



# Quality Account 2022/23





# Contents

<b>Directors' statements</b>	<b>06</b>
Welcome from the Chair	06
Chief Executive statement	10
Statement of directors' responsibilities in respect of the Quality Account	13
Message from the Director of Nursing and Quality	14
<b>Performance against 2022/23 priorities</b>	<b>17</b>
<b>Data quality</b>	<b>91</b>
<b>Our performance 2022/23</b>	<b>35</b>
Quality Strategy overview and performance against 2022/23 priorities	36
Mortality	37
<b>Improving patient care</b>	<b>45</b>
Improvement projects and patient experience	46
<b>Patient feedback</b>	<b>49</b>
National patient surveys	52
NHSE Learning Disabilities Benchmarking	54
<b>Clinical audits and research</b>	<b>56</b>
Participation in clinical audits	57
National clinical audits	58
National clinical audit outcomes	62
Local clinical audits	64
<b>Quality priorities</b>	<b>67</b>
Quality priorities 2022/23	68
Our Quality Improvement Model	69
<b>Statements of assurance</b>	<b>80</b>
<b>Glossary</b>	<b>86</b>







“

If we needed anything, it was delivered right away. Very caring, knowledgeable staff. Calm environment with lots of patient interaction.

**Patient, Children's Ward**

”





## Welcome from the Chair

Aislinn O'Dwyer

### We are pleased to present our Quality Account for the year 1st April 2022 to 31st March 2023.

Having recently joined the Trust in March 2023 I am very proud to be Chair of an organisation that so evidently places the care of people at the heart of all we do, taking the best from the system and locally to ensure the right care is available in the right place and at the right time. That dedication to care is evident in the compassion shown by colleagues within our Trust and in the many partners we work with in health and care.

I'd like to thank Dr Andrew Smith for stepping in as Acting Chair when Lynn McGill retired in September and on behalf of East Cheshire NHS Trust would like to express our utmost appreciation to them both; and especially to Lynn for her time and commitment within her 12 year tenure in post.

Our workforce is at the heart of East Cheshire and in my first four weeks in post I have met amazing people across our Trust. I am passionate about making sure we continue to support their wellbeing so they can continue to provide the high quality of service patients require. A key part of our strategy to increase the workforce is the ethical recruitment of nurses trained outside the UK, and we celebrate the increasing diversity of our staff this year. Drawn from 57 nations, up from 37 in 2020, they bring skills, fresh ideas and valuable expertise to complement the loyal and local dedication of many long-serving colleagues within the East Cheshire family.

This past year has presented its own challenges and opportunities and our teams have had to reimagine many aspects of our care and demonstrated changes can be made effectively, quickly and radically, in collaboration with partners to achieve much more than we might as a stand-alone organisation.

We remain a "Good" trust in the Care Quality Commission's ratings and our staff survey results tell us that staff engagement is above comparator organisations and the proportion of respondents who would recommend the Trust as a place to

work is increasing. We perform ahead of similar bodies in taking positive action on wellbeing, and compassionate leadership is a strength. However, we recognise that this continues to be a particularly challenging time and we maintain committed and focused in supporting our people in the coming 12 months and beyond.

This year has seen increased emphasis on working together across boundaries. Work by clinicians at both East Cheshire NHS Trust and Stockport NHS Foundation Trust on developing a joint clinical model is putting in place the foundations to secure more resilient care for a range of services over coming years. The creation of Integrated Care Systems on 1 st July 2022 has introduced a legal duty to collaborate. East Cheshire sits within NHS Cheshire and Merseyside, but also works very closely with NHS Greater Manchester, two of the largest systems in England, giving a platform for better patient access across a range of specialisms.

At local level, the new Cheshire East Place Health and Care Partnership has improved working together between social care and health, with some early success in reducing the time patients stay in hospital awaiting care in their own home or a care home. ►



Positive stories like this are much needed to encourage staff and patients, when we see the daily reality of relentless increases in pressures of demand on overstretched services. We let the cameras in from ITN this winter to show how hard it is and how hard our staff work to provide good care.

Among the good stories in this year's report, we look forwards as well as back. Along with other NHS Trusts across the country we look forward to celebrating the NHS's 75th birthday in July and we have a year packed with key developments thanks to additional capital investment. Our Chief Executive, Ged Murphy, highlights more detail about those within his report.

I'd like to draw attention to the building blocks East Cheshire is laying towards potential teaching trust status, with our first undergraduate medical students from Buckingham Apollo University beginning studies in April 2023 and plans well advanced, in partnership with our charity and education providers, to create a learning hub to support training of our own and other local health and care workforce.

We review our performance through audit and assurance, but also through listening to complaints and plaudits. Where we fall short, it is important that we observe our duty of candour and learn from incidents to prevent a repeat of poor care. I am

# I want to thank each and every member of staff and volunteer in our Trust for their continued support, commitment and professionalism

heartened by both survey results and individual stories of so much positive patient and staff experience.

As Chair of the Board, I want to thank each and every member of staff and volunteer in our Trust for their continued support, commitment and professionalism in providing high quality services to our patients, and to East Cheshire's many and valued partners across the region and beyond.

Aislinn O'Dwyer  
Chair





# 85,658

Outpatient attendees seen



# 24,275



## Patients treated

(elective, non-elective and daycases)

# 204m

Income



# 313,081



## Community visits

(face to face and virtually)

# 2,500

Employees delivered our services



# 18,264

Patients seen virtually



# 27

Home Births

## About the Trust

Our purpose is to provide high-quality, integrated services delivered by highly-motivated staff. We provide safe, effective and person centered care to our patients. As a community and acute Trust serving a population of over 250,000 our vision is to deliver the best care in the right place. We employ over 2,500 staff who work across community settings and three hospital sites. (The hospital locations can be found on our website [www.eastcheshire.nhs.uk](http://www.eastcheshire.nhs.uk)).

The acute services provided at Macclesfield District General Hospital include accident and emergency care, urgent medical and surgical care and multi-speciality elective surgical care, outpatients, maternity and cancer services.

We also provide several 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](http://www.eastcheshire.nhs.uk)

Inpatient care is provided at our hospital sites in Macclesfield and Congleton and outpatient services are provided at all of our three hospital sites. Further outpatient and community services are delivered from other sites in the East Cheshire area. ►

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

## 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.



As a community and acute Trust serving a population of over 250,000 our vision is to deliver the best care in the right place.





## Chief Executive statement

*Ged Murphy*

### **As we reflect on 2022/23 we look back on a year of transition alongside significant achievements, developments and plans for the future.**

None of this could have happened without our phenomenal staff and volunteers who have continued to work incredibly flexibly to deliver services to as many patients and their families as possible. Patients in turn have played their part as we evolve the way we deliver our services in a post pandemic world and we are grateful for their support and understanding as we change.

Whilst we continue to adapt to living with COVID-19 and experience a greater degree of operational normality, we look forward to bringing to life our new strategic plan to deliver outstanding care and improve the health of all the people we serve.

I would like to formally recognise and thank all staff working within hospital, community and corporate services and our volunteers for continuing to provide good quality care despite all the challenges we have had to face this year.

Our teams have worked incredibly hard to reduce waiting list numbers that had risen due to COVID-19 and we are on track to meet or exceed the national operational requirements to eliminate 104 week and 78 week waits from our waiting lists.

I am grateful for exceptional individual effort and collective team work to keep pace with the ever-changing demands on our Trust and recognise that the pace of change can at times be a challenge for all of us.

We are committed to looking after our staff so that we can provide the best possible care and support for our patients. I was delighted when the NHS

Staff Survey results for 2022 highlighted that we are one of the best Trusts to work for in terms of how we support our workforce, notably work-life balance and providing a respectful and kind working environment.

The right care, at the right time in the right place has been a common goal as long as I can remember, and changes in the NHS structuring have given us an opportunity to move our plans to integrate health and care across the whole of East Cheshire more quickly.

We continue to work very closely with partners outside of the Trust to help maintain patient flow and discharges which will support improved Accident and Emergency Department performance by allowing patients to move much more quickly through our hospital.

Our community teams have worked in collaboration with social care, primary health care and voluntary sector partners to support the development of care communities. These are aimed at transforming the way community services are provided with a focus on key priorities for local population.

This year the Trust gained significant capital investment which has provided us with the opportunity to introduce a new Elective Treatment Centre, upgrade the Emergency Department, install a new MRI scanner, enhance our Ultrasound department, and make significant changes in Endoscopy so we can obtain JAG accreditation.

These developments will all enhance the services we can deliver for our patients in the years ahead. ►

## We are committed to looking after our staff so that we can provide the best possible care and support for our patients.

Upgrades to our community estate in Congleton and Knutsford have also seen significant improvement and we look forward to celebrating Congleton's 100th anniversary this summer.

Furthermore, the Trust has received a £7.1m grant funding to decarbonise the estate. With the introduction of a heat pump, new electrical equipment, new insulation and re-roofing work, this will reduce our carbon footprint by circa 750 tons of CO2 per year. This alone offsets our 2032 carbon reduction target set by NHS England.

As yet also unseen, many colleagues have been helping to shape the new digital clinical system (for an electronic patient record) in partnership with Mid Cheshire NHS Foundation Trust, which is a key part of our new digital strategy for transforming the quality of care, not only for the patients we see, but the population, whose health we promote.

The COVID-19 pandemic has meant that we had to continue the temporary suspension of inpatient maternity care and neonatal services at Macclesfield Hospital and there is a plan to reinstate the service in summer 2023. Members of our maternity staff

have continued to work with colleagues at other hospitals, maintaining high quality care whilst also supporting the plans to have the service back on site soon.

This report demonstrates our continued shared commitment to the provision of high-quality services for our patients through what has been another year of change and uncertainty but with decreasing disruption from COVID-19. The significant capital schemes mentioned which are well underway will deliver much improved facilities for staff and patients and allow us to look forward to 2023/24 in a much more positive way.

Together with our staff, volunteers and partners I look forward to delivering many of the priorities in our Trust Strategy for the benefit of our patients and communities.

Ged Murphy  
Chief Executive







## 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 and Social Care 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).

- 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.
- The Quality Account has been prepared in accordance with Department of Health and Social Care 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.

Aislinn O'Dwyer  
**Chair**

Ged Murphy  
**Chief Executive**





## Message from the Director of Nursing and Quality

*Kate Daly-Brown*

**The year has remained challenging for many of our staff who continue to work in new and different ways to recover activity and performance whilst managing continued high demand for urgent care services to care for patients within their own homes**

The contribution and commitment of our teams is recognised and genuinely appreciated, and I wish to offer my sincere thanks to all staff for their efforts, and for continuing to provide high standards of responsive patient centred care. This is reflected in the achievements that we again celebrate in the Quality Account for this year.

In our acute inpatient areas, we have continued to reduce the number of Registered Nurse and Healthcare Assistant vacancies which helps to ensure that our teams are able to deliver safe and compassionate care. The Ward Accreditation programme has been implemented across all inpatient areas and has identified many examples of outstanding practice and areas for future development and focus, whilst providing assurance that reliable clinical processes and standards are being embedded at ward level.

Our Ward leaders have developed their Quality Improvement capability and led local improvement projects to improve safety in their clinical areas, and we held our Pressure Ulcer Collaborative event to harness the knowledge and creativity within our teams and reduce the number of pressure ulcers acquired in hospital and community settings.

I am incredibly proud that our teams have achieved a reduction in pressure ulcers in comparison to the previous year, and that this reduction is being sustained. Our staff have also improved the standard of care provided to patients with dementia, with the development of dementia strategy to support improvements the environments and the employment of an Activity Coordinator specifically to provide support to patients with dementia.

Within our Care Communities our teams have worked tirelessly to support the care of patients with long term conditions, and staff have continued to work flexibly to facilitate earlier discharge from hospital and support the delivery of care in patient's own homes. We have seen many examples of outstanding practice and a real commitment to improving patient safety with a sustained reduction in the number of pressure ulcers acquired on caseload, and improved care and treatment for patients with lower limb ulcers.

Our community staff have been instrumental in the development of the crisis response service as well as setting up virtual wards to provide safe effective care outside of the hospital setting. Our community staff have also been instrumental in improving end of life care in the hospital and community, collaborating with our clinicians to facilitate discharge from hospital and enable more patients to die at home when this is their preferred place of death.

Whilst maternity and neonatal services at the Trust remained suspended, our staff have worked hard to address the Immediate Essential Actions arising from the Ockenden reviews to ensure that the Trust is prepared for the return of inpatient and neo-natal services when safe to do so. I am grateful for the continued support of our Midwives and their teams who have worked across different sites to ensure that the needs of our women across East Cheshire are met, alongside our Paediatric staff who have, as always, responded admirably to the needs of sick children in hospital and the community. ►

**I wish to offer my sincere thanks to all staff for their efforts, and for continuing to provide high standards of patient centered care**

This year's quality account demonstrates our achievements in and commitment to continually improving the quality of care we provide. We have learned from patient feedback, clinical incidents, reported harms and mortality reviews in addition to learning what we could do better and differently from patients and our local population by listening to and acting upon their experience.

Whilst we look back and reflect upon our many achievements in the last year, we also recognise the pace of change as we continue to improve

standards of care, treatment, and clinical pathways. I am enormously proud of our staff and the care that they have continued to provide to patients and to each other. I am sure that you also recognise this, and hope that the summary of our achievements highlights the progress that our teams and the Trust have made.

**Kate Daly-Brown  
Director of Nursing and Quality**

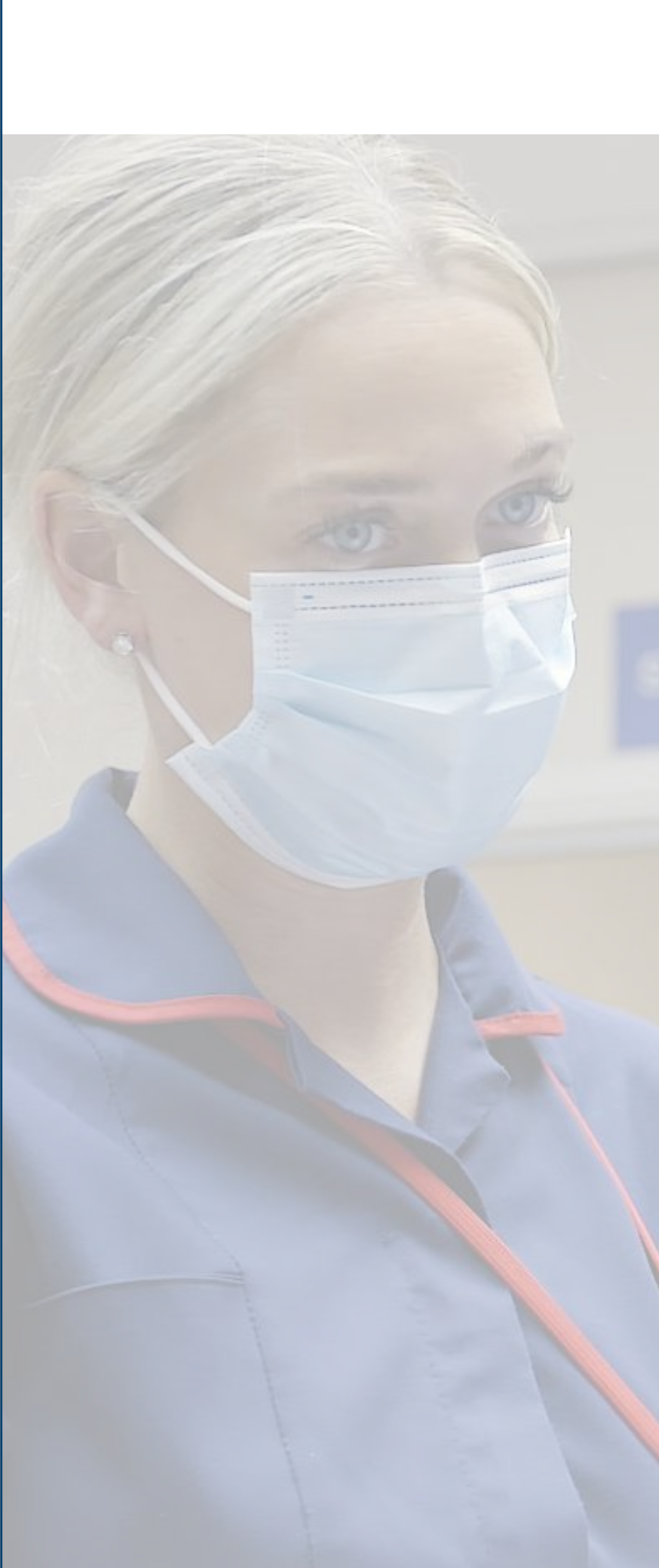






Our staff go above and beyond and get involved with our charity fundraising to raise money to help support our services.

# Performance against 2022/23 priorities





## Performance against 2022/23 priorities - *Safe*

Focus for 2022/23	Progress
<b>Pressure ulcers</b>	<ul style="list-style-type: none"> <li>During the year, we have continued to improve the processes that keep our patients safe in hospital and in their own homes, to reduce the number of pressure ulcers acquired on caseload.</li> <li>We have developed a comprehensive Pressure Ulcer Improvement Plan to deliver a suite of high impact actions, and that aim to reduce the number of pressure ulcers acquired in hospital and under the care of community nursing teams.</li> <li>We introduced a Pressure Ulcer Panel at which our clinical leaders present the investigations that have been undertaken following validation of a pressure ulcer that is acquired on caseload. The purpose of the panel is to ensure that robust learning has been identified following validation, and that this action is embedded in clinical practice at pace.</li> <li>We have developed new documentation to support the repositioning of patients and skin checks whilst in hospital, and this has been supported with staff education to ensure that the documentation is embraced by clinical staff.</li> <li>Our Tissue Viability Team have worked closely with our clinical teams to revised the Trust Pressure Ulcer Policy, which reflects the standards agreed within the Cheshire and Mersey region in relation to pressure ulcer prevention and management.</li> <li>Our Tissue Viability Link Nurse meetings have been re-established, to ensure that our inpatient and community areas have an expert clinical resource within their teams. Despite the ongoing clinical and operational pressures within the Trust, our link nurse meetings have been well attended.</li> <li>Our community teams have continued to work alongside their local care homes delivering education and teaching to care homes to support identification of early pressure damage and management of existing pressure ulcers</li> <li>Recognising that concordance with treatment plans can be challenging for some patients and their families, we have developed a Trust Non-Concordance Policy to guide staff in relation to the management and support of patients for whom compliance is difficult.</li> </ul> <p>Additional resource has also been provided to support our clinical teams as they continue to work collaboratively to reduce the incidence of pressure ulcers.</p> <ul style="list-style-type: none"> <li>Our annual inspection of mattresses was completed in year which resulted in replacement of a number of mattresses, ensuring that our mattresses provided adequate pressure relief.</li> <li>iPads have been provided to all inpatient areas and our Emergency department so that staff have access to equipment to enable imaging of wounds and skin changes on admission to hospital, or during their inpatient stay so that wounds of any kind can be validated promptly.</li> <li>Our Sub – Epithelial Moisture (SEM) scanners are now in use on our Medical Admissions Unit, and which help our staff to identify patients with vulnerable skin before pressure ulcers develop, enabling the timely implementation of pressure ulcer prevention measures</li> <li>We welcomed a Registered Nursing Associate to the Tissue Viability team to complement the skills and knowledge within the team and to provide expert advice and support to our inpatient teams</li> </ul>
<b>Capacity of work colleagues</b>	The Trust now has two members of staff who have undertaken the training necessary to become recognised Patient Safety Specialists. These individuals are supporting the management of serious incident investigations to ensure that all reviews and investigation reports are focused on supporting patients and their families to understand what happened, and how we intend to reduce the likelihood of recurrence.
<b>Changing practice</b>	Learning from incidents, complaints and claims is shared with the SQS Committee and with the Quality Forum for dissemination to all clinical and non-clinical teams. The Excellence Report system continues to highlight individuals who have been acknowledged for their outstanding qualities. 207 excellence reports have been submitted in year for either individuals, or teams within the Trust.
<b>Improving Quality Standards on our Wards and Community Teams</b>	<p>Throughout the year our Senior Sisters and Matrons have continued to undertake monthly assessments of quality standards in inpatient areas and the Emergency Department, using the QSUS audit framework. This information has been used to identify areas of good practice and areas for improvement and has also supported the development of locally owned actions to drive improvements in practice. Use of the QSUS audit framework has been extended to our Community and Theatre teams in preparation for roll out of the accreditation programme in these areas.</p> <p>We are delighted that all our adult inpatient areas and the Emergency Department have now received their baseline assessment as part of our accreditation programme. These assessments have highlighted some areas of outstanding practice and leadership and have also demonstrated the areas in which our staff should focus in the year ahead in relation to ongoing improvements. Plans have been developed by Senior Sisters and Matrons to address these areas for improvements.</p>

