NHS digital	
iii) Total hip replacement surgery	92.4%	89.8%		
iv) Total knee replacement surgery	83.5%	82.6%		
3a. Helping people to recover from episodes of ill-health or following injury. Emergency readmissions to hospital within 28 days of discharge:				
i) The percentage of patients aged 0-15 re-admitted within 28 days of discharge - NHS Digital no longer publishes these figures as part of it's Quality Accounts.				
ii) The percentage of patients aged 16+ re-admitted within 28 days of discharge - NHS Digital no longer publishes these figures as part of it's Quality Accounts.				

Quality indicator	Trust data	Comparison	Reason	Action to improve
4. Ensuring that people have a positive experience of care				
Responsiveness to inpatients' personal needs.	70.2 (2017/18) 67.8 (2016/17) 69.0 (2015/16) 67.4 (2014/15) 65.6 (2013/14)	England: 68.6 (2017/18) 68.1 (2016/17) 69.6 (2015/16) 68.9 (2014/15) 68.7 (2013/14)	Average weighted score of 5 questions relating to responsiveness to inpatients' personal needs (score out of 100) taken from inpatient survey.	
Percentage of staff who would recommend the provider to friends or family needing care (July - Sept 2018)	Trust: 76%	England: 81%		
Percentage of patients who would recommend the provider to their friends and family (Nov 2018)	Trust: A&E: 87% Inpatients: 97% Outpatients: 95%	England: A&E: 87% Inpatients: 95% Outpatients: 94%	The trust performs in line with or better than the national average for this indicator	
5. Treating and caring for people in a safe environment and protecting them from avoidable harm				
Percentage of admitted patients risk-assessed for venous thromboembolism (Jul-Sept 2018)	Trust: 94.84%	England: 95.49%	The trust performs within the expected range for this indicator.	
Rate of C Difficile - hospital only (April 2017-March 2018) - rate per 100,000 bed days	Trust: 8.3	England: 13.7	The trust performs better than the national average for this indicator.	
Rate of patient safety incidents and percentage resulting in severe harm or death (Oct 2017 – Mar 2018)	47.57 incidents per 1000 bed days Incidents involving severe harm = 6 Incidents involving death = 2		The trust performs within the expected range for this indicator.	
(April 18- Sept 18)	57.04 incidents per 1,000 bed days Incidents involving severe harm = 8 Incidents involving death = 3		There is no significant change to previous year	

Please note all figures are the latest available from NHS Digital systems at the time of publication.



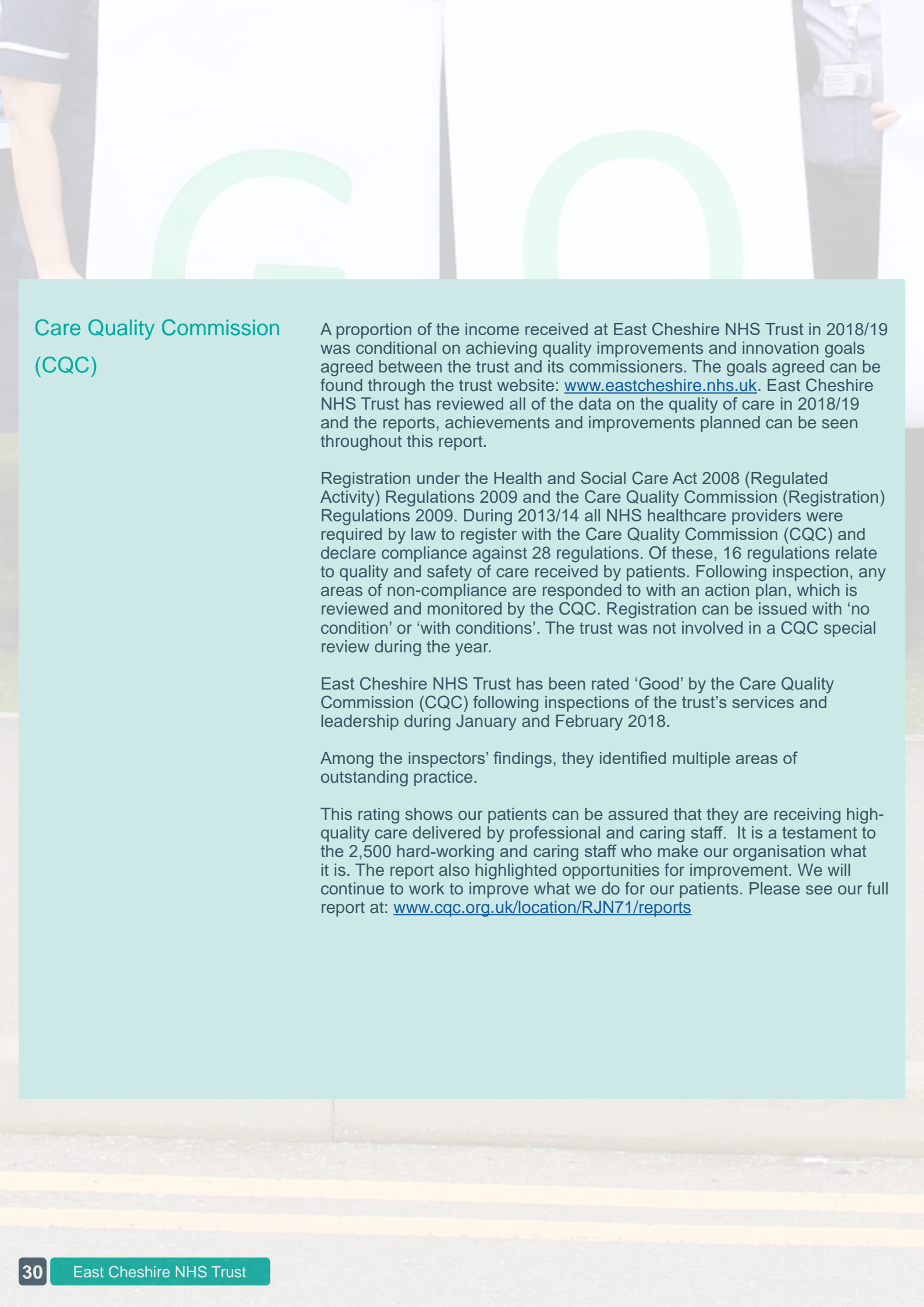
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*The staff are
so very good.
They are also
very helpful
with all my
needs a credit
to the ward.
Thank you all.*

WARD 9

”

Our performance 2018/19



Care Quality Commission (CQC)

A proportion of the income received at East Cheshire NHS Trust in 2018/19 was conditional on achieving quality improvements and innovation goals agreed between the trust and its commissioners. The goals agreed can be found through the trust website: www.eastcheshire.nhs.uk. East Cheshire NHS Trust has reviewed all of the data on the quality of care in 2018/19 and the reports, achievements and improvements planned can be seen throughout this report.

Registration under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. During 2013/14 all NHS healthcare providers were required by law to register with the Care Quality Commission (CQC) and declare compliance against 28 regulations. Of these, 16 regulations relate to quality and safety of care received by patients. Following inspection, any areas of non-compliance are responded to with an action plan, which is reviewed and monitored by the CQC. Registration can be issued with 'no condition' or 'with conditions'. The trust was not involved in a CQC special review during the year.

East Cheshire NHS Trust has been rated 'Good' by the Care Quality Commission (CQC) following inspections of the trust's services and leadership during January and February 2018.

Among the inspectors' findings, they identified multiple areas of outstanding practice.

This rating shows our patients can be assured that they are receiving high-quality care delivered by professional and caring staff. It is a testament to the 2,500 hard-working and caring staff who make our organisation what it is. The report also highlighted opportunities for improvement. We will continue to work to improve what we do for our patients. Please see our full report at: www.cqc.org.uk/location/RJN71/reports



Quality performance

The trust is measured on its performance against the Department of Health NHS Performance Framework, which provides a dynamic assessment of the performance of NHS providers that are not NHS foundation trusts.

The assessments are across four key domains of organisational function - finance, quality of service, operational standards and targets, and quality and safety. Performance is assessed quarterly.

The trust's performance against national targets can be seen on page 35. Other areas of performance are illustrated throughout this section of the Quality Account and further performance statistics can be found on the trust website at: www.eastcheshire.nhs.uk

National context

The considerable pressures facing all types of NHS and social care organisations continued throughout 2018/19, mainly as a result of an ageing population many of whom are frail older people with complex health and social care needs. These challenges were exacerbated during the year by a continuing national nurse staffing shortage and difficulty in recruiting to some medical specialist areas.

Learning from deaths in line with national guidance

The mortality governance policy, which describes how the trust learns from deaths of patients who die under its management and care, was implemented in April 2017 in line with the national guidance “Learning From Deaths”. At implementation all deaths were systematically reviewed and any learning shared with the patient’s consultant and the directorate’s Safety, Quality and Standards meetings. The trust collects and publishes on a quarterly basis specified information on deaths through a paper and an agenda item to a public board meeting, the minutes of which are available on the trust’s website here: <http://www.eastcheshire.nhs.uk/About-The-Trust/Trust-Board/trust-board-meetings.htm>

Evaluation of the revised guidance for mortality governance

Following local evaluation of mortality governance the process for reviewing all patient deaths was changed in 2018-19. Building on our learning from thematic analysis the trust implemented a change to the deaths reviewed in line with national guidance. Specific criteria are now used to select deaths for mortality review, with a minimum of 20% of all deaths being subject to comprehensive mortality review every month.

Patient deaths 2018/19

The number of inpatients who died during 2018/19 was 604; quarter one- 134 deaths, quarter two- 143, quarter three- 149 and quarter four- 178.

During 2018-19 129 deaths were subject to systemic case note review. Mortality review of one case prompted a root cause analysis investigation.

The number of deaths per quarter for which a case record review was carried out was; quarter one- 30, quarter two- 33, quarter three- 33 and quarter four- 33.

Three of the patient deaths during the reporting period were judged as potentially avoidable using the Royal College of Physician’s avoidability of death judgement score, although this is a highly subjective assessment.

Learning identified from mortality reviews has highlighted gaps in clinical documentation, care bundle implementation and assessments not being fully completed in line with best practice. Any learning is shared with each consultant who was caring for the patient and it is their responsibility to share this learning with their teams to ensure individual learning and reflection occurs where appropriate. A summary of findings from mortality reviews is produced quarterly and cascaded from the mortality sub-committee to each directorate.

As a result of the mortality reviews there has been an evaluation of some specific documentation including the end-of-life care pathway, sepsis pathway and consent forms. Learning from mortality reviews has also driven improvements in clinical documentation and diagnostic pathways.



Clinical standards for seven-day hospital working

The 7-day Services programme is designed to ensure patients who are admitted as an emergency receive high quality consistent care, whatever day they enter hospital. Four of the 10 clinical standards were identified as priorities for ECT. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

The trust's compliance with these standards is assessed by a regular survey. Future audits of compliance are planned for May 2019.