Focus for 2022/23	Progress
<b>Improving Quality Standards on our Wards and Community Teams</b> <i>(continued)</i>	In the summer of 2022, our Senior Sisters embarked on local quality improvement projects utilising improvement science to improve patient safety and experience in their clinical areas. We also launched our Pressure Ulcer Collaborative alongside our transformation team, to reduce the number of pressure ulcers acquired on caseload, using the East Cheshire NHS Trust Quality Improvement Framework. Our clinical teams continue to test changes to reduce the incidence of pressure ulcers and look forward to our celebration event in the coming months.
<b>Safer staffing</b>	<p>Given the ongoing clinical, operational and workforce pressures as we emerge from the COVID-19 pandemic, Registered Nurse staffing levels have remained challenging however we are pleased to report that staffing levels now comply with the National Quality Board safer staffing thresholds.</p> <ul style="list-style-type: none"> <li>In 2022 a programme of strategic staffing reviews were undertaken, led by the Director of Nursing, to triangulate staffing data and patient outcomes and experience, as recommended by the National Quality Board. These strategic staffing reviews build upon the skill mix reviews that have previously been undertaken. Alongside this our clinical teams have undertaken bi-annual safer nursing care tool audits, the outcome of which have been reported to our Trust Board. We are delighted to report that these bi – annual reviews have been expanded to incorporate our Emergency Department, with plans to implement in community areas in the next financial year.</li> <li>Our programme of international recruitment continues and since April 2022 we have welcomed 78 registered Nurses to the Trust to help to reduce the number of vacancies. Once all have completed their OSCE programme and have achieved NMC registration the Trust forecasts a 0% vacancy level by Q1 2023/24.</li> <li>Our apprenticeship programme for Registered Nursing Associates 's to 'top up' to Registered Nurses continues alongside our Trainee Nursing Associate apprenticeship.</li> <li>The Trust is currently focussing on retention initiatives following self – assessment against the retention framework issued by NHS England in 2022.</li> </ul>
<b>Reduction in Falls with Harm</b>	<p>Aligned with our Quality Improvement Strategy, work has continued to reduce the risk of inpatient falls in our Emergency Department and inpatient Wards.</p> <ul style="list-style-type: none"> <li>The Trust has established a multi-professional Falls Steering Group to monitor the number of falls and ensure that practices within the Trust comply with national and local standards, such as NICE and the inpatient national falls survey.</li> <li>The delivery of bespoke training has commenced for both Trust staff and students, to raise awareness of falls prevention and management. This training focusses on Trust record keeping and risk assessment, as well as education regarding the equipment available to prevent falls.</li> <li>The Falls Panel continues, to review all falls reporting moderate harm and above and to also share best practice and learning in relation to falls prevention, with plans to strengthen links with falls steering group and falls dashboard data to ensure clinical practices reflect the actions required to prevent falls.</li> <li>The Trust Falls policy has been updated, including an update of falls documentation, risk assessment flow charts and post falls management. This includes the introduction of a new OPAL (Older People Assessment and Liaison) bundle for patient over the age of 65 to ensure the risk of falls is identified at point of admission and clear actions are taken to mitigate the risk where possible.</li> <li>The revised post falls management process and documentation now includes a senior nurse/falls lead review post falls</li> <li>A new activity coordinator role has commenced on Ward 9 and the therapy and nursing team are applying a QI approach to measure the impact of the role including measurement of falls risk and rate</li> <li>Falls risk assessments and care plan compliance continues to be monitored via QSUS monthly audits.</li> <li>A frailty ACP Quality Improvement project has been established to ensure all patients seen by the frailty team in ED receive bone health assessment as per NICE guidance.</li> <li>Collaborative working with Stepping Hill Hospital rheumatology service is taking place to explore direct referral to Same Day Emergency Care for IV alendronic acid following bone health assessment. This eliminates the need for referral to rheumatology, preventing delays for patients commencing the treatment required to reduce the risk of fracture.</li> </ul>
<b>Safeguarding</b>	<p>In our Quality and Safety Strategy the Trust committed to a focus on Domestic Abuse and we are pleased that much work has progressed to ensure that the safety of patients and families is maintained. In year;</p> <ul style="list-style-type: none"> <li>The Trust has developed a steering group that is convened with the appropriate representatives to address specific pieces of work in relation to domestic abuse.</li> <li>A Domestic Abuse policy is now in place. The Domestic Abuse policies for both patients and staff are held within the one policy to ensure that the policy is simplified and easy to follow. The policy is based on the recommendations made within the Pathfinder toolkit.</li> <li>The Hospital IDVA (independent domestic violence advisor) is based on site with the safeguarding team to ensure a prompt response for patients and staff who need support. The Service Level Agreement between the Local Authority and the Trust has been refreshed and updated in line with the guidance in the Pathfinder toolkit.</li> <li>The Domestic Abuse Strategy has been developed and has been integrated with the Safeguarding Strategy. This is available via the Trust website.</li> <li>The domestic abuse training framework is detailed within the domestic abuse strategy; level 2 training is in place and is being delivered via Safeguarding level 3 training and level 1 training has been developed, with plans to implement in the coming weeks.</li> <li>Development and implementation of Dementia Strategy.</li> </ul>



## Performance against 2022/23 priorities - *Safe (continued)*

Focus for 2022/23	Progress
<b>Infection Prevention and Control (IPC)</b>	<p>In the last year the Trust revised its Infection Control Board Assurance Framework (BAF) to reflect the priorities within, and the changes made to the national Infection Control BAF. These updates have been shared with clinical teams through the Infection Prevention and Control Sub-committee, and action to ensure that changes are reflected in practice is ongoing.</p> <p>We are delighted that appointments into vacancy within the IPC team have been made, and we look forward to welcoming our nurse practitioner, our senior nurse specialist, and our IPC Matron in the coming weeks. These appointments will bring stability to the team and will ensure that our team is visible in practice, supporting clinicians to prevent and manage infections in our Wards and departments.</p> <p>The Trust supported the wellbeing of staff through the delivery of vaccination programmes for both flu and COVID-19, and have been recognised for vaccine uptake both within region and within the North West.</p> <p>The Trust is disappointed that the threshold for Clostridium Difficile infection and MRSA bacteraemia was exceeded. The learning that has been identified through root cause analysis has been shared with clinical teams throughout the organisation, in order to improve clinical practice and patient safety. Despite the learning that has been identified, all cases of Clostridium Difficile have been determined to be unavoidable and with no evidence of transmission.</p> <p>As anticipated, NHS England have published revised guidance in relation to the prevention and management of COVID-19 throughout the year. The Trust has responded promptly and appropriately to changes in guidance to ensure that the safety and wellbeing of patients, visitors and our staff is maintained and to minimise the risk of nosocomial COVID-19 infections.</p>

## Performance against 2022/23 priorities - *Effective*

Focus for 2022/23	Progress
<b>Patient Related Outcome Measures (PROMs)</b>	<p>Currently covering hip and knee replacement procedures, PROMs calculate the health gains after surgical treatment using pre and post-operative surveys. They measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.</p> <ul style="list-style-type: none"> <li>The elective joint programme was re-instated from April 2022.</li> <li>PROMs data collection recommenced from this time with the pre-operative department taking ownership from "Joint School" in June 2022.</li> <li>Head of Nursing for Planned care identified as the new lead for PROMs</li> <li>Publications of data usually occur biannually (August and February) however due to disruption of elective surgery during the COVID-19 pandemic, the first full report is still awaited.</li> </ul>
<b>Autism</b>	<p>The National Autistic Society has launched a specialist Healthcare Inclusion Award. This new award will replace the general accreditation for mainstream healthcare providers. The first step towards gaining the Inclusion Award will be a full self-assessment of the Trust's provision for patients and their families with autism, which will be undertaken in 2023. The self-assessment will cover four areas:</p> <ul style="list-style-type: none"> <li>Understanding autism</li> <li>Making services accessible for autistic people</li> <li>Person centred support</li> <li>Working in partnership in the best interests of autistic people</li> </ul> <p>The self-assessment will also require a gap analysis and the development of a full action plan to achieve the award. The review and recruitment of autism link staff continues with new staff having been recruited in outpatients, the emergency department and Ward 11. A training afternoon and networking event for Autism Link staff has been arranged for April 2023.</p>
<b>Learning Disabilities</b>	<ul style="list-style-type: none"> <li>Ward communication boxes containing a range of equipment and communication aids have been delivered to all wards and promoted via screensavers and articles in the staff newsletter.</li> <li>The Trust continues to work closely with colleagues from the Cheshire and Wirral Partnership community learning disability team to plan admissions to hospital for patients with a learning disability and to ensure reasonable adjustments are in place.</li> <li>The national Oliver McGowan Mandatory Training on learning disability and autism is now mandated for all staff and is available via the Electronic Staff Record platform. This compliments the Trust's own bespoke training package which is part of core statutory and mandatory training for all clinical staff.</li> </ul>

Focus for 2022/23	Progress
<b>Learning Disabilities (continued)</b>	<ul style="list-style-type: none"> <li>The Trust Learning Disability and Autism group relaunched in 2022 following suspension due to operational pressures during the COVID-19 pandemic. Membership of the group has been strengthened and updated terms of reference developed.</li> <li>The Trust continues to ensure that any patient with a learning disability admitted to the Trust has a completed reasonable adjustment care plan and reported 100% compliance to the end of Q3 2022/23.</li> </ul>
<b>Patient Representative Groups</b>	<ul style="list-style-type: none"> <li>The Trust patient experience panel continues to meet on a quarterly basis and has most recently supported the Trust submission to demonstrate compliance with the Equality Delivery System.</li> <li>A representative of the patient experience panel was recruited to sit on the stakeholder panel in relation to the recruitment of a new Chair of the Board.</li> <li>To continue the positive progress made in 2022-23, the 15 steps programme is scheduled to run on the children's ward in April 2023 to coincide with school holidays, and to allow children and young people to visit the ward.</li> </ul>
<b>Digital Service Transformation</b>	<ul style="list-style-type: none"> <li>In year, the Trust has appointed a Chief Nursing Information Officer to support the development of the Digital Clinical System (DCS).</li> <li>The Digital Services Team have launched workstreams pertinent to the development of the DCS, engaging frontline staff and end users of the planned DCS in understanding the benefits of digitalisation.</li> <li>Alongside these engagement workshops, the Digital Services Team have visited clinical areas to understand the patient's journey through our services, and how the DCS can be developed to best benefit patients and staff.</li> <li>The Trust intranet has been redeveloped in the last year, with good engagement from our teams, and the new Intranet launched in March 2023. In the coming year the Digital Services Team plan to increase the uptake of staff training through the Commissioning Support Unit, which will provide them with additional digital skills and capability.</li> </ul>
<b>Effective Discharge</b>	<p>The Trust is actively working with system partners to review current bed and domiciliary care provision via the development of a cluster model that will support people to access care as close to home as possible and enable more efficient use of therapy time to maximise opportunities for rehabilitation. This model will facilitate the principles of the 'Home First' approach and ensure people receive the right level of care for their needs at the right time, reducing delays in hospital and associated harms.</p> <p>The Transfer of Care Hub continues to go from strength to strength with the recent inclusion of colleagues from the voluntary sector and the new Hospital to Home Discharge Support Team who provide financial and emotional support to carers to enable them to continue in their caring role, supporting their loved ones to remain at home. This has greatly underpinned collaborative working and provided opportunities for patients to be discharged home without reliance on statutory services.</p>

## Performance against 2022/23 priorities - *Caring*

Focus for 2022/23	Progress
<b>Dementia Care</b>	<p>Much work has been undertaken in the last year, to ensure that patients and their families have a positive experience of the dementia care provided by our staff. The Trust continues to work closely with Dementia UK to make this a reality.</p> <p>A programme of environmental improvement has commenced, and our specialist dementia ward has been redesigned and refurbished to ensure that it is conducive to the care of patients with dementia, and is a pleasant environment for patients, their loved ones, and our staff. Dementia friendly murals have also been installed on Ward 9 and in the Radiology department. Recognising the need for patients with dementia to remain engaged in therapeutic activities that improve their experience of care and reduce distress, we were delighted to welcome the appointment of an Activity Coordinator to the clinical team on Ward 9. It is anticipated that this will positively impact upon patient experience.</p> <p>The opportunities for our staff to engage in specialist training to increase their knowledge and skills in relation to the management of patients with dementia have also increased and the Trust is delighted that compliance with dementia awareness training stands at 80% currently, whilst training continues. Our Admiral Nurse now also delivers a Dementia awareness session on the induction programme for new Healthcare Assistants, and 3 full day sessions have been delivered to our staff on Communication, Interaction and Behaviour in Dementia care.</p> <p>The Admiral Nurse has worked closely with our Head of Safeguarding to develop a Dementia Strategy 2022 - 25 to outline our ambition to provide patients with dementia, and their loved ones, with an outstanding service and how we aim to achieve this. We look forward to progressing this over the coming months and years. Reflecting the ongoing development of the Admiral Nurse service and the increasing awareness of dementia within our clinical teams, in 2022-23 the number of referrals to the Admiral Nurse increased in comparison to previous years resulting in a continued increase in the number of contacts with patients and / or their families. Participation in the National Audit of Dementia is ongoing currently and we look forward to further developments within the service following completion of the audit.</p>



Performance against 2022/23 priorities - *Caring (continued)*

Focus for 2022/23	Progress
End of Life Care	<p>Whilst end of life care will be a significant focus in years 2 and 3 of our Quality and Safety Strategy, much work has been undertaken in the last year to improve the standard of end of life care provision in the Trust.</p> <ul style="list-style-type: none"><li>• Palliative Care Link Nurse meetings have continued, to engage teams in work to improve the standard of end of life care provision in the Trust</li><li>• Purple bow boxes are in use in clinical areas to support families and carers</li><li>• End of Life resource folders are available in all clinical areas, to support staff to ensure that families and /or carers are adequately supported as their loved ones are approaching the end of their life</li><li>• An End of Life Steering Group has been established to provide oversight of end of life care standards and objectives in the hospital and community, and to increase clinical engagement in the end of life care agenda.</li></ul>

Performance against 2022/23 priorities - *Responsive*

Focus for 2022/23	Progress
Patient Waiting Times	<p>The Trust remains on track to have no patients waiting more than 78 weeks by the end of March 2023 and has also significantly improved performance against the diagnostic standard.</p> <p>The team has received very positive feedback following an ICB commissioned external assessment of Theatre scheduling, utilisation and performance.</p> <p>Diagnostic performance is on track to achieve &gt;95% performance by the end of the financial year – 12 months ahead of the national expectation.</p> <p>Promotion and utilisation of remote consultations via video or telephone continues. The Trust has developed an engagement plan to move from telephone to Attend Anywhere (video) wherever possible which has been successful in several specialties.</p> <p>Utilising the eReferral system, the Trust has implemented the Advice and Guidance process which allows GP's and Consultants to communicate and direct the patient to the correct pathway, potentially avoiding an unnecessary referral into a clinical service.</p>
Care Communities	<p>This year our community teams have worked with partners in primary care, mental health services, social care and the third sector to establish core decision making groups in each locality with the aim of supporting the people we serve to maintain and improve their resilience as they recover from the COVID-19 pandemic in a time of financial challenge.</p> <p>All Care Communities are working with their local neighbourhoods to promote health and wellbeing, particularly around the identification and management of hypertension, young people's mental health and carer support.</p> <p>There are a number of commissioned residential and nursing home beds in each Care Community and our integrated teams have worked together to prevent admission to hospital (avoidance) and/or facilitate early discharge from hospital where this is possible, following discharge to assess or 'Home First' principles. This is further supported by the provision of an Urgent Community Response Team and the development of specialty virtual wards or 'Hospital at Home' services for both respiratory patients and patients living with frailty.</p> <p>These clinical pathways emphasise shared decision making and advanced care planning principles, and a programme of personalised care training is being delivered to our teams. Work is also underway to support local care homes who are frequent users of North West Ambulance Services and our Emergency Department in order to prevent avoidable admissions to hospital.</p>





Performance against 2022/23 priorities - Well Led

Focus for 2022/23	Progress
Prepare for CQC Inspection	As outlined in our Quality and Safety Strategy, the Trust has completed a Well – Led self – assessment with all members of the Board and deputies. In addition to this we have established meetings with our Directorate teams to support the gathering and evaluation of evidence to demonstrate the effectiveness of our services.
Leadership Development	<p>To complement the Trust’s Learning, Education and Development Framework (LEAD), a series of lunchtime webinars took place to provide staff with insight, inspiration, guidance and support to progress their careers.</p> <p>In response to meeting the NHS’s ambition of improving population health, the Trust recognised the need for clinical and non-clinical leaders to adopt new ways of working, communicate differently and collaborate more within and across the wider healthcare system. The Trust partnered with Healthskills on a new Compassionate &amp; Collaborative Leadership in Practice (CCLiP) Programme. Modules within the programme covered;</p> <ul style="list-style-type: none"><li>Compassion and self-compassion</li><li>Collaborative leadership</li><li>Understanding personal impact and vulnerability</li><li>Understanding and navigating complexity</li><li>System leadership</li><li>Diversity, inclusion, power and privilege Inclusion and its impact in a clinical setting</li></ul> <p>21 delegates have now completed the programme, which consisted of taught workshops, a series of action learning sets, personal coaching, 360-degree feedback and Myers Briggs personality assessments. The programme started in March 2022 and culminated in presentations to the executive leadership team in October 2022.</p> <p>The 2nd cohort of the collaborative BAME Leadership Programme has successfully completed the programme with a further six delegates from East Cheshire benefiting. A celebration event took place in November 2022 to showcase participant learning and how they intend to further develop their skills and abilities in order to grow and progress.</p> <p>In October 2022, the Trust’s Transformation team delivered Inspiring Leaders training, our in-house leadership programme, to 18 members of staff to help them improve their skills, confidence, motivation and communication skills. The team also delivered bespoke organisational development (OD) activity within several teams including Midwifery, supporting improved cohesion and action planning for moving back to the Trust site.</p>
Engaging with colleagues across the Trust re: inclusive workplace	<p>In line with the Trust’s obligations under the public sector equality duty the Trust has now completed its review of the Equality Delivery System (EDS) for 2022-23.</p> <p>Progress in line with the workforce equality, diversity and inclusion plan is ongoing. This work underpins the Trust’s commitments and submission relating to the Equality Delivery System 2 (EDS).</p> <p>This includes:</p> <ul style="list-style-type: none"><li>Lesbian, Gay, Bisexual and Transgender + network is established</li><li>Reducing violence and aggression policy has been published</li><li>Agreed funding for staff networks</li><li>Enhanced promotion and improved social media footprint for equality, diversity and inclusion</li><li>Expansion proposal submitted to Cheshire and Merseyside Integrated Care People Board for the Black and Minority Ethnic Leadership Programme</li></ul> <p>Work continues in the following areas:</p> <ul style="list-style-type: none"><li>Enhanced monitoring of staff health and wellbeing services by protected characteristics</li><li>A continued focus on work to support a reduction in the number of staff reporting or being exposed to incidents of bullying and harassment</li><li>Staff engagement and dialogue linked to feedback in the staff survey with the intention of targeting a minimum 70% of staff recommending the organisation as a place to work (EDS Domain Two)</li><li>Business case development to secure future investment in the active bystander training programme, Face to face delivery and targeting managers operating at AfC B7 and 8 or clinical equivalent (those responsible for managing teams)</li></ul> <p>In December 2022 the Disabled and Carers staff network celebrated their one-year anniversary which coincided with the end of Disability History Month. A celebratory coffee morning was held in the library exploring some of the current literature around positive inclusive practices for people with disabilities in the workplace and which also provided an opportunity for new colleagues to be invited to join the network.</p>

Focus for 2022/23	Progress
Engaging with colleagues across the Trust re: inclusive workplace (continued)	<p>The Trust’s work with the Down’s Syndrome Association and WorkFit was featured in an NHS best practice case studies publication. The feature incorporates a link to a ten-minute video, commissioned by WorkFit to showcase the experience of one of their candidates, who has recently secured a permanent position at the Trust.</p> <p>The Trust was also invited to share how it supports compassion, equality and inclusion at an NHS England ‘community of practice’ event in March 2023, supporting its commitment to actively promoting inclusive workforce practices both within and external to the organisation.</p>
Developing our Staff and Growing our Future Workforce	<p>In December 2022, the Trust received confirmation from the Healthcare Science Commissioning Team at Health Education England (HEE) of the allocation of two places on the Echocardiography Training Programme. The programme starts in September 2023 and staff have been appointed to these training places.</p> <p>The recruitment of Healthcare Assistants to the Trainee Nursing Associate (TNA) Apprenticeship programme with the University of Chester continued in year, with four further candidates appointed; this is our sixth cohort of TNAs. The apprenticeship programme commenced in March 2023.</p> <p>A full project plan has been developed to deliver our new LEAD (Leadership Education and Development) Centre, located on the first floor of New Alderley house. This revised space will provide an outstanding space to support learners within the organisation.</p> <p>The programme is in the development and technical design phase with final approval from Statutory Authorities expected in January. Following approval, tendering will begin early February. Regular updates on progress are provided to the Trust’s Sponsor Group and assurance is provided to the Trust Charitable Funds Committee.</p> <p>Whilst non-medical appraisal and core statutory and mandatory training remain below trajectory due to clinical and operational pressures, these do continue to show an upward trajectory.</p>









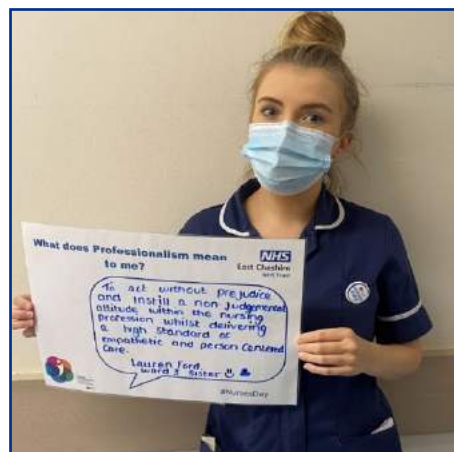
# Achievements - year at a glance

The Trust celebrated its staff and patient-focused approach with some key achievements and initiatives during 2022/23



April

Staff working across all our sites received spring fruit hampers from the Trust board as a thank you for their hard work and the dedication shown to our patients. The fresh produce was delivered by staff from our corporate teams and was handpicked by local supplier, Fruits of the Forage, based in Macclesfield.



May

The Trust celebrated both International Day of the Midwife, and International Nurses Day with a host of celebrations across our hospital and community services.



June

A special celebratory event was held at Macclesfield Hospital for staff with 20 years of continuous service to the Trust. 26 staff with more than 500 years of combined service were presented with their awards by Chief Executive Ged Murphy.



October

After 20 years of service to the Trust, former Chief Executive John Wilbraham retired from the role of Chief Executive. Staff came together at a special event to celebrate his retirement and to recognise his dedication and commitment to patients and staff.



November

About £6m was awarded to the Trust to develop a new Elective Treatment Centre, and fund refurbishment of the existing Emergency Department to improve patient experience and quality of care.



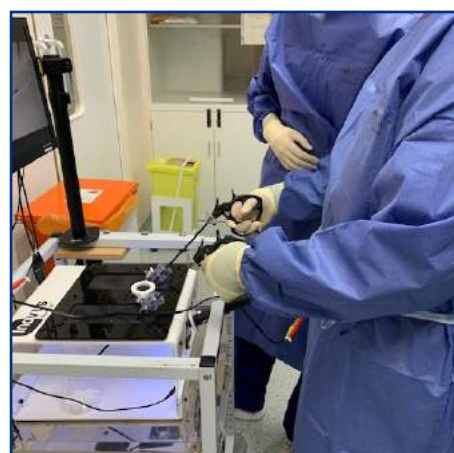
December

Macclesfield Hospital's Children's Ward was treated to several deliveries over the festive period with generous donations of toys, books and selection boxes provided by Macclesfield Football Club, Macclesfield College, Tesco and Co-op.



July

The Trust celebrated our volunteers by holding a special event at Macclesfield Football Club. On behalf of the Trust Board, the annual event provided an opportunity to thank our volunteers who commit their time and effort to enhance the experience of patients and staff.



August

An open day was held in our Theatres, providing an opportunity for students to learn about the importance of intra-operative hand hygiene, the use of laparoscopic equipment, and to engage with experienced staff about their roles and career pathways.



September

The Trust's new three-year strategy 'Our Healthy Future Together' was launched in September and demonstrated our ambitions for our communities, work colleagues and the patients that it collectively serves. The strategy outlines five key areas of focus: Patients, People, Communities, Partnerships and Resources.



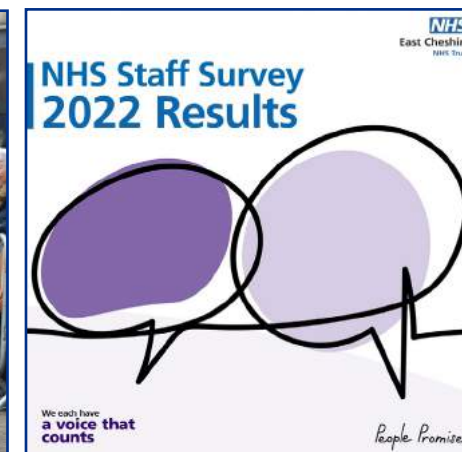
January

The refurbished space on Ward 9 was unveiled, which provides an improved environment for patients living with dementia. In addition to this, our newly appointed Activity Coordinator commenced in post on the Ward.



February

Crowds flocked to Macclesfield town centre in February as the annual pancake day race for East Cheshire NHS Trust's charity made a welcome comeback for the first time in three years. Granada Reports' funny man Paul Crone kept crowds entertained as 17 teams competed in a relay race up and down a short course between the Town Hall and Mill Street.



March

The Trust was recognised for its improved staff survey results in year. Results from the survey indicated that the Trust was rated as a great place to work by our staff. The NHS Staff survey is one of the largest workforce surveys in the world and is carried out every year to listen to the experience of staff, and to support the identification of actions to improve their experience further.





## 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 the 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 comparable with the national average.

Under figures for April 2022 to December 2022, the Secondary Uses Service Data Quality Report was at 97.9%, against 96.9% nationally. Meanwhile, for a valid NHS number being present in the data, the scores are above the national average.

Admitted Patient Care was at 99.9% against 99.6% nationally, Outpatients was showing 100% against 99.8% nationally, and Accident and Emergency was above the national average of 98.7%, at 99.6%.

For a valid Primary Diagnosis, the Trust scores 99.9% against 96.3% nationally. For Accident and Emergency first diagnosis code the Trust scores 79.2% against a national figure of 73.4%.

For a valid General Medical Practice code, the Trust scores 100% against 99.7% nationally for Admitted Patient Care, 100% against 99.5% nationally for Outpatients and Accident and Emergency was 100.0% against the national average of 99.3%. showing 100% against 99.6%, and Accident and Emergency was 100.0% against the national average of 99.5%.

## Being open and duty of candour

The Trust has robust policies and processes in place to ensure openness and compliance with its regulatory and statutory duty of candour responsibilities. This means that when moderate or major harm occurs, patients and/or their families/carers are notified of the findings and learning from investigations into these harems 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 Duty of Candour (being open) policy can be found on the Trust website: [www.eastcheshire.nhs.uk](http://www.eastcheshire.nhs.uk).

## Clinical coding

The results of the 2021 clinical coding audit were received in June 2022. The Trust was awarded data security Level 3 – 'Standards Exceeded'. The next audit will be undertaken in June 2023 and will now take place annually.

## Counter-fraud

The Trust has a Local Anti-Fraud Bribery and Corruption 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](http://www.eastcheshire.nhs.uk)

We are committed to preventing fraud, bribery and corruption within the Trust and the wider NHS as much as possible.

The Trust works in partnership with an established anti-fraud service provided by Mersey Internal Audit Agency (MIAA) and 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 is committed to embedding an anti-fraud culture throughout the organisation and staff are encouraged and supported to report when they have reasonable suspicions of fraud bribery or corruption.

The Trust Board monitors the activity of the anti-fraud service, anti-fraud specialist and receives assurance on compliance with national standards through the audit committee.

## Data Security and Protection Toolkit

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. 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 cyber security standards – that all providers of health and care must comply with. These standards are refreshed each year.

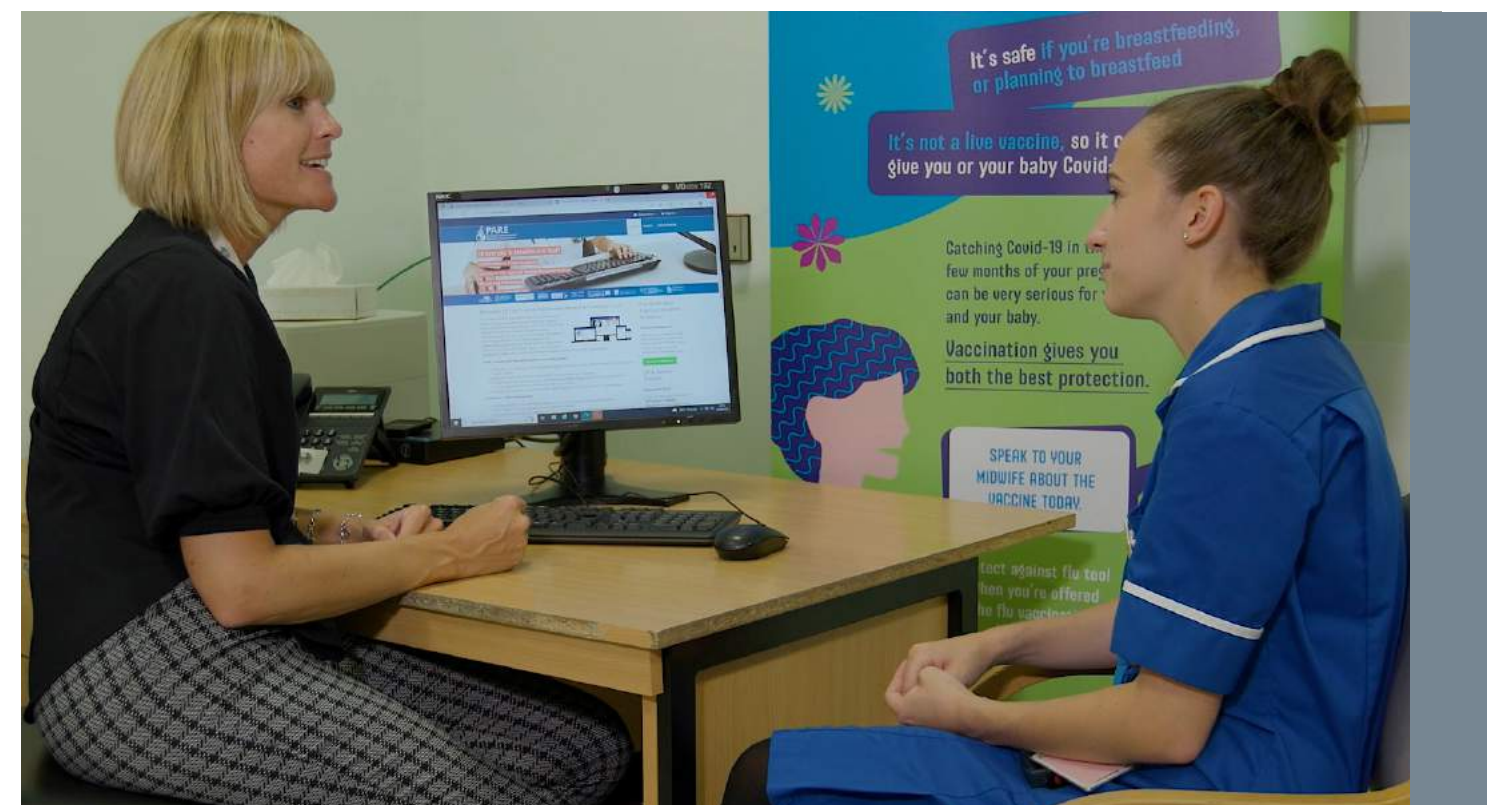
All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. For 2022/23 the Trust published its final toolkit submission with an assessment status of compliance.

## Review of services

During 2022/23 East Cheshire NHS Trust provided and/or sub-contracted 10 Care quality Commission service types encompassing 10 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 2022/23 represents 100% per cent of the total income generated from the provision of NHS services by East Cheshire NHS Trust for 2022/23. For more information visit the Trust's website: [www.eastcheshire.nhs.uk](http://www.eastcheshire.nhs.uk).

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







## Freedom to Speak Up

*Lisa Nolan | Freedom to Speak Up Guardian*

**The Trust has a Freedom to Speak Up Guardian in place whose role is to promote speaking up across the trust, support staff who raise concerns and ensure that there are appropriate management responses to issues raised.**

The Trust Board has approved a three-year Freedom to Speak Up strategic plan and the new national policy, which has been adapted to reflect local arrangements to support staff to speak up. Board assurance has been provided via the Safety Quality and Standards Committee and the requirement for mandatory returns to the National Guardians Office has been fulfilled.

Learning and actions because of speaking up concerns raised are shared trust-wide via staff communications, the Infonet (intranet) and governance structure.

The responsibility to speak up is integrated into the contracts of employment of all our staff and, to promote speaking up and listen to views, the Trust's Guardian has engaged directly with staff during the year through walkabouts and via the local ambassador forum.

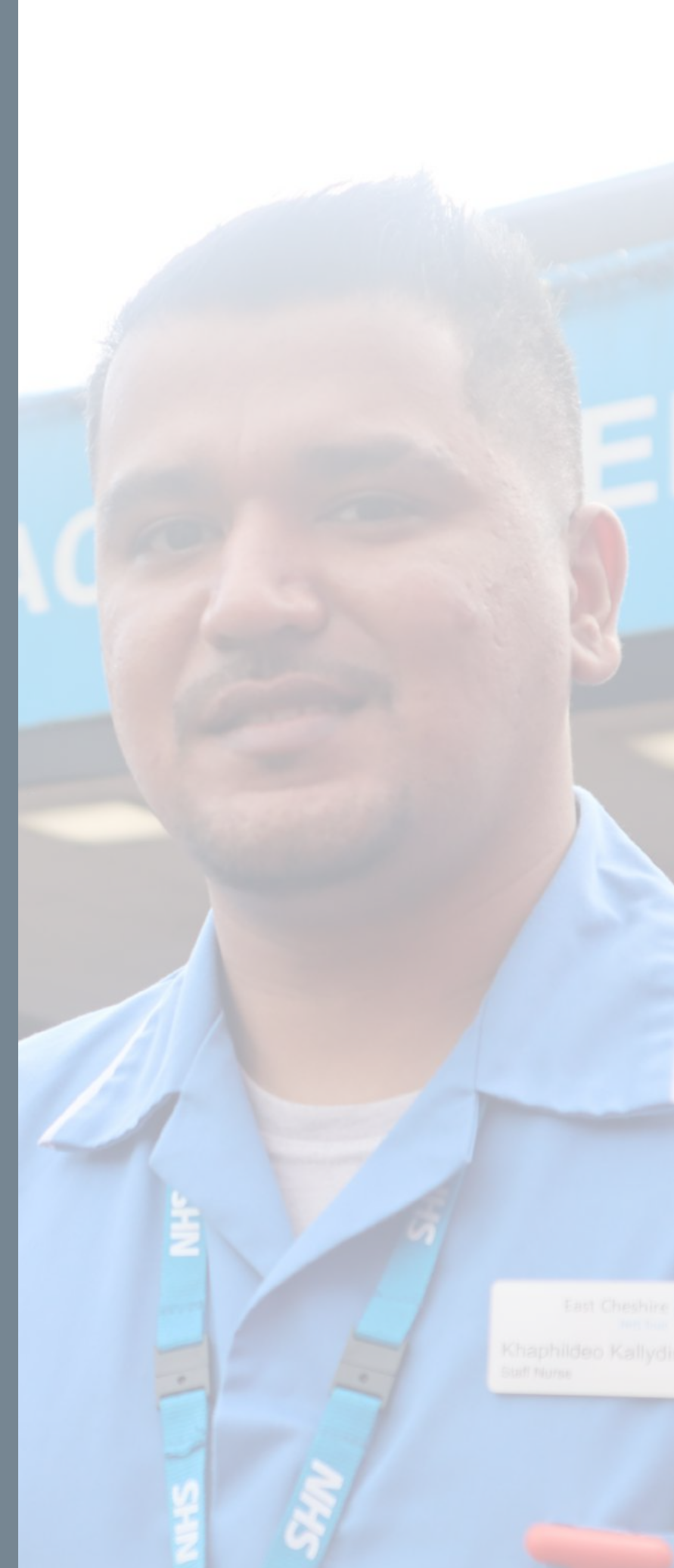
The Trust has 42 staff from different professional groups who have volunteered to be local ambassadors for speaking up and this supports the development and spread of a healthy organisational safety culture.

During 2022/23, the total number of concerns raised with, or overseen by, the Guardian was 25 and this is in addition to those concerns raised and resolved locally within services.

A learning theme this year was the need to enhance staff engagement in relation to changes to the information technology systems used, particularly by community teams, to ensure operational impact is fully understood. Also, several cases related to staff relationships and communication, which required management intervention or facilitation to ensure staff can work effectively together for patients.



## Our performance 2022/23







## Quality Strategy overview and performance against 2022/23 priorities

Paul Devlin | Deputy Director of Nursing and Quality

The Trust Quality and Safety Strategy 2022 – 2025 was published in 2022 and outlines the Trust's commitment to continuously improve standards to ensure we provide safe care, better outcomes and positive experiences for the people who access our services.

The strategy has been developed in partnership with our staff and colleagues by seeking and listening feedback from our community, by engaging with and listening to our key stakeholders and by reviewing performance data and other sources of information to inform our understanding.

The strategy clarifies that delivering safe, effective, patient – centred care is the first strategic goal of East Cheshire NHS Trust, and that the Trust is committed to providing services that:

- Maintain patient safety at all times and in all respects
- Are clinically effective and lead to the best possible health outcomes for patients
- Provide a positive patient experience
- Are timely, equitable and efficient, responding to the needs of our population
- Are well-led, open, and collaborative and are committed to learning and improvement

The Trust has developed five programmes of work (based on the CQC quality Domains) and we believe that if we meet our goals (described in the table below) we will see significantly improved outcomes for our patients will be significantly improved. ►

We are very proud of every person who works for the Trust, their dedication and focus on ensuring the best outcomes for our patients

### Domains

Well led	<b>Goal:</b> Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centered care.
Caring	<b>Goal:</b> People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.
Safe	<b>Goal:</b> People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong.
Effective	<b>Goal:</b> Outcomes for people who use services are consistently better than expected when compared with other similar services.
Responsive	<b>Goal:</b> Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

We recognise that achievement of our collective objectives is not possible without the continued commitment of our staff, whose dedication has enabled us to continually improve the services that are provided to patients and service users despite the ongoing clinical, operational and workforce pressures because of the COVID-19 pandemic.

We are very proud of every person who works for the Trust, their dedication and focus on ensuring the very best outcomes for our patients, and who we know will continue to work tirelessly to continuously improve the quality of care, safety and experience of our patients.

**Paul Devlin**  
Deputy Director of Nursing and Quality

## Care Quality Commission (CQC)

During 2022/23 the Trust has retained its overall 'Good' rating by the Care Quality Commission (CQC) following the last inspections in June and July 2019, with registration under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009 without conditions.