A number of changes have been implemented at the trust to support the delivery of 7-day services and ensure that emergency admissions receive high quality care regardless of day of admission.

- 7 day consultant physician presence in the hospital for a minimum 12 hours per day 08:00-20:00 7 days a week
- On site ED consultant presence 7 days per week; 12 hours on weekdays and 8 hours at the weekends
- Increase in physiotherapy, OT and social worker cover over weekend to support frailty service and promote prompt discharge and admission avoidance
- Rescheduling pharmacy access hours at weekends and bank holidays to facilitate discharges
- Job planning of anaesthetists to provide twice daily ward rounds on ICU/HDU 7 days per week including bank holidays
- Appointment of additional respiratory, diabetic and emergency medicine consultants

The trust will continue to work alongside NHS Improvement and NHS England to ensure, where practicable and possible within a small local DGH, that all priority standards are met.

Commissioning for Quality and Innovation (CQUIN)*

A proportion of the trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Eastern Cheshire Clinical Commissioning Group and NHS England for the provision of NHS choices through the Commissioning for Quality and Innovation payment framework. Achievements against these goals can be seen below.

NHS England CQUINS	
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	Achieved
CCG CQUINS	
Acute and community	
Improvement of health and wellbeing of NHS staff	Partially achieved
Healthy food for NHS staff, visitors and patients	Achieved
Improving the uptake of flu vaccinations for front line staff	Achieved
Improving the assessment of wounds	Achieved
Acute	
Improving services for people with mental health needs who present to A&E	Achieved
Reduction in antibiotic consumptions per 1,000 admissions	Partially achieved
Timely identification of sepsis in emergency departments and acute inpatient settings	Achieved
Timely treatment of sepsis in emergency departments and acute inpatient settings	Partially achieved
Antibiotic review	Not achieved
Offering advice and guidance	Not achieved
Preventing ill health by risky behaviours - Tobacco screening	Achieved
Preventing ill health by risky behaviours - Tobacco brief advice	Achieved
Preventing ill health by risky behaviours - Tobacco referral and medication offer	Achieved
Preventing ill health by risky behaviours - Alcohol screening	Achieved
Preventing ill health by risky behaviours - Alcohol brief advice or referral	Achieved

Metric		Target	18/19 figures as at 30/4/19
Mortality	Risk Adjusted Mortality Index 2017 - Rolling 12 months - Latest Peer (Jan 18 - Dec 18 : 85.19)	< Latest peer (85.19)	82
	Summary Hospital Mortality Indicator (HSCIC) - Latest Figure (Oct 17 - Sep 18)	Within expected range	"Higher than expected 1.15"
Infection	Ecoli - hospital - 18/19 Total	< 25 (previous years performance)	11
	Hospital MRSA bacteraemia - 18/19 Total	0	1
	Hospital Acquired Clostridium Difficile - 18/19 Total	<=13	11
	Incidence of newly-acquired cat 3 and 4 pressure ulcers - hospital - 18/19 Total	20% reduction in Cat 2, 3 and 4	18
	Incidence of newly-acquired cat 3 and 4 pressure ulcers - out of hospital - 18/19 Total	20% reduction in Cat 2, 3 and 4	17
Incidents	Medication errors causing serious harm - 18/19 Total	0	0
	Never Events - 18/19 Total	0	2
	Patient Safety: Falls resulting in patient harm per 1000 Occupied bed days - 18/19 whole year Rate	2.5	1.7
Complaints	No. complaints with HSO Recommendations - 18/19 Total	0	1
	Number of complaints - 18/19 Total	<=140	134
Experience	Ward Family and Friends Test % response - 18/19 Total	20%	37.4%
	ED Family and Friends Test % response - 18/19 Total	20%	22.5%
	Mixed Sex Accommodation breaches - 18/19 Total	0	394
Access	18 week - Incomplete Patients - March 18 Figure	92%	78.1%
	Diagnostic 6 week Wait - 18/19 Total	>=99%	86.7%
	ED: Maximum waiting time of 4 hours - 18/19 Total	95%	82.5%
	ED: The recording of a completed handover, (HAS) - 18/19 Total	85%	88.9%
Cancer	2 Weeks maximum wait from urgent referral for suspected cancer - 18/19 Total	93.0%	91.4%
	2 Weeks maximum wait from referral for breast symptoms - 18/19 Total	93.0%	70.6%
	31 days maximum from decision to treat to subsequent treatment - Surgery - 18/19 Total	96.0%	98.1%
	31 day wait from cancer diagnosis to treatment - 18/19 Total	94.0%	99.4%
	62 day maximum wait from urgent referral to treatment of all cancers - 18/19 Total	85.0%	76.7%
	62 days maximum from screening referral to treatment - 18/19 Total	90.0%	95.0%
DTC	Delayed transfers of care - Acute - 18/19 Total		3.49%
	Delayed transfers of care - Non Acute - 18/19 Total		9.28%
Staff	Core Staff in Post (FTE) - March 18 Figure	2316.2	2214.91
	Sickness Absence - Rolling year - 18/19 Total	4.95%	4.7%
	Statutory and Mandatory Training - Rolling 3 year period (Apr 16 - Mar 19)	90%	91.5%
	Corporate Induction attendance - Rolling year - 18/19 Total	90%	97.6%
	Appraisals and Personal Development Plans - Rolling year - 18/19 Total	90%	91.7%
	Information Governance training - 18/19 Total	95%	95.3%
	Safeguarding - Level 1 Compliance - March 18 Figure	85%	91.5%
	Safeguarding Children - Level 2 - March 18 Figure	85%	89.7%
	Safeguarding Adults - Level 2 - March 18 Figure	85%	89.7%
	Safeguarding Children - Level 3 - March 18 Figure	85%	90.8%
Finance	Total Pay Expenditure (£000) - 18/19 Total	£106,810k	£110,084k
	Bank Staff Expenditure (£000) - 18/19 Total	£4,922k	£6,729k
	Agency Staff Expenditure (£000) - 18/19 Total	£7,325k	£6,483k
	Cash (£000's) - March 18 Figure	£3,000k	£9,463k
	2018/19 EBITDA (£000)	(£13,521k)	(£9,842k)
	2018/19 Deficit	(£17,932k)	(£14,472k)



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*The professionalism
and caring manner of
every member of the
Holmes Chapel team
are a credit to the NHS*

COMMUNITY NURSING

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Improving patient care

GP Out of Hours

The total number of patients streamed by the Emergency Department through GPOOH during 2018/19 was 893. North West Ambulance Service (NWAS) has 24 hour/ 365 day direct referral access to the GPOOH service at the trust which resulted in 1672 admission avoidances during 2018. The 23 GP surgeries in East Cheshire also have direct clinical access to GPOOH whereby as opposed to referring their patient to the ED, the surgery can request an urgent visit from the Acute Visiting Service (AVS). 308 patients were visited by the AVS in 2018 see below for details. Additionally any vulnerable, palliative or unstable patients who are at high risk of admission can be referred for continuation of care out of hours. This group of patients is clinically assessed and seen within an agreed care plan avoiding the need for the patients to access medical support via NHS111 or ED.

GP OOH and the surgeries are working together with the shared bookable appointments systems in cases where patients can safely wait until the following day to be seen.

Patient feedback:

- “Overall very good. Drs always helpful and always listened”
- “Seen as soon as arrived. Would recommend the service”
- “Definitely improved since my visit a few years ago”
- “Very professional and calm nurse”
- “Fast and efficient service from friendly people”
- “The Dr I saw was brilliant and a real asset to the NHS.”

The Acute Visiting Service

A new service was implemented in GPOOH in 2018. When a patient calls 111 and is advised to attend ED, an alert is sent to GPOOH and a further triage assessment is carried out to avoid an inappropriate ED attendance. Over the year this service extended to NWAS. When a 999 call is made - NWAS will, where appropriate, telephone through to GPOOH to allow the triage nurse to do a further assessment and again avoid an inappropriate dispatch of an emergency paramedic.

Helping Flo

The trust introduced the #helpingflo campaign to help manage winter pressures in 2018. The campaign was developed with system partners in response to the regional NHSI winter programme ‘Action on A&E’ aiming to empower staff and public to assist with keeping hospital beds free for those who really needed them over the challenging winter.

Our animated patient ‘Flo’ video launched at a staff event in September and was featured on social media and in local press. #helpingflo has proved to be an engaging and effective way of helping everyone to understand what can make a difference when services are under pressure. The Flo videos have had almost 3000 views and have been shared widely with stakeholders.

We have continued to use Flo to help us launch patient flow initiatives, with Flo’s Perfect Christmas and Flo’s Cracking Easter. The #helpingflo campaign has successfully grabbed the imagination of our organisation and has become synonymous with improving patient flow. The organisation will continue to work with Flo over the coming year.



Emergency Department

ED has participated in many new initiatives as part of the #HelpingFlo campaign, one of those being the introduction of a Rapid Access and Diagnostics (RAD) pilot. Walk-in majors patients and patients presenting by ambulance are assessed by a senior nurse supported by a healthcare assistant and ED consultant. This immediate assessment allows for earlier diagnostics to be ordered and reported on to improve the patient journey. This will now be embedded into the ED system.

ED has also been involved with:

- Processes to reduce ambulance turnaround and handover times
- Fit2sit - stopping patients lying down on trolleys and stretchers if they are well enough to sit or stand
- Piloting new streaming processes such as: utilising primary care for minors patients to release capacity in ED for major patients; review of signage and queue management
- Developing new roles such as first trainee advanced nurse practitioner
- Securing funding for an electronic waiting time display which will display live waiting times and can be accessed by the public via smart phone from home and thus support them in making the right choice for their treatment.

ED has also recruited two new consultants; Dr Tom Bartram and Dr Chetan Kashinath making an invaluable contribution to the team and adding additional educational sessions to enhance staff learning and good practice.

Patient feedback:

“The triage system at Macclesfield General A&E department from arrival to being treated is fabulous - the last few times we’ve had to use it have seen us triaged, assessed and treated in a very efficient and speedy manner without compromising on any of the quality we’ve come to expect (we are there a lot with my son who as well as having a long term health condition requiring A&E on occasion is also a tad clumsy!).

I know there’s always somebody that has a story of how awful the experience was but I can honestly say that even when we’ve had to wait the care and treatment we’ve had at Macc A&E has always been excellent. All the staff in this department are helpful, compassionate and professional. As a nurse sister myself (different hospital) I would be proud to work within this team.”

Critical Care

- East Cheshire NHS Trust was the first trust in the North West to deliver the Safe Critically Ill Transfer Training (SCITT). The programme has been accessed by medical staff from Critical Care, Theatres and The Emergency Department and contributes to ensure all our patients are transferred safely by competent staff. The accredited programme has had a number of attendees from outside the organisation from as far afield as Italy.
- Following a patient's relative's feedback the Critical Care Team wanted to make it easier for staff and relatives to be able to recycle waste and therefore purchased some new 'green' bins. These were placed in the staff room, relative's room and in clinical areas with an almost immediate reduction in non-recyclable waste.

Critical Care took part in various audits throughout the year in order to develop and improve quality of care for patients. The following are just a few examples of the studies they have been a part of or have initiated locally:

- DecubICUs, an international one-day point prevalence study of pressure-related injuries in ICU.
- The Cheshire and Mersey Quality Standards Audit encompasses the care bundles and elements from the Critical Care Service Specification that are used to inform our peer review
- A local audit of pressure-related damage from tape used to secure endotracheal tubes. The results from this audit resulted in a change in practice which has reduced the incidence of pressure damage to the face
- Ongoing studies include oral care and noise at night

Surgery

- **Theatre refurbishment:** Towards the last quarter of 2018/19 the main theatre suite underwent major refurbishment. This included upgrades to three main theatres, replacement furniture, flooring, lighting and new surgeons' panels. This benefits theatre users and staffing by providing a more modern environment and has also helped reduce infection risk, while staff are now able to control the theatre temperature, the laminar flow and the operating and canopy lighting. All theatre department main doors have also been replaced, providing a more secure environment and improvements in security for theatres via restricted swipe access.
- **Improvements in medical rotas:** In February 2019 a new rota for F2 junior doctors was introduced within Planned Care. The main benefit of this was to provide an additional F2 grade doctor over a weekend - there is now a surgical doctor and an orthopaedic doctor on shift across each day at the weekend. This benefits patients by providing more hours to enable them to be seen and treated in a more timely way in the ward areas and gives an improved response rate for patients awaiting specialty assessment in ED.
- **Straight to the test:** In 2018 the trust introduced a service called Straight to Test (STT) which supports a new GP referral pathway for patients with a suspected cancer who require a diagnostic colonoscopy/ combined gastroscopy and colonoscopy, depending on their symptoms. The GP referral is triaged by the duty consultant for the day and the patient is assessed at that point for their suitability to go Straight to Test which avoids the need for the patient to attend an outpatient appointment.
- **Addison's Pathway:** In 2018 the Pre-operative Assessment Service agreed to provide an emergency medical pack to patients with a diagnosis of Addison's or Secondary Adrenal Insufficiency.



The Buurtzorg model

Community nurses in Holmes Chapel have taken delivery of a new cycle in order to reach patients in a healthy and environmentally-friendly way. The bike is available to all types of community nurses operating from the base and was a result of discussions around the Buurtzorg model of nursing.

Denise Baillie, Care Community Coach for Congleton and Holmes Chapel, explained: "The new bike will be a great, environmentally-friendly way for the team to get around the village. Holmes Chapel often gets quite congested so having the bike should help ensure we can get to patients without delays and improve our own health at the same time.

"Holmes Chapel is quite flat and we won't be covering great distances, so team members of all fitness levels should be able to use it and I'm sure it will attract a lot of interest from our patients!"

Representatives of the Buurtzorg programme visited the trust in September to provide further support as the trust begins to embed principles of the Dutch approach to community care.

Elements of Buurtzorg are being introduced to the recently-created Care Communities.

The Buurtzorg model is patient-focused and based around small, self-managing teams of community nurses who have access to a coach for support when needed.

NEWS 2

- The consultant nurse and service improvement lead focussed their efforts on the implementation of the National Early Warning Score 2 (NEWS2) in an effort to improve the recognition and response to the sepsis patient. This included training and education across all disciplines with the support of L&D and the rigorous & relentless testing of the electronic VitalPac. The project was concluded in December 2018 and as per national guidelines, all acute ward electronic systems and paperwork were upgraded.
- An E-learning package for sepsis and NEWS2 is now mandated and embedded into the ESR matrix and is available for all patient-facing staff.
- All grades of staff are educated at statutory and mandatory training sessions and this occurs weekly. One to one ward-based training is given to all disciplines of staff (if required) by the critical care outreach team.

Maternity

The maternity services at East Cheshire NHS Trust continue to provide quality ante, intra and post- partum care in line with latest evidence based practice and recommendations.

The CQC (Care Quality Commission) report produced in April 2018 demonstrated that maternity services were good in all of the assessed domains.

Better Births -A Five Year Forward View for Maternity Care(2016) identified that better postnatal and perinatal mental health care was required, recognising that this can have a significant impact on the life chances and wellbeing of the woman, baby and family. In order to address this, in 2018 the post of perinatal mental health midwife was introduced at East Cheshire to provide expertise and continuity for women with mental health issues. A joint antenatal clinic with the mental health services has improved multidisciplinary care and the mental health team are now providing staff training on the multidisciplinary mandatory training days.

Also in line with Better Births, continuity of care was introduced in March 2019. The target of 20% of women being booked in this model of care has been exceeded in the first month with 40% of women booked on the continuity of care pathway in midwifery team system. The expected benefits are: women are 16 per cent less likely to lose their baby, 19 per cent less likely to lose their baby before 24 weeks and 24 per cent less likely to experience pre-term birth. This work will continue in line with national targets over future years.

The local maternity system has provided funding to focus upon the Saving Babies Lives Care Bundle. The initiative is a bold step towards introducing many evidence-based and policy recommendations in maternity care towards the goal of reducing stillbirth in the UK by 50% by 2025. From 2016/17 the stillbirth rate at East Cheshire has seen a year-on-year reduction from 4.7 to 3.0 per 1000 births and the latest 2018/19 figures are 2.6 per 1000 births, remarkably below the latest national average of 4.2 per 1000.

2019 has seen East Cheshire NHS Trust being successful in the application to become 1 of only 16 trusts chosen to develop the new Royal College of Obstetricians and Gynaecologists (RCOG)/Royal College of Midwives (RCM) Each Baby Counts: Learn and Support Programme. The engagement of our local development leads to work with the multidisciplinary teams to introduce, test and evaluate interventions that focus on the behaviours, team work and safety culture, will contribute to improving safety and quality in the maternity unit. We embrace the challenge and are excited to influence not only regionally but nationally this latest initiative.



Children's Ward

Over the last year the Children's ward has developed ward activities including:

- Part of the local Tesco 'token' collection receiving £4000 worth of toys, games and activities including sensory toys for children and young people with learning difficulties.
- Funding from Medequip for Kids, a children's entertainer 'Loubie Lou' who visits the ward each month.
- A donation of 15 iPads set up with games for the children.
- A departmental 'you said we did' board to respond to patients and parents feedback and display feedback from the National Friends and Family Test. (Typically above 95%)
- A band 6 nurse on every shift to enable leadership and support for staff resulting in a positive effect on staff morale and patient care.
- An Advanced Paediatric Life Support trained nurse on every shift to support medical staff during emergencies.
- A breast feeding link nurse role, established to improve breast feeding facilities and care provided to mothers. Working alongside a parent a dedicated fundraising effort has resulted in the donation of two breast pumps and breastfeeding comfort packs.
- The introduction of a new nutritional tool to identify children at risk of malnutrition at an early stage. 'STAMP' enables this identification and allows us to then work closely with dieticians to develop an effective management plan. Monthly auditing will ensure compliance is maintained.

Children's Community

Following a joint CQC and OFSTED inspection, the paediatric department have been working closely with the CCG and the therapies department to design a pathway for autism assessment for under 5s. A pilot model helped to diagnose over 27 children. It is hoped that following evaluation, the model will be commissioned.

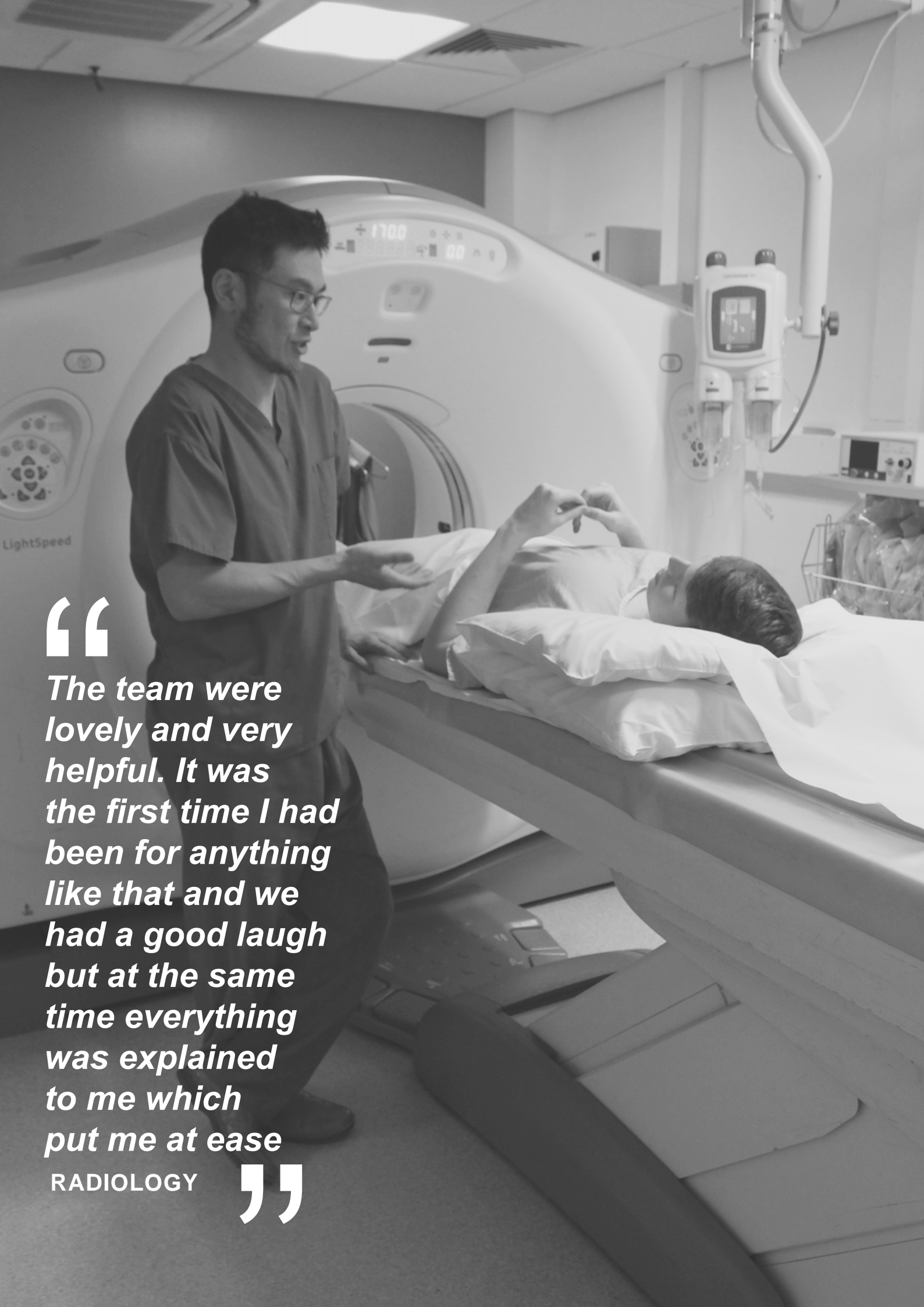
The paediatric allergy service continues to go from strength to strength with the development of new staff and succession planning.