This rating shows our patients, their families and carers that they can continue to be assured that the Trust is providing high-quality care delivered by professional and caring staff. It is testament to the commitment and hard work of all our staff during this period of recovery from the COVID-19 pandemic.

### National context

In the last year, the NHS has continued to manage clinical, operational and workforce pressures in light of the ongoing COVID-19 pandemic and the focus on restoration and recovery.

We have seen significant change across the NHS with the introduction of the Integrated Care Boards that have replaced Clinical Commissioning Groups, working in partnership with providers of Health and Social Care to improve outcomes for patients and service users. As always, our staff have worked flexibly to manage change and to ensure that our services meet the needs of the people who access our services.

Despite the continued pressures within our services this year's Quality Account describes and celebrates how our teams have continuously improved services so that we deliver what matters most to patients and service users, in the right place, and at the right time.

The Trust engages regularly with the Care Quality Commission's team to ensure transparency and responsiveness. We aim to continuously improve the quality of services we provide to those who use our services, including enhancing the use of digital technology and clinical innovation. Please see the latest report at [www.cqc.org.uk](http://www.cqc.org.uk).



We have already made significant progress with the ambitions outlined in the Trust Quality and Safety Strategy 2022 – 2025 and this too is reflected in the summary of accounts for 2022 – 2023.

Whilst we anticipate that clinical and operational pressures will continue in the coming months and year ahead as we continue to learn to live with COVID-19 and manage the impact of this on our patients and service users, we are confident that with the commitment and dedication of our staff we will continue to learn and adapt, whilst delivering patient and family centred care.





Learning from deaths in line with national guidance

Following local evaluation of mortality governance the national requirement for reviewing all patient deaths was changed in 2018-19. The Trust is no longer required to review every death.

Building on our learning from thematic analysis the Trust implemented a change to how deaths are reviewed in line with national guidance.

Patient deaths 2022/23

The total number of inpatients who have died during 2022/23 was 683 broken down as seen below in table 1.

Table 1: Number of deaths	Q1	Q2	Q3	Q4
	155	135	186	207

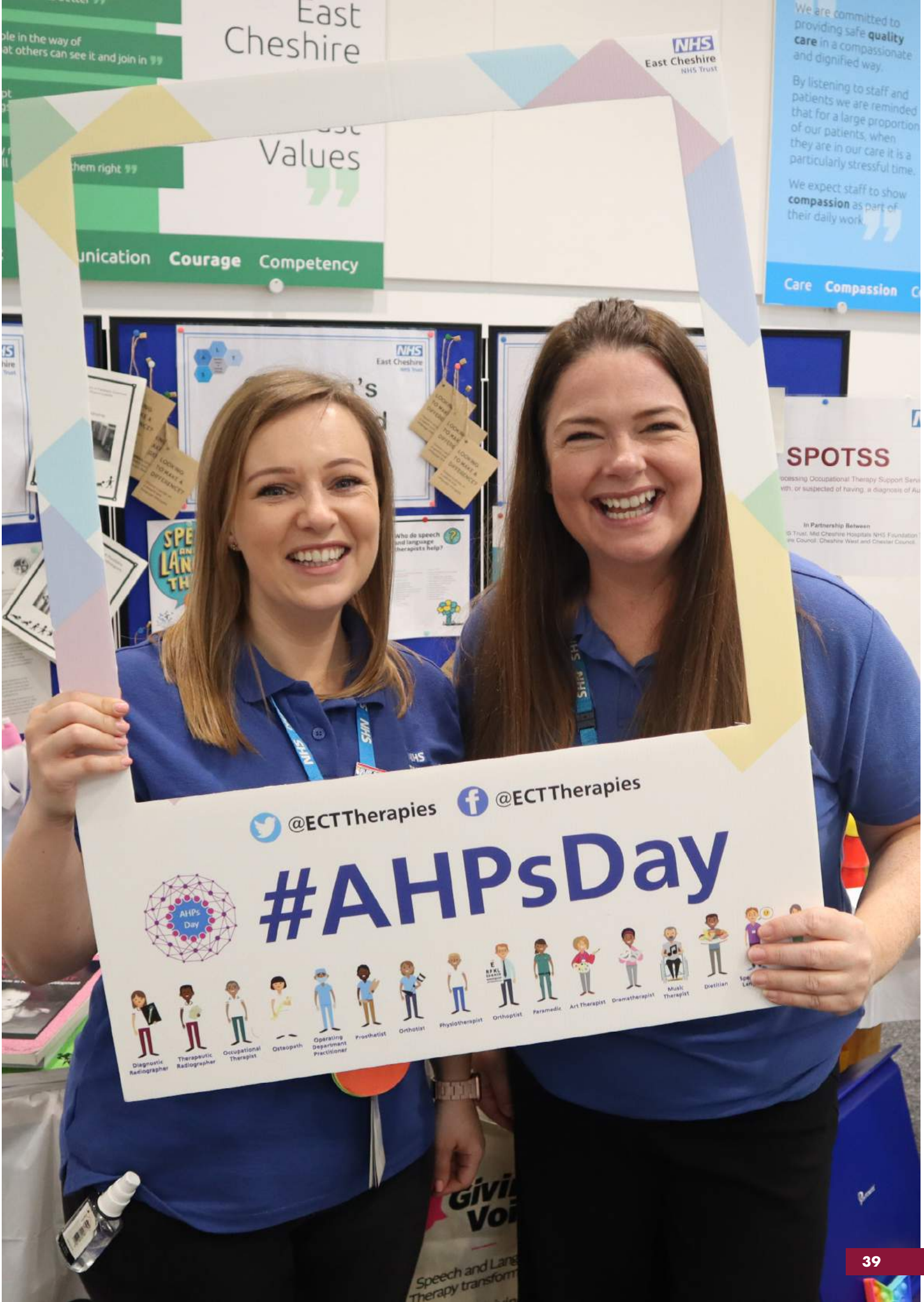
As of 31st March 2023, 142 deaths have been subjected to a case note review. The table below demonstrates the number of deaths per quarter for which a case record review or an investigation was carried out. The number of deaths in each quarter included additional requests for case record reviews in relation to coroner inquests. See table 2.

Table 2: The number of cases reviewed	Q1	Q2	Q3	Q4
	33	33	35	35

All case record reviews use the Royal College of Physicians six point 'Avoidability of Death Score' which considers the complexity of patient's conditions and care, indicating whether or not poor care was responsible for any death. ►

Learning identified from mortality reviews has highlighted gaps in clinical documentation, care bundles and assessments not being fully completed in line with policy. Where applicable individual learning and lapses in care are identified during the case note reviews. The learning is shared with each consultant who was caring for the patient and it is their responsibility to share within their teams to ensure individual learning and reflection takes place as part of the revalidation process.

A summary of findings from mortality reviews is produced quarterly and cascaded through the mortality sub-committee to each directorate. Where clinical decisions have been challenged the questions are asked of the responsible consultant





## 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 43. 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](http://www.eastcheshire.nhs.uk).

## 7 day working standards

The seven-day services programme is designed to ensure patients who are admitted as an emergency receive high-quality consistent care, whatever day they enter hospital. ►



### ED

Within the Emergency Department, following recruitment of further Consultants and review of Consultant job plans there will be onsite Consultant presence between 0800-2230hrs (14.5hrs) on weekdays, and between 0800-1700hrs (9hrs) at the weekend. In the future the team wish to increase the onsite Consultant presence at the weekend.

### Pharmacy

Pharmacy opening times at the weekend and on bank holidays remain the same as last year. The extension to opening hours was implemented circa 2017.

### Allied Health Professionals

There is now Therapists support within the frailty team six days a week effective from 2022 ensuring that there is therapy provision on a Saturday within the Emergency Department and MAU to support timely therapy assessment and discharge from hospital.

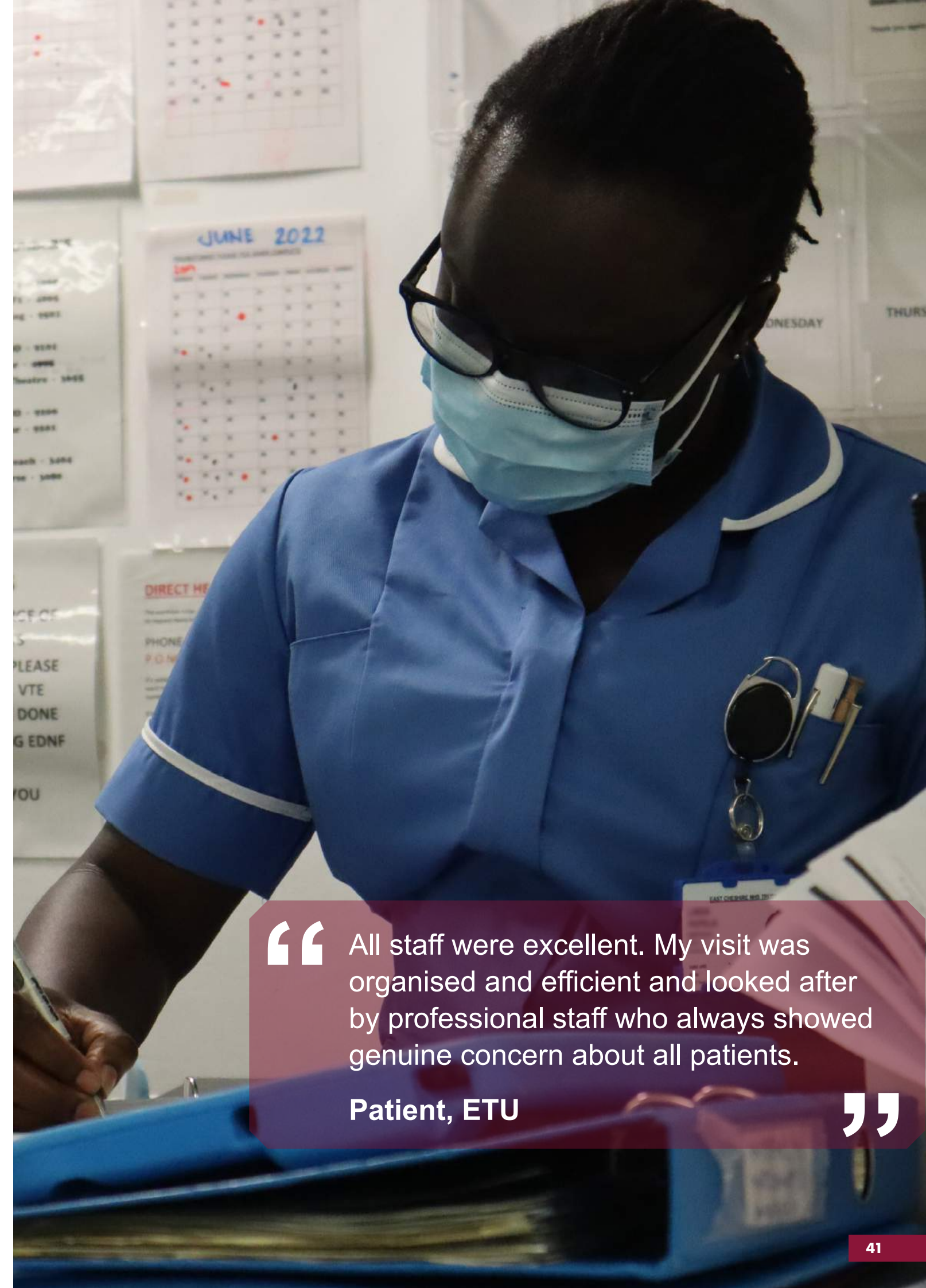
Alongside this the urgent care response provision which has developed in our Care Communities means that there is Physiotherapy and Occupational Therapy cover across seven days focusing on admission avoidance.

Social Worker cover is available on Saturdays and Sundays but this is on a voluntary basis at the present time.

## Rota gaps and emerging improvement plans

Rota gaps across medical and dental rotas at the Trust are identified throughout the year and a reduction in these gaps are supported through active recruitment and reviews of rotas, undertaken by the individual services and supported by HR to ensure effective utilisation of the available workforce where necessary. Advertisements for substantive and longer-term gaps are marketed via NHS Jobs, social media and specialist publications where relevant.

To support an increased rota fill rate through utilising the temporary workforce, the Trust regularly advertises to increase the bank workforce, and has recently joined the Northwest Collaborative Doctors in Training Bank. In addition, the Trust is undertaking a review of internal bank rates with a view to adopting new rates in Q1-2 of 2022-23. Agency doctors continue to be utilised where necessary and the Trust has regular meetings with agency suppliers to encourage the availability and uptake from agency workers.



“ All staff were excellent. My visit was organised and efficient and looked after by professional staff who always showed genuine concern about all patients.

Patient, ETU ”



## Commissioning for Quality and Innovation (CQUIN)

Having been suspended during the COVID-19 pandemic, the Trust committed to participation in 12 CQUIN schemes in the financial year.

	Target	Performance
<b>CCG1:</b> Flu vaccinations for frontline healthcare workers	• Achieving 90% update of flu vaccinations by frontline staff with patient contact	51%
<b>CCG2:</b> Appropriate antibiotic prescribing for UTI in adults aged 16+	• Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet	51%
<b>CCG3:</b> Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	• Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation and time of clinical response recorded.	87%
<b>CCG4:</b> Compliance with timed diagnostic pathways for cancer services	• Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	39% to end of Q3 (Q4 data collection/validation ongoing)
<b>CCG5:</b> Treatment of community acquired pneumonia in line with BTS (British Thoracic Society) care bundle	• Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle	38%
<b>CCG6:</b> Anaemia screening and treatment for all patients undergoing major elective surgery	• Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24	100% to end of Q3 (Q4 data collection/validation ongoing)
<b>CCG7:</b> Timely communication of changes to medicines to community pharmacists via the discharge medicines service	• Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message	Data collection/validation ongoing
<b>CCG8:</b> Supporting patients to drink, eat and mobilise after surgery	• Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	100%
<b>CCG9:</b> Cirrhosis and fibrosis tests for alcohol dependent patients	• Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis	25%
<b>CCG13:</b> Malnutrition screening in the community	• Achieving 70% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks	73%
<b>CCG14:</b> Assessment, diagnosis and treatment of lower leg wounds	• Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines	51%
<b>CCG15:</b> Assessment and documentation of pressure ulcer risk	• Achieving 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks	69%

Whilst the target has not been achieved for all schemes, participation has supported the development of good practice in several areas. The Trust was also commended for vaccination rates in comparison to other Trusts in the Cheshire and Mersey area.

## Performance summary against key performance indicators (KPIs)

All of our performance activities can be found in full within the monthly Trust Board reports found at [www.eastcheshire.nhs.uk](http://www.eastcheshire.nhs.uk)

The Trust's annual performance against national standards can be seen overleaf. ►

Metric	Target	2022/23
<b>Mortality</b>		
Risk Adjusted Mortality Index 2018 - Rolling 12 months - Latest Peer (Jan 18 - Dec 18 : 85.19)	< Latest peer (87.95) Access to CHKS withdrawn in December 20 - data up until Nov 20	
Summary Hospital Mortality Indicator (HSCIC) - Latest Figure (Jan 18 - Dec 18 )	Access to CHKS withdrawn in December 20 - data up until Nov 20	
<b>Infection*</b>		
Ecoli - hospital - 2022/23 Total	< 25	28
Hospital MRSA bacteraemia - 2022/23 Total	0	1
Hospital Acquired Clostridium Difficile - 2022/23 Total	<=27	18
Incidence of newly-acquired cat 3 and 4 pressure ulcers - hospital 2022/23 Total	20% reduction in Cat 2, 3 and 4	38
Incidence of newly-acquired cat 3 and 4 pressure ulcers - out of hospital 2022/23 Total	20% reduction in Cat 2, 3 and 4	98
Incidence of newly-acquired cat 2 pressure ulcers - hospital 2022/23 Total	20% reduction in Cat 2	97
Incidence of newly-acquired cat 2 pressure ulcers - out of hospital 2022/23 Total	20% reduction in Cat 2	257
<b>Incidents</b>		
Medication errors causing serious harm - 2022/23 Total	0	0
Never Events - 2022/23 Total	0	2
Patient Safety: Falls resulting in patient harm per 1000 Occupied bed days - 2022/23 whole year Rate	<1.6	1.97
<b>Complaints</b>		
No. complaints with HSO Recommendations - 2022/23 Total	0	0
Number of complaints - 2022/23 Total	<=132	126
<b>Experience</b>		
Ward Family and Friends Test % response - 2022/23 Total	>90%	94.10%
ED Family and Friends Test % response - 2022/23 Total	>85%	77.60%
Mixed Sex Accommodation breaches - 2020/21 Total	0	440
<b>Access</b>		
18 week - Incomplete Patients - March 2023 Figure	>=92%	60.40%
Diagnostic 6 week Wait - 22/23 Total	>=99.0%	78.40%
ED: Maximum waiting time of 4 hours - 22/23 Total	>=78.5%	53.71%
ED: The recording of a completed handover, (HAS) - 21/22 Total	>=85.0%	100%
<b>Cancer</b>		
2 Weeks maximum wait from urgent referral for suspected cancer -	>=93.0%	82.10%
2 Weeks maximum wait from referral for breast symptoms - 2022/23 Total	>=93.0%	60.70%
31 days maximum from decision to treat to subsequent treatment - Surgery	>=98.9%	87.70%
31 day wait from cancer diagnosis to treatment - 2022/23 Total	100.00%	100%
62 day maximum wait from urgent referral to treatment of all cancers	>=85.0%	50.40%
62 days maximum from screening referral to treatment	>=90	38.00%
<b>Criteria to Reside</b>		
No patients eligible to reside	>=90%	75.90%
<b>Staff</b>		
Core Staff in Post (FTE) - March 2023 Figure	<=2261	2198
Sickness Absence - Rolling year	<4.9%	6.41%
Statutory and Mandatory Training - Rolling 3 year period (April 2020 - March 2023)	>=90%	92.27%
Corporate Induction attendance - Rolling year - 2022/23 Total	>=90%	92.57%
Appraisals and Personal Development Plans - Rolling year - 2021/22 Total	>=90%	69.77%
Information Governance training - 2022/23 Total	>=95%	86.85%
Safeguarding - Level 1 Compliance - March 2021 Figure	>=90%	95.62%
Safeguarding Children - Level 2 - March 2021 Figure	>=90%	95.46%
Safeguarding Adults - Level 2 - March 2021 Figure	>=90%	87.15%
Safeguarding Children - Level 3 - March 2021 Figure	>=90%	76.42%
<b>Finance</b>		
Total Pay Expenditure (£000) - 2022/23 Total	<=£127,779K	£137,242K
Bank Staff Expenditure (£000) - 2022/23 Total	<=£10,312K	£10,814K
Agency Staff Expenditure (£000) - 2022/23 Total	<=£7,753K	£12,328K
Cash (£000's) - March 2023 Figure	£30,306K	£30,344K
2022/23 EBITDA (£000)	£4,885K	£4,846K
2022/23 Deficit	(£0K)	£1,157K

\*Pressure ulcer data for 2022/23 reflects improvements in the timeliness of validation and therefore the number has increased in comparison to 2021/22.





“

The staff were excellent and calmed my nerves. It was a very enjoyable stay on the unit. There's nothing they could have done more. They did everything well and went above and beyond.

Patient, Endoscopy

”

Improving  
patient care

---





# Improvement projects and patient experience 2022/23

During 2022/23, the Trust has been involved in a number of initiatives to improve patient care and experience. Examples of these can be seen on the following pages.