Productivity in paediatric outpatients has been a focus. Reviews of clinic availability have ensured the right clinics are available to meet demand. The community nursing team have been working in the children's observation area to promote continuity of care, carrying out blood tests, reducing waiting times and improving discharge rates. This also means children see the same nurse at home which improves the patient and family experience.

Improving patient care: A patient story

Background	<p>A patient of the trust and resident of the David Lewis Centre in Cheshire has profound learning disabilities and multiple medical diagnoses. Over recent years he has been admitted to the trust a number of times per year, each time to a different ward, sometimes for prolonged periods.</p> <p>The patients family felt care was fragmented, of varying quality and that they kept having to repeat themselves and felt they were not always kept informed. This led to multiple complaints by the family, poor patient experience and difficult situations for ward staff to manage.</p> <p>Stakeholder relationships consequently became challenging due to communication issues. The patient requires intense medical and nursing treatment for a spectrum of conditions including seizures and unusual dietary requirements and often requires invasive procedures such as nasal tubes, intravenous lines and the administration of oral medication which is challenging to carry out.</p>
What went well?	<p>The matron for medicine produced an action plan that was agreed by all departments that the patients comes into contact with such as medicine, the ED and the ward along with the family and carers this enables early notification of the need for admission, a clear management plan while in hospital and agreed parameters for discharge. Copies are retained on his case notes and in digital format. The patient now spends minimal time in ED, always moves to a side room on Ward 4 and is cared for by the same consultant and nursing staff on each admission.</p> <p>An agreement was reached with dietetics and kitchens to provide a diet which permanently meets the patient's needs without the need for further assessment. The patient now receives alternative therapy solutions and has a bespoke care plan in place.</p> <p>Relationships with the patient's parents are positive and full discussions are held via telephone due to the parents living away from the area. Parents are now confident that their son is well cared for and we all have the same goal. Relationships with the patient's GP practice are much improved and a clear focus and agreement has been reached on this care plan moving forward.</p> <p>The reasonable adjustments care plan for this patient is now used by both parties to prevent duplication.</p>
The Future	<p>The next steps in the improvements of this patients pathway is to hold a professionals' meeting to discuss strategy for ongoing care in case of clinical deterioration while at his current place of residence.</p>





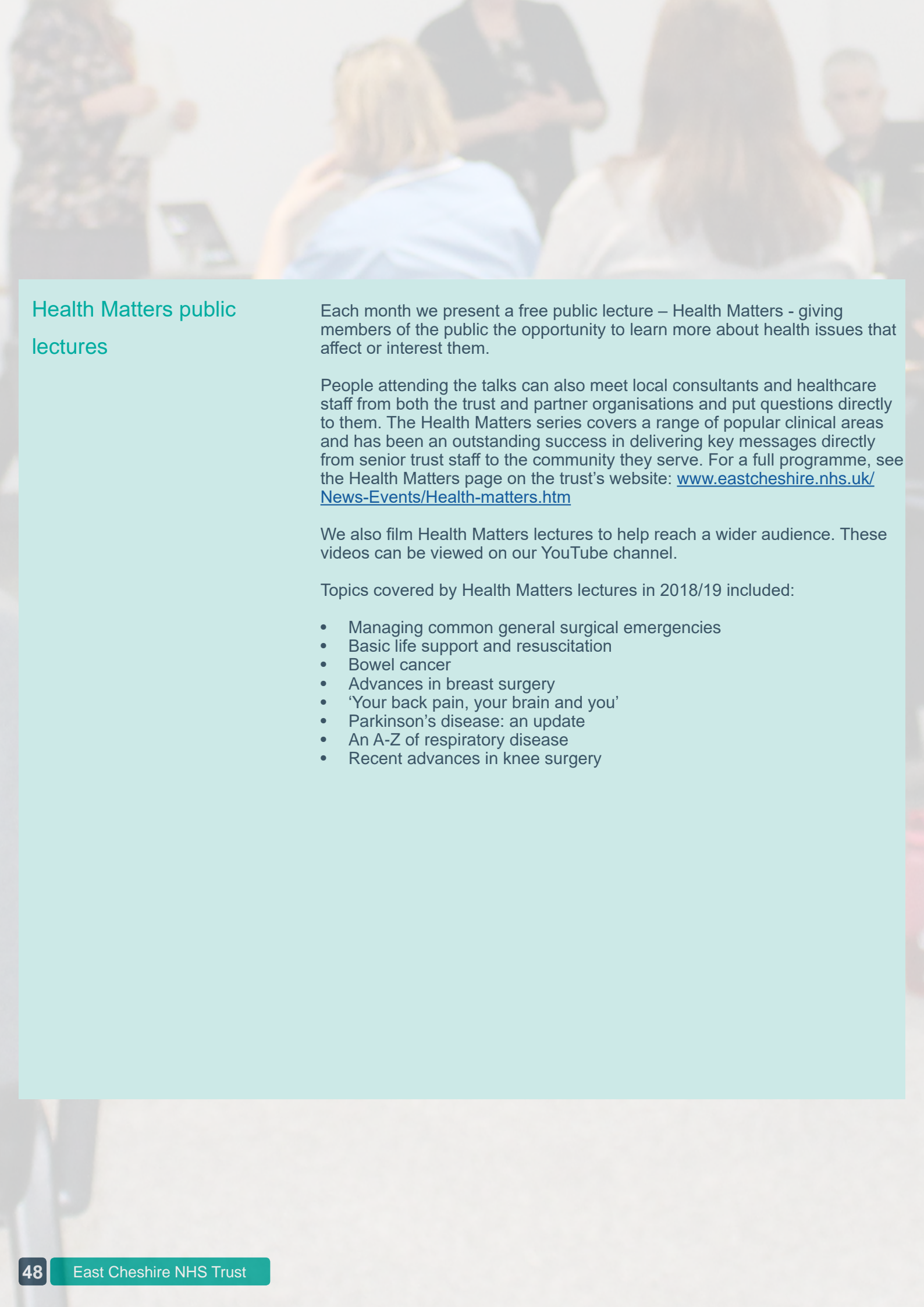
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The team were lovely and very helpful. It was the first time I had been for anything like that and we had a good laugh but at the same time everything was explained to me which put me at ease

RADIOLOGY

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Patient feedback



Health Matters public lectures

Each month we present a free public lecture – Health Matters - giving members of the public the opportunity to learn more about health issues that affect or interest them.

People attending the talks can also meet local consultants and healthcare staff from both the trust and partner organisations and put questions directly to them. The Health Matters series covers a range of popular clinical areas and has been an outstanding success in delivering key messages directly from senior trust staff to the community they serve. For a full programme, see the Health Matters page on the trust's website: www.eastcheshire.nhs.uk/News-Events/Health-matters.htm

We also film Health Matters lectures to help reach a wider audience. These videos can be viewed on our YouTube channel.

Topics covered by Health Matters lectures in 2018/19 included:

- Managing common general surgical emergencies
- Basic life support and resuscitation
- Bowel cancer
- Advances in breast surgery
- 'Your back pain, your brain and you'
- Parkinson's disease: an update
- An A-Z of respiratory disease
- Recent advances in knee surgery



Healthwatch

This year the trust has worked with Healthwatch Cheshire CIC, which provides Healthwatch services in Cheshire East and Cheshire West. Healthwatch is an organisation which champions local people's views on health and social care.

Enter and view visits:

Three enter and view visits have taken place this year to wards 9 and 10 and to Outpatient Therapies. Positive feedback on the staff approach is a common theme across all areas. As well as comments about staff being caring and attentive, knowledgeable and enthusiastic, and positive comments about the environment, Healthwatch representatives praised the initiatives undertaken to improve the patient stay where staff went the extra mile.

Improvements made as a result of visits are:

- Improved website information for all areas
- Ward 9: Improved ward storage
- Ward 10: Improved communication with patients and relatives following board rounds
- Outpatient therapies: Updated clinic information and the exploration of outdoor space for rehabilitation - staff do already utilise the hospital grounds, in particular for a back class which includes a supervised walking route outdoors.

Healthwatch have also been involved in the following over the past year:

- Engagement visits across the trust to ascertain priorities for east Cheshire residents
- Participation in the Complaints Scrutiny Group
- Commenting on the trust's Quality Account.

Patient-Led Assessments of the Care Environment (PLACE)

The aim of the PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the overall patient experience. Non-clinical activities that form part of the assessment are as follows:-

- Cleanliness
- Food and hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia
- Disability

	National average	MDGH	CWMH
Cleanliness	98.47%	99.86%	99.44%
Food	90.22%	95.09%	93.71%
Privacy, dignity and wellbeing	84.16%	86.33%	87.75%
Condition, appearance and maintenance	94.33%	96.91%	89.58%
Dementia	78.89%	88.67%	86.22%
Disability	84.19%	96.18%	87.38%
Average	80.82%	94.15%	91.44%

All of the scoring was awarded from volunteer patient assessors who were recruited locally. During the assessment, the patient assessors received help and guidance from Infection Prevention & Control, departmental managers and Estates & Facilities.

Patient assessors' summary

At the end of each assessment, the patient assessors complete a summary report which is sent to the Health & Social Care Information Centre giving their own feedback on each area visited. Below is a snapshot of their findings:

Macclesfield

- There is clear evidence during the assessment that patients are being treated with dignity and respect in all areas
- A fairly modern hospital where cleanliness standards are very high
- Quality of food is good
- Colour coded meal tray system is in place for patients who need support with feeding
- The hospital is well regarded within the community and benefits from dedicated friendly and efficient staff at all levels
- All the staff within the Emergency Department were approachable, caring and helpful
- The patient assessors praised the new flooring, the installation of LED lights and the new configuration of the Emergency Department
- Even though the wards and departments were busy, there was a huge sense of calm and professionalism from staff which must be reassuring for the patients
- There is a need for more storage as the corridors were cluttered with equipment and beds
- The hospital needs more car parking spaces

Congleton

- Patients' privacy and dignity was respected , despite the limitations presented by an ageing building
- An old building where there are challenges maintaining the fabric of the building, but some of the challenges have been addressed over the last year i.e. guttering
- Standards of cleanliness is very high
- Quality of food is very good
- The food service in the dining room on Aston Unit allows patients to socialise in an uplifting area
- Carpeting in the main corridors need to be replaced

Trust summary

- The trust has scored higher than the national average for the fifth consecutive year in a row
- Congleton has one score below the national average for condition, appearance and maintenance but with the hospital being built in 1928 this is reflected in the scoring
- The assessment demonstrated that the privacy and dignity of patients is being maintained; however, limitations of ward design have restricted the opportunity of totally segregating patients
- There were lots of comments about the staffing in all areas of each hospital and the patient assessors were in full agreement that the staff work hard to ensure that our patients are cared for in a calm and soothing environmental

Local patient surveys

The trust carries out patient feedback work across both acute and community settings. Patient feedback is vital as it enables the trust to ensure that its services are meeting the needs and expectations of patients and their families and to identify areas for improvement.