Project	
Project	Non-Invasive Ventilation (NIV) Follow-Up Pathway
Aims	<ul style="list-style-type: none"><li>• Increase awareness around the importance of early specialist review</li><li>• Facilitate prompt follow up for patients who are at risk of further decompensated Acute Hypercapnic Respiratory Failure</li><li>• Consider the needs of patients who are housebound/out of area</li><li>• Reduce admissions, improve survival</li><li>• Identify those patients who are likely to benefit from domiciliary NIV</li><li>• Support those not suitable for home NIV</li><li>• Improve awareness around the need for advanced care planning</li></ul>
Audit	<p><b>Initial NIV audit undertaken related to the period April 2021 – March 2022</b></p> <p>A total of 31 patients were treated with NIV on Ward 4 in the time period, and of these 25 were discharged from hospital and six patients sadly died.</p> <p>Ten patients were subsequently readmitted to hospital for acute NIV (40%)</p> <ul style="list-style-type: none"><li>- Eight patients were readmitted within four weeks of discharge, and two more than three months post - discharge</li><li>- Nine patients sadly died within 12 months (36%)</li></ul> <p><b>Repeat audit undertaken related to the period April 2022 – December 2022</b></p> <p>A total of 57 patients were treated with NIV on Ward 4 in the period, and of these 46 were discharged from hospital and 11 patients sadly died.</p>
How it was done	<ul style="list-style-type: none"><li>• Ensure patient has CO2 ALERT cards and information leaflet; counsel (risk further episodes AHRF/ prognosis); smoking cessation/NRT</li><li>• Agree/schedule FU required (Ventilation service/RESP CONS/IRT/local HOS team)</li><li>• Consider follow up investigations required eg. PFTs, sleep study, echocardiogram, further imaging</li></ul> <p>Difficulty weaning; persistent CO2; repeated admissions AHRF; or in neuromuscular disorders where RR &gt;20m VC &lt; 1 litre and normal pCO2</p> <p>➔ Consider direct referral to UHSM/UHNM for home NIV set up Additional investigations required locally?</p> <p>Non-household patients</p> <p>➔ MDGH O2 clinic 2-4 weeks; F2F RESP CONS CLINIC 6 weeks; ABG + Post NIV proforma; Review ABG/proforma and any File in case notes follow up investigations</p> <p>Housebound patients (East Cheshire GP)</p> <p>➔ IRT home visit 2-4 weeks; Consider if virtual follow up CBG + Post NIV proforma; with RESP CONS required Forward/discuss results in local MDT (Weds)</p> <p>Housebound patients (out of area GP)</p> <p>➔ Refer local HOS for consideration Consider if virtual follow up CBG at 2-4 weeks. If agreeable, with RESP CONS required results to IRT for MDT discussion</p>
Outcomes	<p>Several positive outcomes were achieved as a result of the changes to the acute NIV follow up pathway:</p> <ul style="list-style-type: none"><li>• The revisions resulted in an increase in the proportion of patients receiving specialist follow up</li><li>• An increased number of patients were screened for worsened hypercapnia, resulting in earlier identification of worsening clinical status</li><li>• Increased recognition of those patients who were suitable for referral to tertiary respiratory services for further assessment</li><li>• An increased number of patients were established on home NIV prior to discharge</li><li>• The changes also increased the opportunities for patients to access counselling services, and opportunities for advanced care planning</li></ul>

## Improving Patient Experience

## Long COVID-19 MDT Service

Post-COVID-19 syndrome describes signs and symptoms that develop during or after an infection consistent with COVID-19, that continues for more than 12 weeks and not explained by an alternative diagnosis. The term “long COVID” has been commonly used to describe signs and symptoms that continue or develop after acute COVID-19 infection. It includes both ongoing symptomatic COVID-19 (from four to 12 weeks) and post-COVID-19 syndrome (12 weeks or more) (NICE, 2020).

Before December 2021 the service had received 55 referrals, and the number of referrals received between December 2021 - September 2022 increased to 121. Fatigue management, return to work (provided by OT) and digital interface have been the main form of treatment provided.

On average patients access five support sessions; 120 patients were receiving active treatment and 64 patients have been discharged from the service. On reassessment of patients, all outcomes were reported to have improved, particularly in relation to fatigue score (FACIT), the impact of respiratory symptoms on overall health (CAT score) and on endurance testing (sit to stand).

### Learning Identified

- Recruiting staff with the necessary skill set, alongside the challenge of recruiting to fixed term posts
- OT demand for fatigue management balanced against available resource
- The importance of co-location for MDT working
- The unique and novel presentation of post-COVID-19 syndrome which varies between patients and is individual to them
- The importance of diagnostics, investigation and screening prior to accessing the service
- Revisions required to data management system/templates to enable accurate and timely data capture/reporting
- Shared learning across Cheshire as all PLACE based models develop

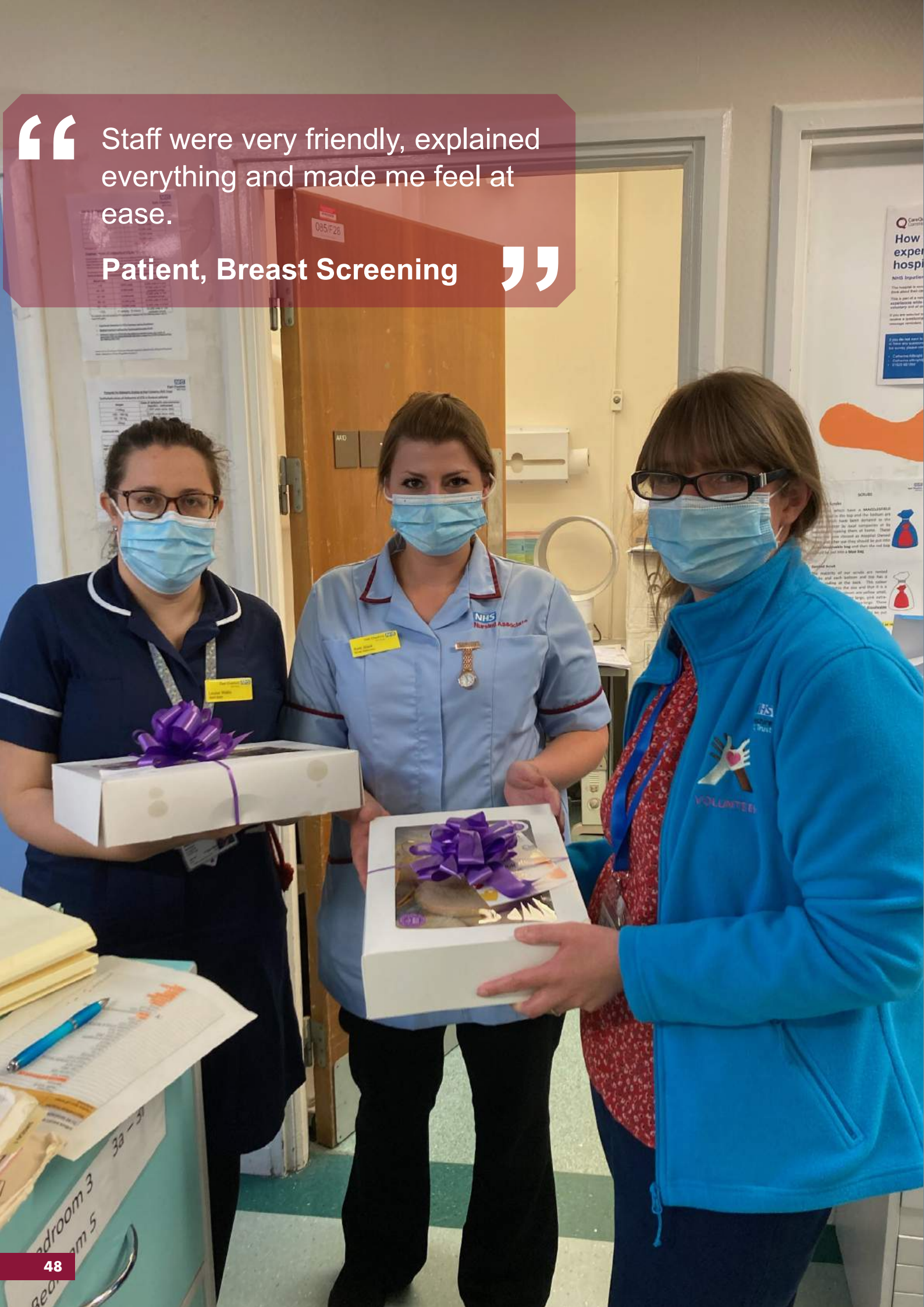
### Next steps

- Ongoing monitoring of patient outcomes to evaluate the effectiveness of the service provided
- To develop and establish a patient support group
- Introduce Patient Initiated Follow Up to ensure efficient and effective use of resources
- Work with the Integrated Care Board to promote the service
- Await feedback regarding ongoing funding of the service





“ Staff were very friendly, explained everything and made me feel at ease.  
Patient, Breast Screening ”



Patient feedback





## Healthwatch

The Cheshire East branch of Healthwatch states that its vision is to be 'an independent voice for the people of Cheshire East to help shape and improve local health and social care services.' In the last year, Healthwatch have supported the Trust in several ways, including;

- Commenting on the Trust Quality Account (2021 – 2022)
- Grading the Trust's annual presentation on the Equality Delivery System.
- Gathering feedback from patients and service users to help us to understand their views and experiences of accessing healthcare
- Sitting on the Trust's Patient Experience Panel



## Patient-Led Assessments of the Care Environment (PLACE)

PLACE assessments are completed annually, and help organisations to understand how well they are meeting the needs of their patients and to identify where improvements can be made. Specifically, PLACE assessment consider:

- how clean the environments are;
- the condition – inside and outside – of the building(s), fixtures and fittings
- how well the building meets the needs of those who use it, for example through signs and car parking facilities
- the quality and availability of food and drinks; and
- how well the environment protects people's privacy and dignity

The assessment also considers how well the Trust premises and facilities meet the needs of patients with dementia or a disability, and are compulsory for all hospitals with inpatient bed facilities. A national review of the PLACE assessment process, concluded in summer 2019 to ensure that the assessment process is fit for purpose and delivers its aims.

As the changes to the process have been extensive, it is important to note that the results of the 2022 assessments (Post COVID inspection) will not be comparable to previous assessments.

Site Name	Cleanliness	Food and Hydration	Privacy, dignity and Wellbeing	Condition, appearance and maintenance	Dementia	Disability
National average	98.01%	90.23%	86.08%	95.79%	80.60%	82.49%
MDGH	99.68%	98.40%	87.20%	98.59%	82.23%	84.78%
CWMH	100%	96.35%	96.23%	100%	93.41%	94.44%

As with the previous PLACE programmes at least 50% of each assessment team must consist of patient and service users representatives and where possible one should be appointed as the PLACE Assessment Team Lead. The East Cheshire NHS Trust PLACE programme had excellent support from a highly motivated team of patient representatives which included our volunteer team who actively support patients and their families in the hospital, and which this year included a wheelchair user as a member of the assessment team.

## Maternity Voices Partnership

The Trust continues to work closely with colleagues at the Maternity Voices Partnership and increasingly so during the ongoing suspension of Intra-Partum maternity services at the Trust. The partnership has supported the Trust to remain connected to women in the community and to keep them updated regarding the services provided, and service developments, targeting groups via social media networks. The partnership has also supported us to reach out to and connect with vulnerable groups from BAME and non-English speaking backgrounds.

The partnership has provided strength and support to our regular meetings with staff and continues to support the Trust as we respond to national safety standards and plan to bring back maternity services when safe to do so in the new financial year.

## Local patient surveys

At East Cheshire NHS Trust we regularly seek the views of patients, their families, and carers to identify areas of good practice and to highlight any opportunities to improve the services we provide. We want to ensure that patients are at the heart of our services.

In 2022/23 the Trust developed a local survey programme for patients, families and carers accessing a range of areas including autism assessment, antenatal and new-born screening, audiology, breast screening, colposcopy, endoscopy, Macmillan Cancer services, ophthalmology, podiatry, and paediatric therapies.

The survey results provide assurance that patients and service users are satisfied with the services we deliver, with positive feedback regarding the provision of high quality, efficient services delivered by caring and professional staff.

In addition to the local survey programme patient feedback is also obtained via PALS outreach, Friends and Family Test surveys, NHS Choices submission, and through listening to patient stories.

At East Cheshire NHS Trust we regularly seek the views of patients, their families and carers to improve the services we provide.

## Patient Experience Panel

Our patient experience panel is supported by patients, carers and volunteers, and is established to represent the views of patients and their families within East Cheshire.

In 2022/23 the panel have been providing feedback on several trust initiatives including the ongoing development of our Care Communities, the proposed artwork for the Critical Care Unit and the development of pre-operative information leaflets. The patient experience panel members were also actively involved in the Trust's stakeholder grading for the new Equality Delivery System.

In addition to these activities, members of the panel were involved in the stakeholder group when appointing the new Trust Chair, and have undertaken disability access audits in the remodelled Critical Care Unit and in the Outpatients Department.





# 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.

## 2021 National Adult Inpatient Survey (Published September 2022)

The sample for the survey was patients aged over 16 who were admitted to the trust for a minimum of one night during November 2021. 459 East Cheshire NHS Trust patients responded to the survey giving a response rate of 38.5% vs a national rate of 39.5%.

The Trust was classed as performing 'better than most Trusts' for one question and also performing 'somewhat better' than most Trusts for one question:

- Length of time on elective waiting list (better)
- When nurses spoke in front of you, did they include you in the conversation (somewhat better)

The Trust was classed as performing 'somewhat worse than other Trusts' for one question but was not classed as performing 'worse than most Trusts' for any questions:

- Wait to get a bed on a ward - all admissions (somewhat worse)

The Trust has developed an improvement action plan in relation to the survey covering a range of areas including food and nutrition, noise at night, cleanliness, communication, and provision of information.

Full report available to view at <http://www.cqc.org.uk/publications/surveys/surveys>.

## 2022 National Urgent and Emergency Care Survey (Published June 2023) tbc

The Trust's performance in this survey will be available to view online at <http://www.cqc.org.uk/publications/surveys/surveys>

## 2022 National Adult Inpatient Survey (to be published in August 2023) tbc

The Trust's performance in this survey will be available to view online at <http://www.cqc.org.uk/publications/surveys/surveys>



“ I was cared for to an excellent standard, feeling very safe and had total trust in the skills and professionalism shown by all staff.

Patient, Emergency Department ”



# NHSE Learning Disabilities Benchmarking

## Care Plan Compliance

The Trust is committed to ensuring that our patients receive personalised care, and especially those with a learning disability. To ensure that patients with a learning disability receive the reasonable adjustments they require, the Trust expects our staff to develop a reasonable adjustment care plan for our patients.

The care plans are developed by nursing staff to record the adjustments that should be made to ensure patient safety and to help create a therapeutic environment for the patient. The Trust has consistently reported good compliance with care plan development with the overall compliance figure for 2022/2023 being 100%.

## NHSE Learning Disabilities Benchmarking

The improvement standards were launched in 2018 by NHS Improvement / NHS England to ensure the provision of high quality, personalised and safe care from the NHS for adults and children with learning disabilities and/or autism.

This was the fourth year of benchmarking covering the financial year 2020/21 with results published in November 2022.

Compliance with these standards demonstrates that a Trust has the right structures, processes, workforce and skills to deliver the outcomes that people with a learning disability, those with autism and their families and carers expect and deserve.

Compliance also demonstrates a commitment to sustainable quality improvement in the services and pathways for this group.

As with previous rounds of benchmarking the data collection comprised three elements:

1. Organisational level data collection for the 2020/21 financial year
2. Staff survey – 50 staff were invited to complete an online survey
3. Service user survey – a paper survey was distributed to patients who had accessed Trust services in the previous 12 months.

For the majority of the benchmarking criteria, the Trust's responses have generally been in line with those of other Trusts and have been proportionate to the size of the East Cheshire NHS Trust.

The following positive exceptions should be noted where the Trust performs has been noted to perform more positively than its peers:

- The Trust publishes the results of the NHSE Learning Disabilities benchmarking as part of the annual Quality Account
- Waiting times for patients with learning disabilities is routinely monitored and this information, along with the number of patients waiting, is reported to the Trust Board.
- The Trust regularly reviews any restrictions/deprivations of liberty applied to patients with learning disabilities
- No serious patient safety incidents concerning patients with learning disabilities occurred in 2021/22
- A range of reasonable adjustments are provided to patients, their families and carers
- The Trust has made adjustments to the complaints process and utilises 'Ask, Listen, Do' resources
- The percentage of staff who have completed learning disability training was highlighted - 85% of Trust staff whereas the national average was 78%
- The Trust undertakes regular audits in relation to the Fetal Anomaly Screening Programme

There were however three areas where the Trust results were less positive than those of its peers:

- Having a policy/process which requires that staff contact people with learning disabilities on waiting lists to see if their condition is becoming more urgent; work is underway to develop a process along with easy read literature to send to patients, advising them what to do in the event that their condition becomes more urgent
- The ability to isolate outcome data for patients with autism; the Trust's register is a combined learning disability and autism register so this is currently not possible due to constraints within the current system
- The Trust's workforce plan supporting the development of new roles in learning disability care – the Trust however continues to develop the Autism Link staff role. ►



Within the staff survey, our staff were generally more positive than those in other organisations. Areas of note include:

- Staff 'strongly agree' that they feel able to identify which reasonable adjustments are needed for patients
- Staff 'strongly agree' that patients have access to appropriate appointments including:
  - Double appointments
  - First and last clinic appointments
  - Flexible appointments
- 100% of staff strongly agreed that the Trust has policies and procedures to ensure the rights of autistic people are respected and protected
- Staff generally feel that they have the necessary knowledge and skills to meet the needs of patients with learning disabilities/autism
- Staff would recommend the Trust to a friend/family member of a person with a learning disability/autism who needed treatment

In relation to the patient survey, 100 paper surveys and pre-paid envelopes were distributed to patients who had accessed services provided by the Trust in the previous 12 months. Unfortunately only five patients responded, but despite the low response rate, the Trust achieved results above the national average in relation to the following areas.

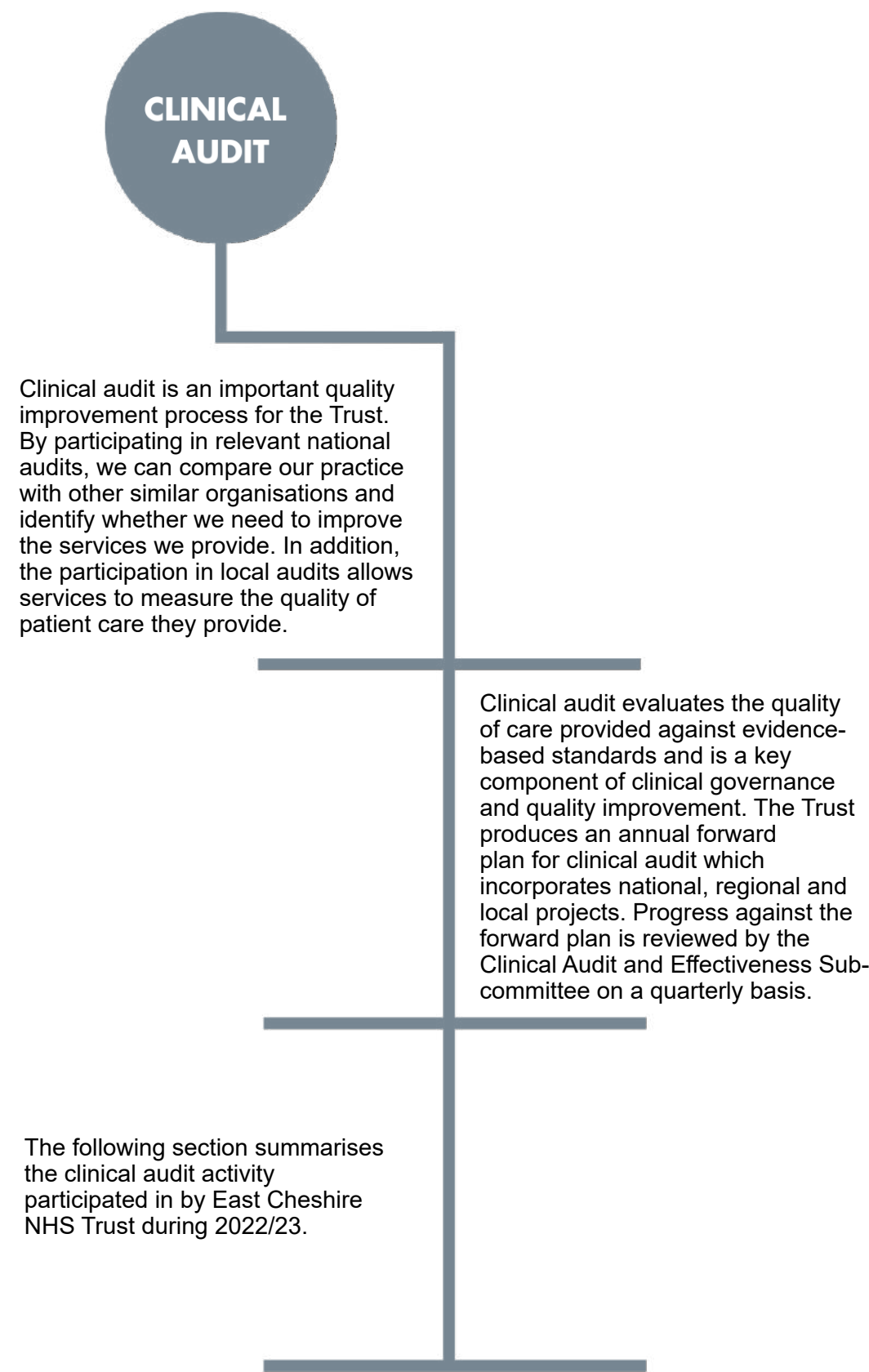
- Feeling that staff cared about them
- Feeling that staff talked to patients and families about the care they needed
- Staff listening to the views of families
- Patients not having any concerns in relation to care
- Being provided with easy read information in relation to how to make a complaint
- Being easy for friends and family to visit patients when in hospital
- Recommending the service to friends and family



# Clinical audits and research



## Participation in clinical audits





# National clinical audits

During 2022/23, the Trust participated in 29 national clinical audits and in three national confidential enquiries. This equated to 71% 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 collected data for during 2022/23 are listed below alongside the percentage or number of cases submitted to each audit or enquiry.

National clinical audit / programme	Participation	% Data submission
<b>Planned Care Services</b>		
<b>General Surgery</b>		
National Emergency Laparotomy Audit (NELA)	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Data collection ongoing
<b>Orthopaedics</b>		
National Joint Registry (NJR)	Yes	Data collection ongoing
Falls and Fragility Fracture Audit Programme - National Hip Fracture Database	Yes	Data collection ongoing
<b>Breast Surgery</b>		
Breast and Cosmetic Implant Registry	Yes	Data collection ongoing
<b>Anaesthetics</b>		
Perioperative Quality Improvement Programme (PQIP)	Yes	Data collection ongoing
<b>Paediatrics</b>		
National Paediatric Diabetes Audt (NPDA)	Yes	Data collection ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Paediatric Asthma Secondary Care	Yes	Data collection ongoing
<b>Allied Health and Clinical Support Services</b>		
<b>Cancer Services</b>		
National Gastro-intestinal Cancer Programme - National Oesophago-gastric Cancer	Yes	Data collection ongoing
National Gastro-intestinal Cancer Programme - National Bowel Cancer Audit	Yes	Data collection ongoing
National Prostate Cancer Audit (NPCA)	Yes	Data collection ongoing
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Data collection ongoing
National Lung Cancer (NLCA)	Yes	Data collection ongoing
Muscle Invasive Bladder Cancer Audit	Yes	Data collection ongoing
<b>Adult Therapies</b>		
UK Parkinson's Audit	Yes	Data collection ongoing
<b>Clinical Haematology</b>		
Serious Hazards of Transfusion Scheme (SHOT)	Yes	100%

National clinical audit / programme	Participation	% Data submission
<b>Acute and Integrated Community Care</b>		
<b>Acute Medicine</b>		
Society for Acute Medicine Benchmarking Audit	Yes	100%
<b>Cardiology</b>		
National Audit of Cardiac Rehabilitation	Yes	Data collection ongoing
National Audit of Cardiac Rehabilitation - Myocardial Ischaemia National Audit Project	Yes	Data collection ongoing
National Cardiac Audit Programme - National Heart Failure Audit	Yes	Data collection ongoing
<b>Elderly Care</b>		
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Data collection ongoing
National Audit of Dementia (Care in general hospitals)	Yes	Data collection ongoing
<b>Diabetes</b>		
National Inpatient Diabetes Audit, including Harms	Yes	75%
<b>Respiratory</b>		
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Pulmonary Rehabilitation-Organisational and Clinical Audit	Yes	Data collection ongoing
<b>Emergency Medicine</b>		
Emergency Medicine QIPs - Pain in Children (Care in Emergency Departments)	Yes	Data collection ongoing
Emergency Medicine QIPs - Assessing for cognitive impairment in older people	Yes	Data collection ongoing
Emergency Medicine QIP: Mental health self harm	Yes	Data collection ongoing
Trauma Audit & Research Network	Yes	Data collection ongoing
<b>Intensive Care</b>		
Case Mix Programme (CMP)	Yes	Data collection ongoing



## Teams did not participate in the following national clinical audits during 2022/23

National clinical audit/ programme	Reason for non-participation
<b>Planned Care Services</b>	
National Audit of Seizures and Epilepsies in Children and Young People	Paediatrics tried to keep up with the audit but failed to meet the deadlines
Maternal, Newborn and Infant Clinical Outcome Review Programme (MMBRACE)	Currently not applicable due to suspension of intrapartum services until June 2023
Cleft Registry and Audit Network Database	Currently not applicable due to suspension of intrapartum services until June 2023
National Maternity and Perinatal Audit (NMPA)	Currently not applicable due to suspension of intrapartum services until June 2023
National Neonatal Audit Programme	Currently not applicable due to suspension of intrapartum services until June 2023
National Perinatal Mortality Review Tool	Currently not applicable due to suspension of intrapartum services until June 2023
<b>Acute and Integrated Care</b>	
National Audit of Care at the End of Life	The Trust wished to prioritise the actions that were identified from the NACEL audit that was undertaken in 2021.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Adult asthma secondary care	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Chronic Obstructive Pulmonary Disease Secondary Care	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Respiratory Audits: Adult Respiratory Support Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Respiratory Audits: Smoking Cessation Audit-Maternity and Mental Health Services	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Inflammatory Bowel Disease Programme/IBD Registry	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
National Cardiac Audit Programme - National Adult Cardiac Surgery Audit	Little cardiac activity and many of the investigations and procedures are not taking place on this site
National Cardiac Arrest Audit Intensive Care	The Trust did not have a Resuscitation Officer to participate in this audit
National Diabetes Footcare Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
National Pregnancy in Diabetes Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Chronic Kidney Disease Registry	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Renal Audits: National Acute Kidney Injury Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.

## The following National Audit reports have been issued during 2022/23 but relate to previous financial years

National clinical audit/programme
<b>Planned Care Services</b>
<b>Maternity</b>
National Maternity and Perinatal Audit: Clinical report 2022
MBRRACE-UK Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018/20
<b>Orthopaedics</b>
The National Hip Fracture Database Report on 2021
National Joint Registry 19th Annual Report 2022
<b>General Surgery</b>
Eighth Patient Report of the National Emergency Laparotomy Audit
<b>Paediatrics</b>
National Paediatric Diabetes Audit – Annual report 2020/21 Care processes and outcomes
National Paediatric Diabetes Audit - Parent and Patient Reported Experience Measures (PREMs) 2021
National Paediatric Diabetes Audit – Report on Care and Outcomes 2021/22
Child and Young Person Asthma 2021 Organisational Audit: Summary report
<b>Allied Health and Clinical Support Services</b>
<b>Cancer Services</b>
National Audit of Breast Cancer in Older Patients – 2022 Annual Report
National Oesophago-Gastric Cancer Audit Short Report 2022: Postoperative nutritional management among patients with oesophago-gastric cancer in England
Patient and Tumour Characteristics Associated with Metastatic Prostate Cancer at Diagnosis in England
Prostate Cancer services during the COVID-19 Pandemic – Annual Report 2022
National Bowel Cancer Audit – Annual Report 2022
<b>Acute and Integrated Community Care</b>
<b>Respiratory</b>
Pulmonary Rehabilitation 2021 Organisational Audit (NACAP)
Drawing Breath – the state of the nation's asthma and COPD care are recommendations for improvement (NACAP)
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) - Clinical outcomes October 2018 – March 2020
<b>Care of the Elderly</b>
National Audit of Dementia: Memory Assessment Services Spotlight Audit 2021
National Audit of Inpatient Falls Annual Report 2022
<b>End of Life</b>
National Audit of Care at the End of Life Third Round of the Audit (2021/22) Report
National Audit of Care at the End of Life Mental Health Spotlight Audit Summary Report (2021/22)



National clinical audit outcomes

Following analysis of the findings of the clinical audits, clinical teams have identified actions to support compliance with the standards outlined within the audit framework. Examples of actions agreed to address audit outcomes include;

**National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) – Pulmonary Rehabilitation**  
For people living with Chronic Obstructive Pulmonary Disease, pulmonary rehabilitation (PR) can be a crucial part of their treatment.

From the report, areas for which national recommendations have been identified for improvement include making sure the six-minute walk tests to measure exercise capacity are being measured on a 30-metre course to adhere to technical standards and providing clinical leads with designated sessional time to coordinate and develop the service.

The team are currently reworking PR staffing to support the Senior Respiratory Physiotherapist having more designated time for service improvement.

The PR team have already achieved multiple national recommendations highlighted in the report which include ensuring all PR services have an agreed standard operating procedure, providing patients with a written plan for ongoing exercise maintenance and conducting discharge assessments for home-based PR programmes.

The Trust will continue to review its practices in line with the national recommendations and will be participating in this national audit next year.

**National Audit of Care at the End of Life (NACEL)** The report highlighted the Trust should focus on communicating with patients and relatives and involving patients as much as possible in care planning and decision making at the end of life stage.

The End of Life team are focusing on improving staff training to improve patient care, this includes reviewing the End of Life Annual Clinical Update training to evaluate whether the online training is the most appropriate delivery method, providing access to comprehensive end of life care training for all staff across the Trust that supports communication skills for staff and promoting Mayfly Advance Care Planning Training for all clinical staff at East Cheshire NHS Trust.

**National Bowel Cancer Audit**  
The Trust selected recommendations to focus on following the publication of the National Bowel Cancer Audit Report. One recommendation chosen was regarding all patients diagnosed with colorectal cancer having access to mismatch repair (MMR) or microsatellite instability (MSI) testing and other genomics testing.

Currently the Trust is following a process in which genetic tests for all patients sent to Stoke and Manchester are requested, and the Trust are working towards all patients receiving results within an acceptable timeframe. A second recommendation the Trust is working towards involves hospitals performing at least ten rectal resections per year, and surgeons should perform at least five rectal resections per year.

The Trust has introduced a process to review colorectal surgeon allocations every four months to ensure compliance to these criteria. The department have progressed to full compliance with the NICE guidelines for colorectal cancer.

**The National Prostate Cancer Audit**  
The report recommendations highlighted Trusts should introduce an optimal timed pathway for prostate patients, the cancer team have already incorporated this recommendation into their practice and are monitoring the results through the departments cancer action plan.

The team will be participating again in next year’s national audit and will focus on improving their data collection.

**Transfusion National Audit Regarding NICE QS138**  
The Trust had some very positive findings from this national audit, for example with a standard which requires use of tranexamic acid in surgery, we were compliant in 90% of cases.

The transfusion team presented the audit findings at the Trust’s Grand Round to share information and gather feedback from clinicians. It was felt that some of the findings were due to lack of documentation which would be improved following the actions from our local pathway audit which include updating the Trust’s transfusion pathway form and emphasising on education which the Grand Round presentation addressed.

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

The following NCEPOD audits were participated in during 2022/23, with progress reported to Clinical Audit and Effectiveness Sub-committee.

A summary of the NCEPOD studies participated in during 2022/23 is given below:

NCEPOD Audit Reviewed	Participation	% Data submission
Transition Study	Yes	Organisational Questionnaire – 100% Case notes – 100% Clinician Questionnaires – 0%
Crohn’s Disease Study	Yes	Organisational Questionnaire – 100% Case notes – 100% Clinician Questionnaires – 100%
Community Acquired Pneumonia Study	Yes	Organisational Questionnaire – 100% Case notes – 100% Clinician Questionnaires – 100%
Testicular Torsion Study	Yes	Organisational Questionnaire – 73% Ongoing





### Local clinical audits

32 local audits were approved on the forward planner for 2022/23. As of the 31st March 2023 the Trust had registered 83 local clinical audits across the three clinical directorates and Corporate Services. This represents 100% of the approved plan.

Progress against the forward plan is monitored at the monthly Clinical Audit and Effectiveness Sub-committee, which has representation from each of the service lines.

All completed audits are presented to the relevant specialty audit meeting and a summary of the outcomes is included in the clinical effectiveness update report to the quarterly Clinical Audit and Effectiveness Sub-committee. The reports of 46 local clinical audits were reviewed by the provider in 2022/23 and ECT intends to take the following actions to improve the quality of healthcare provided:

### Orthopaedics

The spinal pathway is a supportive document that on-call teams use to gather key history and examination to support clinical impression and initial management of patients presenting to the hospital with spinal pain or associated symptoms. This audit reflected on staffs experience with admissions, to lead to the identification of key areas of the pathway that could be improved. These ideas were discussed with the Clinical Director of Trauma and Orthopaedics to make sure the new spinal pathway was more user friendly and provided a more efficient patient review to enable patients safe and thorough referral. The new spinal pathway has been approved and is being used on the Emergency Department and in Orthopaedics.

### Acute Medicine

Ward 7 consists of Cardiology and Endocrinology/ General Medicine. This requires doctors to share the daily jobs generated from ward round the job book is a method of communication between doctors, nurses, and pharmacists to put down any job or concerns they have. The previous ward list was inundated with spaces that were not used regularly and analysis showed that there were ten 'features' over two pages yet only 40% of these were utilised on average.

The purpose of this quality improvement project was to improve the usability of the job book by 80%. The new jobs book contains a column for drug chart rewrites and outstanding VTE assessments which promotes inclusion of the multidisciplinary team and cut down paper use by 50%.

The overhaul of the Ward 7's job book successfully made the target aim of an 80% increase in usability compared to the original book and serves as a communication tool and promote a more streamlined approach to non-urgent requests.

### Pharmacy

Pharmacy undertook an audit to assess the current adherence to recommended storage of insulin as stipulated in the Trust policy. The audit was undertaken on all medical and surgical wards and specifically looked at whether correct labelling requirements, correct storage requirements and ward stockings of insulin were correct.

The audit identified not all insulin was being stored or labelled correctly and Insulin ward stock did not always match their stock lists. Pharmacy introduced new tools and processes to improve the results of this audit which include a poster displayed on all ward fridges and a feedback session with all ward managers to highlight the findings of the audit, to communicate with their teams.

The correct storage of insulin has been added to the medicines management section of the new nurse's induction booklet and finally a review of the medicine's reconciliation process has taken place to make sure patients bringing in their own insulin are always asked about when it was removed from the fridge. The department plan to re-audit this next year to see the impact their actions have had on the wards.

### Respiratory

An audit was undertaken to identify improvements required in acute delivery of Non-Invasive Ventilation (NIV) the provision of ventilatory support through the patient's upper airway using a mask or similar device. This audit resulted in multiple interventions required with the aim of improving 'door to mask time', the quality of services provided through the development of specific areas with access to expert specialist advice 24 hours a day, and ensuring the Trust has a clear follow up pathway for patients requiring NIV acutely.

Respiratory are working through a range of actions to progress this service, some of which are providing education around recognition of acute hypercapnic respiratory failure (AHRF) and the need for prompt initiation of NIV, improving communication between Accident and Emergency and respiratory using a respiratory on call phone, implementing a respiratory support unit and creating a follow-up pathway. ►

### Paediatrics

Paediatrics undertook an audit with the aim of improving the blood pressure recording and monitoring practice in the paediatric inpatient setting. The first round of the audit identified that only 36% of patients were having their blood pressure recorded within the first hour of admission.

Following the results of this audit the team started including blood pressure recording in the department's monthly record keeping audit to allow for the performance to be reviewed more consistently and effect change accordingly.

This action progressed results rapidly and Paediatrics are now recording 100% of patients blood pressure on admission. The team will continue to include blood pressure monitoring on the monthly record keeping audit.

### Haematology

The purpose of this annual audit is to ensure that user access to patient records held on the

transfusions digital system is based on a legitimate need. This audit was carried out to comply with monitoring requirements, as set out in the Trust's Corporate Procedure for Monitoring and Auditing Access to Confidential Information. The audit has shown that all the staff have the correct permissions and access, and that this is being monitored effectively, all access to patient records has been appropriate.

The audit also shows the total number of staff compliant with the competency has increased from the previous audit completed last year, which shows more individuals have completed this competency assessment.

The transfusions team will continue this audit on a regular basis to make sure the high standard of compliance continues.





“We know that being involved in research improves patient outcomes and staff retention. However, not all patients and members of the public are offered opportunities to be involved in research studies. A key goal of the Department of Health and Social Care’s Equality, Diversity and Inclusion Strategy is to ensure people with the greatest health need are

(Professor Ruth Endacott, Director of Nursing & Midwifery, National Institute for Health Research)

The research team at East Cheshire Trust is made up of research nurses, research practitioners, clinical trials administrators, the research governance facilitator and our local principal research investigators. We work closely with the Greater Manchester Clinical Research Network (CRN) to deliver our research to a high standard and with the National Institute of Health Research Guidelines.

Everyone working on research studies at the Trust must complete Good Clinical Practice (GCP) training before they can start working on the study.

### Patient studies

Working with our local Principal Investigators (PIs) we recruit patients to studies in a wide variety of areas.

From 1st April 2022 to 31st March 2023, the Trust participated in 44 recruiting research studies with 520 patients consenting to taking part these studies.

Our research covers a wide variety of specialities:

- Anaesthetics
- Cardiovascular
- Critical care
- Dementia and neurodegeneration
- Emergency medicine
- Gastroenterology and hepatology
- Health service and delivery
- Infectious diseases
- Maternity
- Oncology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Respiratory
- Surgery

We have also contributed to three commercial research studies in the last year in the following areas; Respiratory, ophthalmology and Paediatrics

At the Greater Manchester Health and Care Research awards in September, the Trust’s fantastic research team were awarded the outstanding achievement by a team for ways of working and Community Midwives were shortlisted for putting participants first.