Summaries of the trust's recent patient surveys can be found on the website at:

www.eastcheshire.nhs.uk/Get-Involved/Patient-Surveys.htm

Area	Examples of improvements
Children's Ward	<ul style="list-style-type: none"> Increased range of activities for older children Updated nursing documentation to ensure children involved as much as possible in discussions about care and treatment New 'finger food' menu New range of child friendly cutlery Mobile phone charging facilities for parents Ward and parents room redecorated and the provision of new curtains
Colposcopy	<ul style="list-style-type: none"> Updated appointment letter and information leaflet to further raise awareness of the opportunity to bring a friend / relative to the appointment for support
Emergency Department	<ul style="list-style-type: none"> Introduction of a numbered queuing system for seeing the streaming nurse Frosted glass and privacy screen around streaming nurse to improve patient privacy Pain assessment undertaken at streaming to reduce wait for analgesia
Endoscopy	<ul style="list-style-type: none"> Staff reminded to ensure all patients receive a full explanation of their proposed procedure during the admissions process Review of admission information booklet Staff to ensure information about delays communicated
Macmillan	<ul style="list-style-type: none"> Information board updated every 30 minutes in relation to delays in clinic
Pulmonary Rehabilitation	<ul style="list-style-type: none"> All patients now receive an information leaflet about the service and what to expect prior to attending their first appointment

Quarterly audits

The trust also undertakes quarterly audits on wards, outpatient areas and community areas which cover key elements of the patient experience including cleanliness and environment, privacy and dignity, provision of information and overall quality of care.

The table below details key results for 2018/19 (percentage of patients responding positively to audits):

	Inpatient	Outpatient	Community Nursing
Rated the cleanliness of the ward/ dept as 'very clean' / 'excellent'	84%	68%	Not applicable
Stated that they were 'definitely' involved in decisions about their care and treatment	66%	83%	80%
Said staff 'definitely' checked they were comfortable and had everything that they needed on a regular basis	83%	Not applicable	Not applicable
'Always' had enough privacy when discussing their condition / treatment	75%	Not applicable	Not applicable
'Always' had enough privacy when being examined or treated	91%	97%	Not applicable
Said they were 'always' treated with dignity and respect	96%	98%	99%
Said they were 'definitely' treated with care and compassion	93%	94%	98%
Rated the overall level of care as 'excellent'	77%	84%	83%
Stated that the nurse 'always' arrived as planned for their visits	Not applicable	Not applicable	95%
Said they 'definitely' felt supported in managing their condition	Not applicable	Not applicable	88%

National patient surveys

The trust undertakes national surveys across a range of departments on an annual basis. Results from these surveys inform future learning and benchmark the trust against its peers.

NATIONAL SURVEY	Results
2018 National Maternity Survey	<p>Full report available to view at www.cqc.org.uk/publications/surveys/surveys</p> <p>The survey sample was drawn from women aged 16 or over who had a live birth at the trust / home birth between 1st January and 28th February 2018. The survey asked women about their experiences of care during labour and birth, as well as the quality of antenatal and postnatal support received.</p> <p>The trust's results were 'better than expected' in relation to women knowing how to contact the midwifery team when at home following the birth. The trust was classed performing 'as expected' for all remaining criteria and there were no areas where the trusts results were 'worse than expected'</p>
2017 National Cancer Survey	<p>Full report available to view at www.ncpes.co.uk/index.php/reports/2017-reports</p> <p>The trust was classed as performing 'higher than expected' for 3/52 criteria and 'as expected' for 49/52 criteria. The trust was not classed as performing 'lower than expected' for any criteria. The criteria where the trust was classed as performing 'higher than expected' were:</p> <ul style="list-style-type: none"> • Patient found it easy to contact their clinical nurse specialist. • Patient was able to discuss worries or fears with staff during their hospital visit. • Hospital staff gave family or someone close all the information needed to help with care at home.
2017 National Adult Inpatient Survey	<p>Full report available to view at www.cqc.org.uk/publications/surveys/surveys</p> <p>The trust was classed as performing 'better than other trusts' (green) for two criteria:</p> <ul style="list-style-type: none"> • Patients receiving an explanation in relation to how an operation / procedure had gone • Staff doing everything possible to control any pain • The trust was classed as performing 'the same as other trusts' in 58 categories (amber) <p>The trust was not classed as performing 'worse than other trusts' (red) in any categories.</p>

The trust undertook four additional surveys during 2018 these are National Adult Inpatient Survey, Emergency Department Survey, Children and Young People's Survey and National Cancer Survey results are due to be published in 2019.





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All the staff on the ward were very friendly. They worked so well as a team and were very helpful.

WARD 1

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East Cheshire NHS
Helen Newton
Ward Clerk

Autism Link

Autism Link

Clinical audits and research

Participation in clinical audits

Clinical audit is an important quality improvement process for the trust. By participating in relevant national audits, we can compare our practice with other similar organisations and identify whether we need to improve the services we provide. In addition, the participation in local audits allows services to measure the quality of patient care they provide.

Clinical audit evaluates the quality of care provided against evidence-based standards and is a key component of clinical governance and quality improvement. The trust produces an annual forward plan for clinical audit which incorporates national, regional and local projects. Progress against the forward plan is reviewed by the Clinical Audit and Research Effectiveness Group on a monthly basis.

The following section summarises the clinical audit activity participated in by East Cheshire NHS Trust during 2018/19.



National clinical audits

During 2018/19, the trust participated in 38 national clinical audits and three national confidential enquiries. This equated to 90.5% and 100% respectively of the audits in which it was eligible to participate. The national clinical audits and national confidential enquiries that the trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the percentage or number of cases submitted to each audit or enquiry.

National clinical audit / programme	Participation	% Data submission
Planned Care Services		
General Surgery		
Elective Surgery (National PROMs Programme)	Yes	Data collection ongoing
National Emergency Laparotomy Audit (NELA)	Yes	Data collection ongoing
Orthopaedics		
NJR Hip Knee shoulder elbow	Yes	Data collection ongoing
Maternity		
National Maternity and Perinatal Audit (NMPA)	Yes	Data collection ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme (MMBRACE)	Yes	Data collection ongoing
Neonates		
National Neonatal Audit Programme – Neonatal Intensive and Special Care (NNAP)	Yes	Data collection ongoing
Sexual health		
Faculty of Sexual and Reproductive Healthcare -Emergency contraception audit	Yes	100%
British HIV Association - Partner notification of HIV positive patients audit	Yes	100%
British Association for Sexual Health and HIV - national audit of HIV monitoring and assessment in older adults	Yes	100%
Allied Health and Clinical Support Services		
Cancer Services		
National Oesophago-gastric Cancer (NAOGC)	Yes	Data collection ongoing
National Prostate Cancer Audit	Yes	Data collection ongoing
National Audit of Breast Cancer in Older People	Yes	Data collection ongoing
National Bowel Cancer Audit (NBOCA)	Yes	Data collection ongoing
National Lung Cancer (NLCA)	Yes	Data collection ongoing
Clinical Haematology		
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	Data collection ongoing
National Comparative Audit of Blood Transfusion programme* Massive Haemorrhage	Yes	Data collection ongoing

National clinical audit / programme	Participation	% Data submission
Palliative Care (End of Life)		
National Audit of Care at the End of Life (NACEL)	Yes	100%
Acute and Integrated Community Care		
Acute Paediatrics		
National Audit of Seizures and Epilepsies in Children and Young People	Yes	Data collection ongoing
Cardiology		
Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	100%
National Heart Failure Audit	Yes	100%
Emergency Medicine		
Feverish Children (care in emergency departments)	Yes	Data collection ongoing
National Comparative Audit of Blood Transfusion programme	Yes	100%
Vital Signs in Adults (care in emergency departments)	Yes	Data collection ongoing
VTE risk in lower limb immobilisation (care in emergency departments)	Yes	Data collection ongoing
Elderly Care		
National Audit of Dementia	Yes	Data collection ongoing
Intensive Care		
Case Mix Programme (CMP)	Yes	100%
Respiratory		
National Lung Cancer Audit (NLCA)	Yes	Data collection ongoing
Adult Community Acquired Pneumonia	Yes	Data collection ongoing
National Asthma and COPD Audit Programme*	Yes	Data collection ongoing
Diabetes		
National Inpatient Diabetes Audit – Adults (NaDIA)	Yes	100%
National Inpatient Diabetes Audit – Adults-Harms (NaDIA- Harms)	Yes	Data collection ongoing
Rheumatology		
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Yes	Data collection ongoing
Corporate		
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*	Yes	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Data collection ongoing
Surgical Site Infection Surveillance Service	Yes	Data collection ongoing
Seven Day Hospital Services	Yes	100%

The following national clinical audits were not participated in during 2018/19;

National Clinical Audit/ Programme	Reason for non-participation
Planned Care Services	
National Bariatric Surgery Registry (NBSR)	The trust does not provide this service
Major Trauma Audit	The trust is not a major trauma centre
National Ophthalmology Audit	Unable to participate due to IT incompatibility.
BAUS Urology Audit	Urology service is provided on an outpatient basis by an external provider
Allied Health and Clinical Support Services	
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	The trust is not a major trauma centre so therefore does not have a specialist rehab centre
Acute and Integrated Care	
Paediatric Intensive Care (PICANet)	The trust does not provide this service
Falls and Fragility Fractures Audit Programme (FFFAP)	There is currently no orthogeriatrician in post at the trust
Adult Cardiac Surgery	The trust does not provide this service
Cardiac Rhythm Management (CRM)	The trust does not provide this service
National Audit of Percutaneous Coronary Interventions (PCI)	The trust does not provide this service
National Congenital Heart Disease (CHD)	The trust does not provide this service
National Vascular Registry	The trust does not provide this service
Inflammatory Bowel Disease programme / IBD Registry	Completion would require additional unavailable funding.
National Diabetes Foot Care Audit	The trust does not provide this service
National Core Diabetes Audit	East Cheshire provides data for this audit but data is collated and analysed by Eastern Cheshire CCG
National Diabetes Transition	The trust does not provide this service
Sentinel Stroke National Audit programme (SSNAP)	The trust does not provide this service
National Audit of Pulmonary Hypertension	Patients with this condition are not treated by East Cheshire NHS Trust
Non-Invasive Ventilation - Adults	The trust does not meet the minimum number of cases to participate
National Cardiac Arrest Audit (NCAA)	Resuscitation team participate in a local audit programme which explores issues in real time and highlights actions specific to ECT
UK Cystic Fibrosis Registry	The trust does not provide this service
National Pregnancy in Diabetes Audit	The trust did not provide a diabetes service during data collection period
National Audit of Intermediate Care	Unable to participate due to unavailable resource for completion
Corporate	
National Mortality Case Record Review Programme	East Cheshire provides data for this audit but data is collated and analysed by Eastern Cheshire CCG