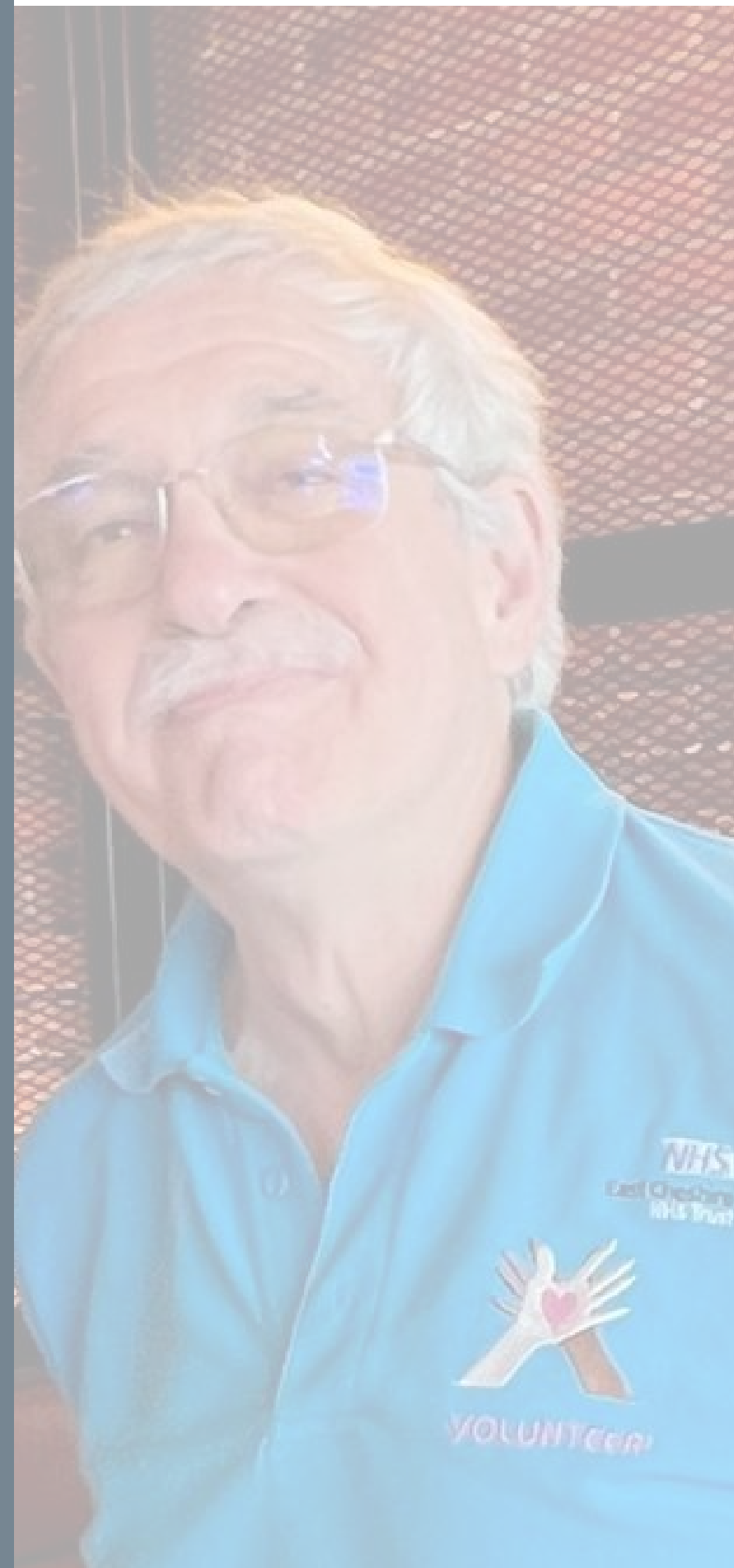






## Quality priorities 2022/23

---





Delivering safe, effective, patient-centred care is the first strategic goal of East Cheshire NHS Trust. We are committed to providing services which:

- Maintain patient safety at all times and in all respects
- Are clinically effective and lead to the best possible health outcomes for patients
- Provide a positive patient experience
- Are timely, equitable and efficient; responding to the needs of our population
- Are well-led, open and collaborative and are committed to learning and improvement

The Trust is facing the same challenges as healthcare services nationally and internationally; rising demand from the population which is increasingly elderly, and rising costs of providing services balanced against advances in medical science which heighten expectations during a time of financial and economic uncertainty.

In order to sustain our NHS, we have to meet these challenges whilst ensuring we improve the quality of services we provide.

In 2022/23, East Cheshire NHS Trust aims to continue to deliver the high quality care for which it is renowned and continue to put patients at the heart of all we do. The Trust has developed a new strategy which outlines our priorities for the next three years. In the following pages the focus and outcomes over these three years are set out. Each year we will report on the annual achievements against each priority.



Quality and Safety in the Trust is developed through conversations with our colleagues; by listening and reviewing feedback from our community; by listening to our key stakeholders and by reviewing insight, indicators, data, feedback and intelligence.

Insight

The NHS Long Term Plan sets out key ambitions for us for the next ten years and as an organisation we will implement the plan into practice locally.

We know from reviewing our insight data that if we focus on this plan and our own local priorities we will make a real difference to the quality of our care.

We have developed five programmes of work (based on the CQC quality domains) and we believe that if we meet our goals we will see significantly improved outcomes for our patients.

Involvement

Health care is a people business and together we have been defining how we want to deliver services to our community. ►

The quality of care that patients receive depends first and foremost on the skill and dedication of our colleagues as we know that engaged colleagues really do deliver better health outcomes. We also want our patients to be involved in improving our services and want them to co-design our improvements with us.

Improvement

Within each objective, we have key initiatives which are designed to help us reach our desired outcome of excelling as an organisation.

Along our journey, we have highlighted the milestones that we will achieve over the three-year period. We will use metrics to measure and assess our improvement journey which we will report on in our annual Quality Account.

Domain	
Well led	<b>Goal:</b> Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centered care.
Caring	<b>Goal:</b> People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.
Safe	<b>Goal:</b> People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong.
Effective	<b>Goal:</b> Outcomes for people who use services are consistently better than expected when compared with other similar services.
Responsive	<b>Goal:</b> Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care,



**Our goal:** Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care. To enable this we aim to transform our quality management and improvement systems with the following initiatives.

**Insight:** Priorities for leadership, development and cultural change are informed by the views of patients, staff and our partners.

**Involvement:** Inclusive leadership will underpin and support us to work in partnership for patients

**Improvement:** Promoting a continuous improvement approach and sharing our successes

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Prepare for future CQC inspection.	Capture information from development reviews and self assessments to support well-led improvements.	<ul style="list-style-type: none"> <li>Undertake a Board self-assessment using the well-led framework.</li> </ul>	<ul style="list-style-type: none"> <li>Leaders within the Trust understand and can demonstrate how leadership, culture, system-working and quality improvement supports the delivery of high quality sustainable care.</li> </ul>
Enhanced collaborative partnership working	Ensure staff are aware of the Trust's strategy and partnership working arrangements.	<ul style="list-style-type: none"> <li>Implement an agreed communications and engagement plan.</li> <li>Ensure staff and the residents we serve have the opportunity to shape our services as they transform and improve.</li> </ul>	
Leadership development	Grow leaders who role model leadership behaviours which continually strengthen our safety culture.	<ul style="list-style-type: none"> <li>Develop our leadership and management culture and capability through supporting staff development and harnessing talent.</li> <li>Using the governance structure to provide assurance that leadership development is embedded</li> </ul>	
Engaging with every colleague across the Trust in contributing to, and having an appreciation for the value of an inclusive workplace where differences and staff wellbeing are recognised and valued.	To ensure all colleagues are treated with respect and dignity and have a sense of belonging at work.	<ul style="list-style-type: none"> <li>An Equality, Diversity &amp; Inclusion (EDI) plan delivered through three distinct commitments to engaging employees:               <ol style="list-style-type: none"> <li>Raising awareness Taking action ensuring a sustainable approach to implementation.</li> <li>Focused delivery on national Equality Diversity &amp; Inclusion objectives, and compliance with the public sector equality duty.</li> <li>Ensure staff understand and access the wide range of support, resources and well-being activities that are available.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Everyone who works for and contributes to services by the Trust can be their authentic selves at work; improving our overall ability to connect with our patients and deliver the highest levels of care.</li> </ul>
Developing our staff and growing our future work-force.	To ensure all staff are competent and confident in their roles and able to work at the top of their scope of practice, providing the best care possible to patients.	<ul style="list-style-type: none"> <li>Engage with staff to ensure our education offer is inclusive and accessible to all.</li> <li>Ensure all staff have a meaningful appraisal including a career conversation and development plan.</li> <li>Develop and enhance our education space, maximising technology to support innovation. Grow our career pathways from entry to senior level maximising central funding opportunities and sharing best practice across our network.</li> <li>Identify opportunities to expand our offer through new partnerships</li> </ul>	<ul style="list-style-type: none"> <li>A rolling programme of 10 new Nurse Associate or Nurse apprentices every year to enhance skills mixing across the nursing family.</li> <li>Established 'grow your own' pathways for AHP roles through an apprenticeship model including therapists, healthcare scientists, theatre and radiology staff.</li> <li>Growth in the number of young people attracted into healthcare roles and training programmes.</li> <li>A 50% increase in the number of medical students hosted by the Trust over the next 2-3 years.</li> <li>Talent pool and succession plans developed for all directorates.</li> </ul>

**Our goal:** People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally. Our ambition is to deliver and improve care by being people centred through the following initiatives

**Insight:** Making experience and insight data count to drive improvement and learning by using patient experience QI methodologies

**Improvement:** Setting clear priorities for patient experience quality improvement that are aligned and where the need for improvement is greatest.

**Involvement:** Embedding an organisation wide approach to using insight from patient feedback to shape our services and improve patient outcomes.

Focus	Ambition 2022-2025	How we will do it?	Expected outcome
Children's Services	<ul style="list-style-type: none"> <li>Ensure Trust remains compliant with national guidance in terms of staffing levels, skill mix and paediatric life support training.</li> <li>The children's ward to achieve UNICEF breast feeding accreditation.</li> <li>Ensure care closer to home. Build confidence to support prevention of unnecessary hospital admissions.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor national guidance activity reviews. Complete monthly dashboard.</li> <li>Actively encourage staff to complete training.</li> <li>Ensure the ward environment is conducive to breastfeeding and all appropriate resources are available.</li> <li>Continue to work with the Integrated Care Partnership (ICP) to develop the child health hub project.</li> <li>Ensure more children are cared for in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Safer staffing levels maintained and all staff up to date with statutory and mandatory training.</li> <li>East Cheshire contribution to increasing national breast feeding rates by maintaining at least 74% 2022-2025.</li> <li>Unscheduled Emergency Department (ED) attendances for children will be reduced from 2021/22 baseline by 10% 2022/23, 20% 2023/24, 50% 2024/25.</li> </ul>
End of Life Care	<ul style="list-style-type: none"> <li>Improve patients' and relatives' experience of End of Life (EOL) care within hospital and community settings, as defined by National Document "One Chance to Get it Right" which highlight the 5 priorities of care of the dying patient.</li> </ul>	<ul style="list-style-type: none"> <li>Increase Use of (Last Days of Life) LDOL template within hospital and community settings.</li> <li>Review of nursing section in LDOL template within hospital setting.</li> <li>Participation in National Audit of Care at End of Life (NACEL) audit.</li> <li>Ongoing education programmes. Consider EOL facilitator post (currently 2.5 days a week).</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in quality of care at end of life.</li> <li>Fewer incidents and complaints relating to End of Life Care (EOLC).</li> </ul>
	<ul style="list-style-type: none"> <li>Increase the proportion of patients' dying in their preferred place of death.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Advanced Care Practitioner (ACP) training Increase in use of rapid discharge home to die document within hospital settings.</li> <li>Improve recording of data via Electronic Palliative Care Coordination Systems (EpACCs) (currently only records data that GP practices input).</li> <li>Work collaboratively with hospice at home to support these patients in community setting.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in number of patients achieving their Probing Pocket Depth (PPD) Reduction in hospitalisations in the last weeks of life.</li> </ul>
	<ul style="list-style-type: none"> <li>Ensure End of Life Care (EOLC) is part of ward accreditation process.</li> </ul>	<ul style="list-style-type: none"> <li>Work alongside lead for ward accreditation to ensure End of Life Care is embedded into the process.</li> <li>Ongoing education of all staff.</li> </ul>	<ul style="list-style-type: none"> <li>Improved knowledge of EOLC services for staff within the hospital setting.</li> <li>Enable prompt referral to SPC services and support.</li> </ul>
Palliative and End of Life Care	<ul style="list-style-type: none"> <li>To establish the use of PROMs (OACC / IPOS) within Specialist Palliative Care (SPC) services (hospital and community).</li> </ul>	<ul style="list-style-type: none"> <li>Participate in network meetings relating to use of Integrated Palliative Care Outcome Scale (IPOS).</li> <li>Education of SPC team in relation to their use and benefit.</li> <li>Roll out of OACC suite of measures within SPC team.</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate the benefits of SPC services to individuals and patients as a whole across the different domains (physical, spiritual, social etc).</li> <li>Use of data collected from IPOS to support the commissioning of SPC services going forward.</li> </ul>
	<ul style="list-style-type: none"> <li>To scope the possibility of 7 day SPC services for both hospital and community settings.</li> </ul>	<ul style="list-style-type: none"> <li>Use the scoping work being undertaken by Cheshire and Merseyside and GMEC palliative and EOLC clinical networks to inform us in relation to current gaps in service.</li> <li>Consider possible models of working for East Cheshire NHS Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to SPC support and advice out of hours.</li> <li>Reduction in hospital admissions in last weeks of life.</li> </ul>
Dementia Care	<ul style="list-style-type: none"> <li>Build on positive patient experience of dementia care within East Cheshire NHS Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Increase training and development opportunities.</li> <li>Participation in the National Audit of Dementia.</li> <li>Improved Identification of known diagnoses increased screening for delirium.</li> <li>Create more dementia friendly environments within the hospital.</li> <li>Introduction of process/pathway to ensure post discharge support.</li> </ul>	<ul style="list-style-type: none"> <li>Care bundles and reasonable adjustment symbols in situ for all patients with dementia.</li> <li>Carers surveys routinely distributed.</li> <li>Enhancing the Healing Environment assessments carried out across the hospital and recommendations put in place.</li> <li>Admiral Nurse service expanded to support community.</li> </ul>



**Our goal:** People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong. This will be delivered using the following initiatives:

**Insight:** Improving understanding of safety by drawing intelligence from multiple sources of patient safety information.

**Involvement:** Equipping patients, colleagues and partners with the skills and opportunities to improve patient safety throughout the whole system.

**Improvement:** Designing and supporting programmes that deliver effective and sustainable change in the most important areas.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Capability of work colleagues	<ul style="list-style-type: none"> <li>Increase the numbers of staff trained as patient safety specialists to lead safety improvement.</li> </ul>	<ul style="list-style-type: none"> <li>Release and support staff to attend the national training programme.</li> <li>Establish an action learning set for patient safety specialists.</li> </ul>	<ul style="list-style-type: none"> <li>All investigation reports will be people focused to support patients and their relatives' understand what has happened when something has gone wrong and what action is being taken to reduce the likelihood of re-occurrence.</li> </ul>
Changing Practice	<ul style="list-style-type: none"> <li>Ensure people are equipped to learn from what goes well, as well as to respond appropriately should things go wrong.</li> </ul>	<ul style="list-style-type: none"> <li>Implement an appreciative enquiry approach to share and celebrate notable practice in terms of patient safety and strengthen systems of sharing learning within and across the organisation.</li> <li>Ensure learning from incidents, complaints and near misses.</li> <li>To develop and implement annual clinical audit programme from identified lessons learnt.</li> </ul>	<ul style="list-style-type: none"> <li>There will be a year-on-year increase in the recognition and celebration of good practice through excellence reporting.</li> <li>Patient safety concerns raised by work colleagues will be demonstrate that a continuously improving safety culture is embedded across the organisation.</li> </ul>
Sharing learning across the system	<ul style="list-style-type: none"> <li>Work with our partners in the local Place based system and beyond to establish a culture of shared learning from safety intelligence.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a PLACE based network where intelligence from partner organisations can share learning and good practice to promote the development of a system safety culture.</li> </ul>	<ul style="list-style-type: none"> <li>System learning to reduce harm will be evident and include new ways of working enabled by digital technologies, eg by improved access to shared patient records.</li> </ul>
Improving quality standards on our wards and community teams	<ul style="list-style-type: none"> <li>Robust continuous assessment of the quality standards in each ward and community team using audit tools "QSUS".</li> <li>Annual Accreditation inspection of each ward and team.</li> <li>Quality improvement projects focusing on themes identified through inspection processes.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly audit monitoring by senior sisters/team leaders.</li> <li>Local Quality Improvement (QI) projects.</li> <li>Annual inspection using 'QSUS' audit and accreditation tool.</li> </ul>	<ul style="list-style-type: none"> <li>Focused plan for continuous improvements in patient care for each ward and community team.</li> </ul>
To prevent hospital falls	<ul style="list-style-type: none"> <li>Continue to improve care for patients using national and local frameworks, such as NICE guidance, national falls survey and local working groups.</li> </ul>	<ul style="list-style-type: none"> <li>Establish falls panel to review all falls, moderate and above.</li> <li>Ensure roll out of bay tagging to all wards.</li> <li>Review of nursing documentation.</li> <li>Appoint falls coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>To ensure falls do not exceed 1.6 per 1000 bed days and ideally improve on this.</li> </ul>
Safer staffing	<ul style="list-style-type: none"> <li>Continue to comply with the national quality board safer staffing thresholds, with a focus on recruitment, staff development and retention.</li> </ul>	<ul style="list-style-type: none"> <li>Bi-annual safer nursing care tool audits.</li> <li>Annual ward establishment and skill mix reviews led by Director of Nursing.</li> </ul>	<ul style="list-style-type: none"> <li>Registered nurse role annual turnover &lt;10%.</li> <li>Vacancies maintained below 10%.</li> <li>Meet the expected staffing standards for acute wards and departments.</li> </ul>
To improve the learning from our investigations into our serious medication errors	<ul style="list-style-type: none"> <li>Improve standards associated with medication administration.</li> </ul>	<ul style="list-style-type: none"> <li>To enable Trust-wide learning opportunities and prevent further incidents in order to improve patient safety.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in harm from medication administration incidents by 10% from 2021/22 baseline.</li> </ul>
Sepsis	<ul style="list-style-type: none"> <li>Continued compliance to the national sepsis agenda.</li> </ul>	<ul style="list-style-type: none"> <li>Continued implementation of NEWS2.</li> <li>Sepsis improvement will be facilitated through the Deteriorating Patient Response Group (DPRG). Facilitated by the Trust's sepsis lead and critical care outreach sepsis champion.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in failure to reduce incidents from 2021/22 baseline.</li> <li>Achievement of targets for sepsis training.</li> </ul>

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
NEWS2	<ul style="list-style-type: none"> <li>Compliance to the national guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitated through the Deteriorating Patient Response Group (DPRG) supported by critical care outreach NEWS2 champion.</li> <li>RADAR dashboard.</li> </ul>	<ul style="list-style-type: none"> <li>Improved recognition and response for the deteriorating patient, evaluated by a reduction in failure to rescue incidents and improved patient outcomes.</li> </ul>
Safeguarding	<ul style="list-style-type: none"> <li>To implement the Pathfinder toolkit. This provides a whole system approach to health and domestic abuse. Its ambition is to create an innovative, comprehensive and sustainable model responding to domestic abuse across the health economy.</li> </ul>	<ul style="list-style-type: none"> <li>A co-ordinated and effective response to both victims and perpetrators of domestic abuse for both patients and staff.</li> <li>To establish a steering group within a governance framework.</li> <li>Standalone domestic abuse patient and staff policies are also paramount in ensuring that an appropriate environment is created for work colleagues to feel supported and confident in identifying and safely responding to domestic abuse.</li> <li>The hospital based Independent Domestic Violence Advisor (IDVA) role to be reviewed and to be back on site.</li> <li>Identified Domestic Abuse champions in clinical areas.</li> <li>Domestic Abuse strategy and training framework in place.</li> </ul>	<ul style="list-style-type: none"> <li>Embed the toolkit across the Trust by March 2023 to inform best practice responses to domestic abuse.</li> </ul>
Pressure ulcers	<ul style="list-style-type: none"> <li>Continue to improve the quality of care for patients by reducing the number of pressure ulcers (Cat 2,3 and 4) that develop within the hospital or on case-load.</li> <li>Explore the use of new technologies eg. sub epidermal scanners for the early identification of pressure ulcers.</li> <li>Continue to engage and share best practice/lessons learnt with Cheshire and Merseyside Pressure Ulcer Action Learning Set.</li> </ul>	<ul style="list-style-type: none"> <li>We will review the numbers and Category of all hospital and community acquired pressure areas as they are reported.</li> <li>We will ensure that all category 3 and 4 pressure ulcers are investigated and analysed to understand why and how they are developed.</li> <li>We will share good practice and train our staff to care safely for our patients pressure areas.</li> <li>We will review the hospital and community pressure ulcer assessment document to ensure that meets requirements of the SSKIN bundle and latest NICE guidance.</li> <li>We will educate our patients and their carers to be involved in caring for their pressure areas.</li> </ul>	<ul style="list-style-type: none"> <li>A year on year reduction in the number of pressure ulcers (Cat 2,3, and 4) that develop on case-load (based on previous year's baseline).</li> <li>Zero Category 4 pressure ulcers will develop on case-load.</li> <li>Improved assessment and documentation of pressure ulcers in line with NICE clinical guidance which supports effective interventions and care.</li> <li>Patients will be engaged and empowered to better look after their own pressure areas and health.</li> </ul>
Infection, Prevention and Control (IPC)	<ul style="list-style-type: none"> <li>Ensure the application of UK Infection Prevention and Control guidance to reflect the most up to date, scientific understanding on how to prevent and control pandemic infections.</li> <li>Support the prevention of nosocomial infections and transmission within the Trust.</li> <li>Flu and Covid-19 vaccinations for all staff.</li> <li>Support well-being of our work colleagues to ensure vaccination and the delivery of a safety culture.</li> </ul>	<ul style="list-style-type: none"> <li>Review of Infection, Prevention and Control Board assurance framework identifying and addressing any gaps in control.</li> <li>Strengthen the IPC team with appointment of additional IPC Nurse Specialist post.</li> <li>Ensure lessons learnt and shared from all IPC incidents and outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of clinical pathways to reduce the risks of nosocomial infections to comply with national guidance.</li> <li>All IPC standards met with Clostridium difficile (C.DIFF), Methicillin-resistant Staphylococcus Aureus (MRSA), Blood Stream Infections (BSI) and other alert organisms within agreed national objectives. More than 90% of work colleagues vaccinated against known pandemic disease.</li> </ul>



## Effective

**Our goal:** Outcomes for people who use services are consistently better than expected when compared with other similar services. This will be delivered using the following initiatives:

**Insight:** Colleagues routinely draw on internal and external evidence from a variety of sources to achieve best clinical outcomes promoting quality of care.