The following national audit reports have been issued during 18/19 but relate to previous financial years;

National Clinical Audit/ Programme
Planned Care Services
General Surgery
National Emergency Laparotomy Audit (NELA)
Trauma & Orthopaedics
National Hip Fracture Database
NJR Hip Knee shoulder elbow
Maternity
National Maternity and Perinatal Audit (NMPA)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MMBRACE)
Neonates
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)
Allied Health and Clinical Support Services
Cancer Services
Systemic Anti-Cancer Therapy (SACT)
National Audit of Breast Cancer in Older Patients (NABCOP)
National Bowel Cancer Audit (NBOCA)
National Oesophago-gastric Cancer (NAOGC)
Acute Oncology Outcome measures (including Cancer of Unknown Primary)
National Lung Cancer (NLCA)
National Prostate cancer (NPCA)
Clinical Haematology
National Comparative Audit of Blood Transfusion programme Re-audit of the 2016 audit of red cell and platelet transfusion in adult haematology patients
National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
Adult Therapies
UK Parkinson's Audit – Neurophysiotherapy
Radiology
Audit of the Provision of Imaging of the Severely Injured Patient
Acute and Integrated Community Care
Acute Paediatrics
Growth Hormone
National Paediatric Diabetes Audit (NPDA)
Respiratory
National COPD Audit

National clinical audit outcomes

The reports of 28 national clinical audits were reviewed by the trust in 2018/19 and ECT intends to take the following actions to improve the quality of healthcare provided: Examples of action from nine of 28 audits. A full list of actions can be found at www.eastcheshire.nhs.uk/Our-Services/clinical-audit.htm

Myocardial Ischaemia National Audit Project (MINAP)

The trust aims to support initiatives to mitigate known risk factors, publicise the signs and symptoms of heart attack, and encourage prompt responses at the onset of symptoms and continue to ensure nSTEMI patients at moderate to high risk have access to timely angiography.

Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection (CDI)

All cases of MRSA BSI and CDI are subject to a post infection review as per NHS England's requirements to ensure outpatients are receiving good quality care. These reviews enable a targeted approach to improve practice by identifying how the infection occurred and if there are any elements of the patient's pathway which may have contributed to the infection. Factors considered for MRSA BSI include management of invasive devices and appropriate screening. In relation to CDI, factors which have been identified included antimicrobial prescribing, patients with multiple underlying co-morbidities which increase the risk of developing CDI and staff understanding of when to take a stool specimen. This learning has been addressed by supporting clinical staff in training and focusing on a robust antimicrobial prescribing campaign.

UK Parkinson's Audit - Neurophysiotherapy

We performed well in this audit. Three improvement areas were identified and the trust has developed an evidence-based Parkinson's disease information file to improve information and understanding of Parkinson's disease to new starters and rotational physiotherapists, in addition to the development of weekly high intensity interval training and group exercise sessions delivered in the neuro-gym.

National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)

Following the results a series of local audits have been planned to review the process of liaison with the obstetrician if the opportunity to give steroids is missed. A records review ensured documentation included whether parents were present for the ward round. Training has also been delivered around the recording of culture, signs and results on Badgernet (digital maternity system).

National Maternity and Perinatal Audit (NMPA)

We performed well in this audit, scoring in the top three trusts nationally for detection of small gestational babies when using GAP/GROW. The trust will continue to review its practices in line with the introduction of new guidelines and national recommendations aimed at reducing avoidable stillbirths.

National Comparative Audit of Blood Transfusion programme (Re-audit of the 2016 audit of red cell and platelet transfusion in adult haematology patients)

The audit results show three areas for which national recommendations have been identified for improvement. The trust already meets two of these recommendations and is currently compliant with three of four clinical practice recommendations with additional processes in place for reviewing results and treatment planning within a small staff team.

National Emergency Laparotomy Audit (NELA)

We have achieved local improvements in all parameters compared with last year's data. Actions implemented this year by the trust's NELA lead have led to improvements to data collection, anaesthetic consultant participation, possum scoring and case logging by specialty doctors.

National Paediatric Diabetes Audit (NPDA)

The report shows further improvement on last year performing above average compared with North West and England averages regarding HbA1c levels. The department continues to work in line with NICE guidelines and will be participating again in next year's national audit.

National COPD Audit

The audit data suggests three key improvement targets, based on a strong evidence base for their effectiveness in improving outcomes. An additional three care processes were identified that would also benefit from further collaborative improvement work. The trust has reviewed relevant NICE guidance and remains fully compliant with all recommendations.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Audits

The following four NCEPOD audits were participated in during 2018/19, with progress reported to Clinical Audit and Research Effectiveness (CARE) Group at each meeting.

A summary of the NCEPOD studies participated in during 2018/19 is given below:

NCEPOD Audit Reviewed	Participation	% Data submission
Pulmonary embolism	Yes	100%
Long Term Ventilation	Yes	100%
Acute Bowel Obstruction	Yes	100%
Dysphagia in people with Parkinson's Disease	No	Not required to submit any information

The outcomes of these studies are not yet concluded. On conclusion reports are issued to the trust by NCEPOD, these reports are then cascaded through the organisation.

Local clinical audits

As at the 31st March 2019 the trust registered 53 local clinical audits (100% of the approved forward plan). Progress against the forward plan and a summary of audit outcomes are monitored at the monthly Clinical Audit and Research Effectiveness Group. Completed audits are presented to specialty audit meetings. The trust action plan to improve the quality of healthcare provided includes:

General Surgery

With the aim to improve intravenous (IV) fluid prescribing practice in adult surgical patients we undertook an audit to compare current practice against NICE guideline standards. Following the audit, teaching sessions were conducted aimed towards junior doctors and new NICE IV fluid algorithm posters were displayed in appropriate locations (including doctor's mess and nursing stations). A re-audit was planned within four months to review the impact of these actions. Results from the IV fluids re-audit showed improvement in some areas. In order to keep improving, the trust implemented prescription charts with new IV fluid charts to aid prescribers in following the NICE guidance. The inclusion of IV fluid teaching for junior doctors was well received and is now standard practice. A further re-audit has been planned for next year.

Orthopaedics

An audit on anticoagulants in fractured neck of femur (NOF) surgery aimed to identify the number of patients presenting with NOF fractures who are on anticoagulants. To assess how each anti-coagulant agent affected both waiting time for surgery and length of stay in hospitals. It concluded that there was no difference in transfusion rates in early surgery groups. Most trauma centres will not delay surgery due to anticoagulants. Due to the outcomes of this audit the trust is now developing a new guideline in order to improve the quality of healthcare provided.

Haematology

The trust undertook the Obtaining valid consent for Blood Transfusions' audit. This audit aims to identify if valid consent is obtained and documented appropriately for patients receiving blood transfusions at MDGH and then use this information to drive a trust-wide improvement of clinical practice in gaining and documenting valid informed consent for those receiving blood transfusions. Simple changes implemented as part of the audit process demonstrated a serial increase in the levels of valid consent obtained for transfusions. This quality improvement project will now form the basis for a yearly audit cycle to ensure practice is maintained at a high level and consent for blood transfusions training is to be incorporated as part of the trust's statutory and mandatory training package.

Gastroenterology

An Oesophageal Cancer Stenting Audit was undertaken to assess the quality of upper GI endoscopy with oesophageal stenting in oesophageal carcinoma as per British Society of Gastroenterologists (BSG) guidelines. Conclusions made from the audit were that both direct and fluoroscopic stent insertion can be done safely and effectively. Both methods offer similar outcomes. As per European guidelines photographic documentation and mandatory imaging is completed during the procedure. The trust is now looking to formalise a follow up post stenting protocol.

Paediatrics

The Paediatric Early Warning Score (PEWS) audit was undertaken to ascertain whether the new early warning score was being used effectively on the Children's Ward and any improvement that has been made since the introduction of the new tool. The results indicated improvements in each category in comparison to previous years. The trust has implemented training sessions for nursing staff and health care assistants on the importance of PEWS on admission, including the importance of accurate scoring. In addition PEWS competencies are to be completed on paediatric essentials annually for staff nurses.

Paediatric Therapy

After identifying gaps in the transition from children to adult services the Paediatric Therapies Team formulated an audit to unite these multiple disciplines together with the aim to identify whether the team are having early discussions around transition to adult therapy services and to evaluate if young people are provided with information relating to adult therapy services and available support groups prior to discharge. In order to achieve this the trust will be creating a transition pathway for therapists for reference and guidance. A transition section is to be added within the therapy Education, Health and Care Plan (EHCP) template in order to prepare patients and families as early as possible about what to expect in adult services. The team now also provides patient and family transition leaflets with information about the process, what to expect, local networks and charities who offer support and stating where there is no equivalent service up to a year prior to transition.



Participation in clinical research

Participation in clinical research demonstrates the trust's ambition to improve the quality of care offered and make a contribution to wider health improvement. It provides patients with opportunities to participate in trials, and also meets the obligations set out in the NHS Constitution that research is core business for the NHS.

We are part of the Greater Manchester Clinical Research Network, one of 15 local clinical research networks that make up the National Institute for Health Research (NIHR). The network coordinates and supports the delivery of research.

For the financial year 2018/19, 51 clinical research studies were active to recruitment, 20 of which were opened during the year. Of these studies, 8 studies were interventional (so could potentially change the patient's treatment). In addition these 'actively recruiting' studies a further 105 studies were in follow-up.

The trust continues to excel with patient participation, reaching our NIHR recruitment target during quarter four of the year with a total of 516 patients recruited to clinical research studies during 2018/19 (over 218 % of our local NIHR target).

A wide range of research was carried out last year, covering specialties such as oncology, children, dementia and neurodegenerative diseases, musculoskeletal disorders, cardiovascular, gastroenterology, health service and delivery research, stroke, hepatology, surgery, diabetes, ophthalmology, reproductive health and childbirth, respiratory, sexual health, respiratory, critical care, dermatology, haematology, injuries and emergencies, orthopaedics, pharmacy, speech and language therapy and urology.

We used the nationally-recommended systems and protocols to manage these studies and to ensure that the results were translated into practice in a timely and safe manner where appropriate.





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*This is the
third visit to
Ophthalmology,
sent for a scan. I
was always treated
with courtesy and
had everything
explained.*

OPHTHALMOLOGY”

Quality priorities 2019/20

Quality priorities 2019/20

Our quality priorities for 2019/20 are informed by a number of sources including patient representative groups, commissioners and clinical leads.

For East Cheshire NHS Trust, quality encompasses four areas of focus:

- **Harm-free care**

Care that is safe and a commitment to deliver a year-on-year reduction in patient harm

- **Improving outcomes**

Care that is clinically effective, providing the best possible evidence-based care

- **Listening and responding**

Care that provides a positive experience for patients, carers and families, further improving patient experience by listening to feedback and responding to concerns

- **Integrated person-centred care**

Care which is coordinated and based around individual needs through collaboration and co-operation

Confirmed quality priorities for 2019/20 include:

Enhance falls and pressure ulcer prevention with improved risk assessment, care planning and documentation

Review and enhance safe staffing and skill mix

Full implementation of saving babies lives care bundle

Improve dementia care

Full compliance with sepsis care bundle and NEWS2

Improve discharge planning

Further development of care communities

Improve end-of-life care

Achievement of autism hospital accreditation standards

Our Quality Improvement Model*

Our Quality Improvement Model provides a framework for high quality person-centred care by ensuring that we listen and respond to patient and staff feedback to improve outcomes and prevent harm. This integrated person-centred approach aims to empower service users and staff with the knowledge and skills needed to lead long and healthy lives.



*Adapted from the National Quality Board ‘Shared commitment to quality’ publication NHSE May 2017

Harm-Free Care

To deliver a year-on-year reduction in avoidable patient harm.

A focus on safety is central to everything the trust does. We will continue to ensure that as we transform services that safety remains our top priority for all age groups.

Focus for 2019/20		Expected Outcome
Infection Prevention Control	Participation in a health economy approach to ensure a reduction in avoidable healthcare associated infections in line with national requirements including MRSA bloodstream infections, Clostridium difficile and gram negative organisms. This includes learning from post-infection reviews to improve practice and reduce the risk of reoccurrence.	<ul style="list-style-type: none"> MRSA blood stream infections and Clostridium Difficile remain within agreed trajectories - MRSA 0, CDiff 27 (healthcare and community onset) Continue our contribution to the reduction in gram-negative bloodstream infections by 50% by 2021 aligned with wider health economy plans
Maternity Services	Embed Saving Babies' Lives care bundle: <ul style="list-style-type: none"> Implement 36 week carbon monoxide monitoring for all women Ensure all smokers are commenced on growth scan surveillance pathway Ensure compliant with all areas of reduced fetal movement guideline – includes completion of reduced fetal movements assessment tools Develop CTG competency package to ensure all staff undertake assessment Reduce preterm births Implement continuity of carer to meet the national ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020 	<ul style="list-style-type: none"> Saving Babies' Lives care bundle fully implemented to support national ambition.
Falls	Improve care for patients by reducing inpatient falls and associated harms: Continue to align fall prevention work with national priorities to support a reduction in falls and harms relating to falls : <ul style="list-style-type: none"> NICE guidance The Falls and Fragility Fracture Audit Programme (FFFAP) National Safety Strategy Create / implement a local integrated (hospital and community) falls working group designed to improve engagement/collaboration and undertake the improvement work.	<ul style="list-style-type: none"> Target reduction in injurious falls from 2.5 per 1000 bed days to 1.8 in 2019/20

Focus for 2019/20		Expected Outcome
Pressure Ulcers	<p>Continue embedding strategic /national initiatives to support a reduction in avoidable harms caused through pressure ulcer development.</p> <ul style="list-style-type: none"> • Stop the Pressure • React to Red approaches <p>Participate in the national pressure ulcer improvement collaborative and align pressure ulcer strategy /reduction work with the National Safety Strategy.</p> <p>Rollout of the government initiative to align the terminology and reporting of pressure ulcers</p> <p>Create of a local integrated pressure ulcer working group designed to improve engagement and focus on improvement work to be undertaken.</p>	<ul style="list-style-type: none"> • 10% reduction in number of grade 2, 3 and 4 pressure ulcers from 2018/19 baseline. • Zero avoidable grade 4 pressure ulcers by March 2020
Deteriorating patient NEWS 2	<ul style="list-style-type: none"> • Continue to embed national early warning score in all acute wards and work with community staff to embed NEWS 2 into community and GP settings • Continue working with Manchester patient safety collaborative and AQUA to progress NEWS 2 	<ul style="list-style-type: none"> • Decreased mortality rates. • Full compliance with sepsis care bundle.
Safer Staffing	<p>Undertake baseline assessment re: updated NICE guidance</p> <p>Review and agree local, organisational response re: NICE red flags</p> <p>Monitor Safe Care compliance - review nurse sensitive indicators and ward quality dashboards</p> <p>Review of all wards' WTE funded staff establishments inclusive of skill mix and roles based upon bi-annual Safer Nursing Care Tool Audit analysis</p>	<ul style="list-style-type: none"> • Registered nurse rolling annual turnover to remain less than 10% by March 2020 • In year reduction in registered nurse vacancies by 10% from March 2019 baseline • Skill mix meets the needs of patients and national guidelines
Discharge Planning	<p>To reduce inappropriate time spent in hospital. Smooth transition of patient discharge:</p> <ul style="list-style-type: none"> • Strengthen board rounds and long stay patient reviews. • Support development of trusted assessor across care homes • Shared decision making framework for complex patient. • Trusted assessor model across all care homes • Reduce the number of patient moves at night 	<ul style="list-style-type: none"> • Reduction in patients with a prolonged length of stay in hospital bed from 2018/19 baseline. • Improved National Adult Inpatient Survey results in relation to discharge questions • To meet the delayed transfers of care trajectory of 3.5% in line with national target • Improved patient experience and patient survey results

Integrated Person-centred Care

We want to ensure services are effectively coordinated and based around an individual's needs by collaboration and cooperation. Many people who have complex care needs receive health and social care services from multiple providers and in different care settings, without appropriate co-ordination or in a holistic way.

To address this we aim to further develop our Care Communities to work in a more integrated way to deliver personalised care in the right place at the right time by people with the right skills.

Focus for 2019/20		Expected Outcome
Further Development of Care Communities	<p>To empower people to take responsibility for their own health and wellbeing putting them in control of the support available to meet their needs</p> <p>Establish neighbourhood care team model across East Cheshire building on work in Holmes Chapel</p> <p>Develop & agree vision for personalised care including social prescribing across all Care Communities</p> <p>Improved access designed to deliver high quality responsive services, support and appropriate information that provides everyone with the opportunity to have the best health and wellbeing throughout their life</p> <p>Collaborative patient care between the acute and community and mental health care.</p>	<ul style="list-style-type: none"> • An increase in the number of people returning to their usual place of residence following a hospital stay. • A reduction in avoidable hospital admissions • Improved patient and staff satisfaction results • Care Communities working in an integrated way to deliver personalised care • Improved patient satisfaction measured via Friends and Family tests • 30% of staff trained in social prescribing skills in 2019/20 • Improved collaborative working between partner organisations to ensure seamless transition of care. • A reduction in hospital readmissions by 10%.
Social Isolation	<p>Improved training for carers, volunteers and third sector</p> <p>Population profiling & identification processes developed</p> <p>To develop a new volunteer role to provide support to patients on the wards and encourage carers to participate where appropriate in supporting care</p>	<ul style="list-style-type: none"> • Community staff have a greater understanding of the range of local initiatives to reduce social isolation • Better recognition and understanding of loneliness across all age groups. • An increase of recruited volunteers for this role • Greater carer involvement in ward-based care

Focus for 2019/20	Expected Outcome
Children's Services <p>Ensure trust remains compliant with national guidance in terms of staffing levels, skill mix and paediatric life support training</p> <p>Further roll out of the use of EMIS to all paediatric community specialities, to improve contemporaneous record keeping, releasing time for care.</p> <p>Improve the pathway to diagnosis for children with autism spectrum condition</p> <p>The Children's Ward to achieve UNICEF breastfeeding accreditation</p>	<ul style="list-style-type: none"> • Safer staffing levels maintained and all staff up to date with statutory and mandatory training • Improved record keeping • Improved experience for children with autism spectrum condition • East Cheshire contribution to increasing national breast feeding rates by maintaining at least 74% 2019-2022
Dementia Care <p>To improve care for patients living with dementia by appointing an admiral nurse and work in partnership with Dementia UK, end of life and frailty to ensure the best possible experience for patients in our care at all times</p> <p>To develop a local trust dementia strategy and a delirium pathway</p>	<ul style="list-style-type: none"> • Dementia-friendly environments in all areas • Staff supported when caring for patients with dementia • More opportunities to facilitate reminiscence therapy

It is envisaged that Care Communities will continue to bring wider health and social care teams together to deliver a wide range of services that not only treat illness but promote wellness, self-care and behavioural change.

This will continue to involve a cohesive and comprehensive response from community services, social and primary care, hospital specialists, mental health and support from public health and preventative services. Input from the voluntary and community sector will be central to the success of this approach.

All the Care Communities are evolving to support the following principles:

- Optimise self-care and family/carers support to enable people to stay at home for as long as possible, independently and safely
- Pro actively identify people at high risk of requiring access to services through early intervention and prevention
- Help people live as independently as possible whilst managing one or more long term conditions
- Focus on improved condition management to avoid unnecessary admissions
- Co-ordinate delivery of services from all providers, with teams of multi- skilled professionals based in each of the Care Communities
- Help prevent people from having to move to a residential or nursing home (24 hour care) until they really need this level of care
- Move care and support closer to home
- Improve recruitment and retention into general practice and community services

Improving outcomes

We want to provide the best possible evidence-based care

We are a learning organisation that is committed to continuous improvement and our aim is to provide the best possible evidence-based care. In some areas quality outcomes are well developed and understood and national and local indicators are in place. We will continue to benchmark and monitor local performance to ensure we maintain quality outcomes.

Focus for 2019/20		Expected Outcome
Clinical Audit	<p>Develop and implement annual clinical audit programme.</p> <p>Participation in National Falls Audit</p> <p>Participation in Care of the Dying Audit</p> <p>Ensure a more streamlined approach to audit to prevent duplication and release time to care.</p>	<ul style="list-style-type: none"> Evidence of service improvements and better outcomes for patients.
Clinical Research	<p>Increase awareness of the benefits of research for patients and the trust by publicising on intranet and induction.</p> <p>Increase awareness of what research activity is carried out within the trust by informing staff, visitors, patients and the wider public.</p> <p>Ensure research continues to be carried out in a safe, effective manner whilst being a positive experience for patients taking part.</p>	<ul style="list-style-type: none"> Improved research awareness and implementation of evidence based practice. Increase the number of participants recruited into NIHR CRN Portfolio studies and increase number of research articles published.
Implement the UNICEF Baby Friendly Initiative UK	<p>A standardised programme of training and auditing of NHS staff to provide evidence based infant feeding information which includes guidelines, leaflets and practical advice. The overall aim is to increase breastfeeding figures nationally and therefore increase the health of the nation.</p>	<ul style="list-style-type: none"> East Cheshire contribution to increasing national breast feeding rates by maintaining at least 74% 2019-2022
Releasing Time to Care and better utilisation of IT	<p>Review and refinement of nursing documentation</p> <p>Removing the need for fax machine referrals</p>	<ul style="list-style-type: none"> More efficient and effective working and more time to care and increased productivity
Delivering Clinical Standards	<p>To deliver all clinical standards within the operational plan including RTT, cancer screening and diagnostics</p>	<ul style="list-style-type: none"> Patients receive timely care, procedures and investigations in line with national standards

Listening and Responding

To further improve patient experience by listening to feedback and responding to concerns

We are committed to further improving patient and staff experience by listening to feedback and responding to concerns. We will continue to shift the focus of our relationships with patients from “what’s the matter?” to “what matters most to you?”

Focus for 2019/20		Expected Outcome
Safety Culture	<p>Ensuring a safety culture is fostered, by encouraging and supporting staff to report incidents.</p> <p>Ensure the trust is listening and responding to staff concerns through implementation of the Freedom to Speak Up Strategic Plan.</p> <p>Further promotion of excellence reporting</p>	<ul style="list-style-type: none"> • Maintain trust position in top quartile of peer group for incident reporting via the National Reporting and Learning System. • Increase the number of Freedom to Speak Up ambassadors. • Improved staff survey results in relation to staff confidence in reporting incidents.
Autism	Pilot of the autism hospital accreditation standards.	<ul style="list-style-type: none"> • Achievement of autism hospital accreditation standards in six areas
Learning Disabilities	<p>Ensuring that people with disabilities feel involved in decisions about their care and treatment</p> <p>Identify reasons via patient interviews carried out by members of the trust’s Disability Equality Group</p>	<ul style="list-style-type: none"> • Parity of esteem for patients with learning disabilities. • At least 20% of community staff to have received autism and learning disabilities awareness training
Patient Representative Groups	<p>To ensure groups of individuals truly reflect the demographic of the local population</p> <p>Introduce feedback groups for people with learning disabilities and/or autism.</p> <p>Ensure mechanisms for the involvement of children and young people.</p>	<ul style="list-style-type: none"> • Patient representative groups to become more reflective of the population we serve •
Continued work in ensuring patients die in their preferred place, with a focus on more patients dying in their own home.	<p>Better access to domiciliary support for end of life care.</p> <p>A review of documentation including care plans for both hospital and community.</p> <p>Further roll out of the use of EPACCs to ensure patients’ preferences are recorded and this information is shared.</p>	<ul style="list-style-type: none"> • More patients dying at their preferred place of death. • Improved percentage of patients who have their care supported by a care plan in both hospital and community settings.



“

We would highly recommend. All the staff have been amazing and we have felt very well looked after for our whole stay.

MATERNITY

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Statements of assurances

East Cheshire NHS Trust response to partners comments on the Quality Account

A number of third party organisations have also had the opportunity to comment on the trust's Quality Account this year. The reports of NHS Eastern Cheshire Clinical Commissioning Group and Healthwatch can be found on the following pages. The Health and Adult Social Care and Communities Overview and Scrutiny Committee, Cheshire East were invited to comment on the report however owing to the 2019 local elections and the scheduling of committee meetings, the Health and Adult Social Care and Communities Overview and Scrutiny Committee was unable to provide an opinion on East Cheshire NHS Trust's Quality Account for 2018/19."

The trust would like to thank the CCG and Healthwatch for the time taken to comment on this document and for their recognition and positive comments regarding the quality of care provided at the trust. We look forward to working with our partners on implementing our quality improvements in 2019/20.

14th May 2019

East Cheshire NHS Trust Quality Account 2018/2019 commentary on behalf of NHS Eastern Cheshire Clinical Commissioning Group

East Cheshire NHS Trust Quality Account 2018/2019

Thank you for the opportunity to comment on East Cheshire Trust's draft quality account 2018/19. The CCG's Clinical, Quality and Performance Committee has reviewed the document and noted the key achievements against the Trust's priorities.

The CCG acknowledges the strategic direction set out in the NHS Ten Year Plan and Quality Strategy but we also note the additional efforts required to address and improve current patient access standards. We recognise the staffing challenges faced and the steps taken by the Trust to address this locally including additional efforts put in place to retain staff, and participate in the Nursing Associates programme.

Furthermore we would also like to recognise the Trust's commitment to providing support to the wider health economy, including other hospital trusts in times of difficulty. The CCG would particularly like to acknowledge the challenges experienced over the winter period. We recognise the Trust's commitment to keeping patients safe, the innovative approaches developed including the award winning 'Helping Flo campaign' (Improving patient flow) and to take this opportunity to formally acknowledge the contribution of all the East Cheshire NHS Trust staff.

In closing, the CCG is of the opinion that this account provides a balanced picture of the Trust's performance during 2018/19, and would like to wish you every success in implementing planned quality improvements in 2019/20.

Alex Mitchell
Deputy Accountable Chief Officer & Chief Finance Officer
NHS Eastern Cheshire CCG
10th May 2019

Healthwatch Cheshire CIC welcomes the opportunity to comment on the East Cheshire NHS Trust (ECT) Quality Account 2018/2019

HEALTHWATCH CHESHIRE CIC – Healthwatch Cheshire East acts as the champion for the voice of the consumer and as such our comments and views on this report focus on how ECNHST have involved and listened to their consumers views (patients and their families).

We would like to acknowledge the importance the Trust have with regard to PLACE visits and improving the patient experience; we are pleased to contribute to this aim as key partners.

Having read the Quality Account document as presented to us we note and commend the trust on its recent work in particular –

- Its continued ambitions in relation to care closer to home carried forward from the last Quality Account
- Its commitment to invest resources and people into the development of five Care Communities
- Renewed focus on prevention in line with the NHS Long Term Plan

In regard to the presentation and look of the document it appears to be logical, clear and easy to read.

In relation to the fine detail we are pleased to read that the trust received an “Outstanding” rating for the CQC Caring Domain in Community End of Life Care, which demonstrates the quality of the work done around enabling people to maintain their independence.

Additional comments on detail:

- Freedom to Speak Up Guardian has been appointed to allow staff to raise concerns
- We note that mortality reviews have highlighted gaps in clinical documentation and that steps are being taken to improve the situation
- Healthwatch commends the four quality areas of focus in particular in relation to Listening and Responding.


We recognise that there have been significant challenges for the Trust during 2018/2019 and value the relationship that Healthwatch Cheshire CIC and the Trust have. We look forward to continue working with the Trust during 2019-2020 to enable our community to have a powerful voice helping to shape and improve these services for the future.

HEALTHWATCH CHESHIRE CIC – MAY 2019



Glossary

A&E - Accident and Emergency
ACS - Acute Coronary Syndrome
ACP - Association of Child Psychotherapists
AHP - Allied Health Professional
AKI - Acute Kidney Injury
AQ - Advancing Quality
AMi - Acute Myocardial Infarction
AMT - Abbreviated Mental Test
ANC - Antenatal Clinic
APLS - Advanced Paediatric Life Support
AVS - Acute visiting service
BDP - Bollington, Disley and Poyton
CARE - Clinical Audit Research and Effectiveness
CCG - Clinical Commissioning Group
CCR - Cheshire Care Record
CDiff - *Clostridium Difficile*
CGA - Comprehensive geriatric assessment
CNST - Clinical Negligence Scheme for trusts
COPD - Chronic Obstructive Pulmonary Disease
CPR - Cardiopulmonary Resuscitation
CQC - Care Quality Commission
CQUIN - Commissioning for Quality And Innovation
CTG - Cardiotocography
CWMH - Congleton War Memorial Hospital
Datix - Internal incident reporting system
DH - Department of Health
DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
DTOC - Delayed Transfers of Care
DVT - Deep Vein Thrombosis
ECCCG - East Cheshire Clinical Commissioning Group
ECT - East Cheshire NHS Trust
ED - Emergency Department
EDD - Expected Day of Discharge
EDNF - Electronic Discharge Notification Form
EMIS - Electronic Medical Information Systems
EPaCCS - Electronic Palliative Care Co-ordination Systems
EOL - End of life
ETU - Endoscopy Treatment Unit
FFT - Friends and Family Test
GMC - General Medical Council
GP - General Practitioner
GPOOH - GP Out-of-Hours
HCA - Healthcare Assistant
HDU - High Dependency Unit



HITS - Home Intravenous Therapy Team
ICU - Intensive Care Unit
CRN - Clinical Research Nurse
IG - Information Governance
IT - Information technology
MAPLE - Mental and Physical-Led Exercises
MAU - Medical Assessment Unit
MDGH - Macclesfield District General Hospital
MDT - Multi-Disciplinary Team
MRSA - Methicillin-Resistant Staphylococcus Aureus
MINAP - Myocardial Ischaemia National Audit Project
NEWS2 - National Early Warning Score 2
NHS - National Health Service
NHSI - NHS Improvement
NHSLA - NHS Litigation Authority
NHSP - Newborn Hearing Screening Programme
NICE - National Institute of Clinical Excellence
NIHR - National Institute for Health Research
NCEPOD - National Confidential Enquiry into Patient Outcome and Death
NOF - Neck of Femur
NRLS - The National Reporting and Learning System
NSF - National Service Framework
NWAS - North West Ambulance Service
OT - Occupational Therapist
OFSTED - Office for Standards in Education
PCI - Percutaneous Coronary Interventions
PE - Pulmonary Embolism
PLACE - Patient-Led Assessment of Care Environment
PPC/D - Preferred Place for Care/Death
PROMS - Patient-Reported Outcome Measures
QIPP - Quality, Innovation, Productivity and Prevention
RAD - Rapid Access and Diagnostics
RCN - Royal College of Nursing
RCM - Royal College of Midwives
RCOG - Royal College of Obstetricians and Gynaecologists
SHMI - Summary Hospital-level Mortality Indicator
SNCT - Safer Nursing Care Tool
SPCT - Specialist Palliative Care Team
SQS - Safety, Quality Standards
StEIS - Strategic Executive Information System
TARN - Trauma Audit and Research Networks
TNA - Trainee Nursing Associate
UTI - Urinary Tract Infection
VTE - Venous Thromboembolism

If you require this document in another language or format (including easy read and audio) please contact us using the details below:

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