**Involvement:** Clinical effectiveness data is regularly reviewed by colleagues and patients inclusively and used to drive improvement where the need is greatest.

**Improvement:** Quality improvement methodology is used in a timely manner to implement evidence based practice from audit, research, patient feedback in innovative and efficient ways.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Patient Reported Outcome Measures (PROMS)	<ul style="list-style-type: none"> <li>To reinstate PROMs post pandemic data and elective joint replacement surgery.</li> <li>New lead to be identified and data collection to recommence when elective joint replacement surgery resumes.</li> </ul>	<ul style="list-style-type: none"> <li>Identify new lead for the PROMS programme.</li> <li>Patient questionnaires pre and post surgery.</li> </ul>	<ul style="list-style-type: none"> <li>Improved patient outcomes following joint replacement surgery.</li> </ul>
Digital service transformation	<ul style="list-style-type: none"> <li>To provide our work colleagues with the digital tools and skills needed in order to deliver safe and effective and efficient care.</li> </ul>	<ul style="list-style-type: none"> <li>Initiation of a digital skills development programme to ensure staff are able to use the systems available to them.</li> <li>Implementation of the new Digital Clinical System (DCS) in 2024 including ePrescribing, clinical decision support and access to a more comprehensive and complete record.</li> <li>Access information from a system wide bank of leaflets/patient information to support effective after care.</li> </ul>	<ul style="list-style-type: none"> <li>Safer, more effective and efficient care with DCS fully operational by March 2025.</li> </ul>
Effective discharge	<ul style="list-style-type: none"> <li>Work with partners to ensure a system wide approach to support our vision of right care, right place, right time.</li> <li>To increase the amount of time people spend at home by reducing the number of people with no criteria to reside who remain in hospital for external reasons and thereby reducing potential harms which arise from extended hospital stays.</li> </ul>	<p>Strengthen relationships with partners to support;</p> <ul style="list-style-type: none"> <li>Working collaboratively to identify and procure adequate resource to support people at home, including therapy and domiciliary care.</li> <li>Making best use of those resources to enable patients to receive the right level of care in the right place.</li> <li>Improved communication between the wider Multi Disciplinary Team (MDT), including the voluntary sector and primary care networks to promote continuity and prevent duplication.</li> </ul>	<ul style="list-style-type: none"> <li>Year on year reduction in Length of Stay (LOS) for patients with no criteria to reside in both acute and community beds.</li> <li>Year on year reduction in admissions to a community bed for pathway 1 patients.</li> <li>Reduction in the number of patients with no criteria to reside by 5% per year from baseline of 30%.</li> </ul>
Autism	<ul style="list-style-type: none"> <li>Whole Trust autism accreditation from the National Autistic Society (NAS).</li> </ul>	<ul style="list-style-type: none"> <li>Review, refresh and recruitment of autism link staff.</li> <li>Review of areas currently accredited by NAS.</li> <li>Identification of additional whole areas requiring accreditation to achieve full Trust accreditation.</li> <li>Action plan developed to achieve accreditation</li> </ul>	<ul style="list-style-type: none"> <li>The Trust will receive full accreditation from NAS.</li> <li>Improved patient experience for patients / relatives with autism spectrum conditions (ASC).</li> </ul>
Learning disabilities	<ul style="list-style-type: none"> <li>Ensure that patients with learning disabilities receive appropriate care tailored to meet their needs.</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of ward communication boxes that contain a range of resources to support patients with learning and communication difficulties.</li> <li>Improved links with Cheshire and Wirral Partnership (CWP) community learning disability team to offer support.</li> <li>Completion of annual work plan (to include any actions in relation to the NHSE/I learning disability benchmarking standard) via the Trust's learning disability and autism working group.</li> </ul>	<ul style="list-style-type: none"> <li>95% compliance with reasonable adjustment care completion.</li> <li>80% of work colleagues have received learning disabilities and autism awareness training.</li> <li>Improved patient experience via feedback from the Trust's learning disability and autism working group.</li> </ul>

## Responsive

**Our goal:** Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. This will be delivered using the following initiatives:

**Insight:** Through listening to our patients' experiences of their care and to the views of our work colleagues we will generate and share actionable insight to help deliver improvement work more effectively.

**Involvement:** We'll work together across our organisation to share insight and research, making sure that our services are aligned wherever possible - putting the patient at the centre of it all and offering patient choice to ensure timely interventions.

**Improvement:** People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Maternity Services	<p>Embed Saving Babies Lives care bundle:</p> <ul style="list-style-type: none"> <li>Implement Carbon Monoxide monitoring for all women at every contact</li> <li>Ensure all high risk women of fetal growth restriction are commenced on growth scan surveillance pathway</li> <li>Ensure compliant with all areas of reduced fetal movement guideline - includes completion of reduced fetal movements assessment tools</li> <li>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 50% by 2025</li> <li>Improve breastfeeding rates.</li> <li>Implement Carbon Monoxide monitoring for all women at every contact.</li> <li>Ensure all high risk women of fetal growth restriction are commenced on growth scan surveillance pathway.</li> <li>Ensure compliant with all areas of reduced fetal movement guideline - includes completion of reduced fetal movements assessment tools.</li> <li>Reduce Preterm Births.</li> <li>Implement continuity of carer to meet the national ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 50% by 2025.</li> <li>Work with partners to better inform and improve breastfeeding take up rates.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of equipment and training.</li> <li>Updating guidance in line with Greater Manchester and Eastern Cheshire (GMEC) Local Maternity System (LMS).</li> <li>Maintain staffing.</li> <li>Training.</li> <li>Provision of ankyloglossia (tongue-tie) clinic.</li> <li>Access to information videos etc that aid support to enhance patient choice.</li> <li>There remains a commitment to women receiving continuity of carer as set out in the NHS Long Term Plan to make maternity care safer, more personalised and more equitable. In light of the Ockenden report (December 2020) the service will work towards the following priorities, despite the added challenges of continuing service suspension:</li> <li>Ensure every woman is offered a Personalised Care and Support Plan, underpinned by a risk assessment and in line with national guidance.</li> <li>Embed the offer to all women with type 1 diabetes of continuous glucose monitoring fully during 2021/22.</li> <li>Put in place the building blocks so that continuity of carer is the default model of care offered to all women.</li> <li>Undertake a further Birth-rate Plus assessment to understand the midwifery workforce required to support Continuity of Carer and follow this through with recruitment.</li> <li>Specifically prioritise those most likely to experience poorer outcomes first, including ensuring most women from Black, Asian and mixed ethnicity backgrounds and also from the most deprived areas are placed on a continuity of carer pathway by March 2022.</li> <li>Develop an enhanced model of continuity of carer which provides for extra midwifery time for women from the most deprived areas for implementation from April 2022.</li> <li>Ockenden Report Immediate and essential actions specifically:</li> <li>Increased obstetric leadership to promote and develop monitoring of fetal wellbeing and twice daily consultant led ward rounds 7/7.</li> <li>MDT maternity training (including full multidisciplinary group) to support CNST and Ockenden Immediate &amp; Essential Action</li> </ul>	<ul style="list-style-type: none"> <li>Saving Babies Lives care bundle implemented to support national ambition to reduce still birth neonatal death and maternal death by 2025.</li> <li>To be in line with Better Births for continuity of carer targets.</li> <li>Combine service user's ideas and voices with those of ECT maternity staff to plan and positively influence the birthing environment at MGDH as part of the recovery plans. So the outcome would be that we work together to coproduce an environment that supports positive birth experiences for all women, including early pregnancy and pregnancy loss.</li> <li>Delivery of improvements in maternity care and the recommendations of the Ockenden review are met.</li> </ul>



**Our goal:** Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. This will be delivered using the following initiatives:

**Insight:** Through listening to our patients' experiences of their care and to the views of our work colleagues we will generate and share actionable insight to help deliver improvement work more effectively.

**Involvement:** We'll work together across our organisation to share insight and research, making sure that our services are aligned wherever possible - putting the patient at the centre of it all and offering patient choice to ensure timely interventions.

**Improvement:** People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Care Communities	<ul style="list-style-type: none"><li>Home first - everybody receives care as close to home as possible, supported by their local communities.</li><li>Supporting people to live well and stay well.</li><li>Providing personalised care without barriers for improved well-being.</li></ul>	<ul style="list-style-type: none"><li>Enhanced crisis response.</li><li>Discharge to assess.</li><li>Provide a framework to enable partners to work together to strengthen the community offer.</li><li>Local decision making at local level.</li><li>Being proactive rather than reactive.</li><li>Ageing well clinics.</li><li>All staff to make every contact count.</li><li>Use digital technologies to enhance time-lines and have improved visibility of whole-person care in between system partners.</li></ul>	<ul style="list-style-type: none"><li>Increase the amount of time that patients spend in their own homes, by reducing time spent in hospital.</li><li>Improved Patient and Staff satisfaction results.</li><li>Number of Making Every Contact Count (MECC) conversations recorded.</li><li>Increased number of staff trained in motivational interviewing.</li></ul>
Patient waiting times	<ul style="list-style-type: none"><li>Work as a whole Trust and with partners to ensure that all patients can benefit from timely access to care which meets NHS standards.</li></ul>	<ul style="list-style-type: none"><li>Eliminate waits of over 104 weeks as a priority through 2022/23 (except where patients choose to wait longer).</li><li>Reduce waits of over 78 weeks and conduct three-monthly reviews for this cohort of patients, extending the three monthly reviews to patients waiting over 52 weeks from 1 July 2022.</li><li>Develop plans that support an overall reduction in 52 week waits where possible.</li><li>Accelerate the progress we have already made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible.</li><li>Expanding the uptake of patient initiated follow-up (PIFU) to all major outpatient specialities, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023.</li><li>Increase use of virtual outpatient clinics.</li></ul>	<ul style="list-style-type: none"><li>Meet patient/citizen needs.</li><li>Waiting times from referral to treatment and arrangements to admit and treat patients are in line with good practice.</li></ul>





# Statements of assurance



## East Cheshire NHS Trust response to partner comments on the Quality Account

A number of third party organisations are asked to comment on the Quality Account each year. The Trust would like to thanks NHS Cheshire Clinical Commissioning Group, Healthwatch and Cheshire East Council for their time and valuable comments on our Account for 2022/ 23.

We acknowledge the positive comments made for our achievements during the year and note the recommended areas to strengthen our services for 2023/24.



# NHS Cheshire and Merseyside response to Quality Account Report (April 2022 to March 2023) for East Cheshire NHS Trust

NHS Cheshire & Merseyside ICB expect high standards of care from the hospital and community services commissioned. Oversight and scrutiny of the contract with East Cheshire Trust takes place by Cheshire East ICB at Place, through regular contract, quality and performance meetings as well as regular quality leads meetings. This enables verification of the accuracy of this quality account.



As the NHS continues to recover from the pandemic the Trust has set out their new quality and safety strategy 2022-25 and other core strategies discussed in this report. The pressures on urgent care and patient flow have been managed by system working and the Home First approach alongside the Transfer of Care Hubs skill mixed team supporting patients and their families with all aspects of discharge from hospital and has reduced the reliance on statutory services.

Recognising the efforts of the workforce through the Excellence Report system provides staff and teams with the acknowledgement of the work they have undertaken over the previous year. This combined with the Quality Improvement Framework will continue to raise the standards of care your patients receive and add to their experience of care.

It is clear that the Trust prioritises ensuring patients experience safe care during their hospital stay. We note the robust and varied support offered via the Falls OPAL bundle and subsequent initiatives to reduce inpatient falls, which has been a common area for patient safety incidents often resulting in a prolonged length of stay in patients otherwise fit for discharge.

Similarly we acknowledge the work undertaken by your tissue viability team and colleagues to reduce pressure ulcers in the hospital through the Pressure Ulcer Improvement Plan and being part of the North West pilot for the Sub-epithelial moisture scanners. We also praise the hospital for ensuring all inpatients have an appropriate mattress for their care through the annual mattress audit and adaptations made to trolleys in the Emergency Department.

It has been another busy year for the Infection Prevention and Control (IPC) team, but they have adapted practice to adhere to the national updates for management of Covid-19 and have implemented the revised Board Assurance Framework for IPC. We acknowledge the work that has been undertaken to respond to the increased number of Clostridium Difficile infections you have reported this year. However we are assured that the new Improvement Plan and collaborative working with neighbouring hospitals will ensure learning from these cases is implemented with a positive effect to reduce future cases.

We commend you for your ongoing work to ensure patients with a Learning Disability or Autism have a positive experience during their stay in hospital and we look forward to hearing more about the Healthcare Inclusion Award and other interventions in the coming year. The innovative ways of respecting patients with Dementia introduced by your Admiral Nurse and senior team also reflect that the patients' individual needs are central to the way you work.

The NHS is nothing without its workforce and having robust leadership. The leadership training you have implemented to support the communication and collaboration across the wider healthcare system is positive. We also recognise the staff networks for LGBTQ+ and disabled staff as well as the wellbeing support offered to all staff groups over the past year.

The Trust's Quality & Safety Strategy 2022-25 drives continuous improvement across the trust through the five goals agreed in collaboration with the workforce. We look forward to continuing to hear about these improvements covering the three areas of quality; patient experience, patient safety and clinical effectiveness across all services in both the hospital and the community.

Clinical audit is a key component in quality of care, and we were particularly interested to see the range and number of national audits completed in year. It is positive that the Trust is meeting or is above the national average compliance rates for these audits, which is another great example of a culture for promoting good quality care standards across all Departments. We also recognise the rationale for not taking part in the audits listed in the report due to capacity issues and ongoing system pressures.

The improvements to your patient safety culture have been evident through the work which has gone into the investigation progress for serious incidents and how learning has been embedded into practice. This is further evidenced by the progress against the introduction of the new patient safety incident response framework and appointments to the Quality and Governance Team over the course of the year.

In closing we acknowledge that the Trust has not received a CQC inspection since 2019 but the Trust's ongoing commitment to embedding the quality improvement work noted in this report will support with future inspections. We wish the Trust every success with the ongoing rollout of the quality strategy and look forward to continuing to work with you and see the development of the provider collaborative and system working.

Yours Sincerely

A handwritten signature in black ink that reads 'A Williams'.

Amanda Williams

Associate Director of Quality and Safety Improvement (Cheshire East)

NHS Cheshire and Merseyside ICB



## Healthwatch Cheshire CIC welcomes the opportunity to comment on the East Cheshire NHS Trust Quality Account 2022/23

Healthwatch Cheshire East felt that overall, this is a reader friendly report which is informative and contained interesting and relevant information. It shows the Trust's innovative work in several areas.



We note and commend the trust on its recent work in particular- Safer staffing – Healthwatch were pleased to hear of the recruitment of 78 new nurses and the projection of 0% vacancies by Q1 23/24. This obviously not only increases patient care but also confidence. In addition, this supports the wider wellbeing of staff.



Reduction in Falls with Harm - Within this area the appointment of an Activity Coordinator to Ward 9 is an excellent way of enhancing the wellbeing of patients. Healthwatch Cheshire look forward to seeing this in action.

The introduction of a Hospital Independent Domestic Violence Advocate is a really positive step in supporting victims at an early stage and providing better outcomes for victims and hopefully a reduction in the need for medical treatment.

Good collaborative working with the Care Communities particularly around Transfer to Discharge - supporting not only the patient but their carers.

The support the Trust is giving to care homes in delivering education and support in early identification and management of pressure ulcers is to be commended.

The Trust undertakes a wider range of audits and these have identified areas for improvement and what has/is happened to address these. e.g. management and storage of insulin, blood pressure monitoring in paediatrics.

## Health and Adult Social Care and Communities overview and Scrutiny committee Review of East Cheshire NHS Trust Quality Account 2022/23

Insert words here







<b>A&amp;E</b>	Accident and Emergency
<b>ACS</b>	Acute Coronary Syndrome
<b>ACP</b>	Association of Child Psychotherapists
<b>AFS</b>	Anti Fraud Specialist
<b>AHP</b>	Allied Health Professional
<b>AKI</b>	Acute Kidney Injury
<b>AQ</b>	Advancing Quality
<b>AMi</b>	Acute Myocardial Infarction
<b>AMT</b>	Abbreviated Mental Test
<b>ANC</b>	Antenatal Clinic
<b>APLS</b>	Advanced Paediatric Life Support
<b>ARDS</b>	Acute Respiratory Distress Syndrome
<b>AVS</b>	Acute Visiting Service
<b>CARE</b>	Clinical Audit Research and Effectiveness
<b>C&amp;MCCN</b>	Cheshire and Mersey Critical Care Network
<b>CCG</b>	Clinical Commissioning Group
<b>CCNT</b>	Children's Community Nursing Team
<b>CCR</b>	Cheshire Care Record
<b>CCOR</b>	Central Venous Access Device
<b>CDiff</b>	Clostridium <i>Difficile</i>
<b>CGA</b>	Comprehensive Geriatric Scheme for Trusts
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CPAP</b>	Continuous Positive Airway Pressure
<b>CPR</b>	Cardiopulmonary Resuscitation
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for Quality And Innovation
<b>CRN</b>	Clinical Research Nurse
<b>CTG</b>	Cardiotocography
<b>CTR</b>	Criteria To Reside
<b>CWMH</b>	Congleton War Memorial Hospital
<b>Datix</b>	Internal incident reporting system
<b>DNACPR</b>	Do Not Attempt Cardiopulmonary Resuscitation
<b>DSPT</b>	Data Security Protection Toolkit
<b>DTOC</b>	Delayed Transfers of Care
<b>DVT</b>	Deep Vein Thrombosis
<b>ECCCG</b>	East Cheshire Clinical Commissioning Group
<b>ECT</b>	East Cheshire NHS Trust
<b>ED</b>	Emergency Department
<b>EDD</b>	Expected Day of Discharge
<b>EDNF</b>	Electronic Discharge Notification Form
<b>EMIS</b>	Electronic Medical Information Systems
<b>EPaCCS</b>	Electronic Palliative Care Co-ordination Systems
<b>EOL</b>	End-Of-Life
<b>ETU</b>	Endoscopy Treatment Unit
<b>FFT</b>	Friends and Family Test
<b>GMC</b>	General Medical Council
<b>GP</b>	General Practitioner
<b>GPOOH</b>	GP Out-of-Hours

<b>HDU</b>	High Dependency Unit
<b>HITS</b>	Home Intravenous Therapy Team
<b>HLO</b>	High Level Outcome
<b>ICU</b>	Intensive Care Unit
<b>IG</b>	Information Governance
<b>IT</b>	Information Technology
<b>IRT</b>	Integrated Respiratory Team
<b>LD</b>	Learning Disabilities
<b>MAPLE</b>	Mental and Physical-Led Exercises
<b>MAU</b>	Medical Assessment Unit
<b>MDGH</b>	Macclesfield District General Hospital
<b>MDT</b>	Multi-Disciplinary Team
<b>MRSA</b>	Methicillin-Resistant Staphylococcus Aureus
<b>MINAP</b>	Myocardial Ischaemia National Audit Project
<b>MVP</b>	Maternity Voices Partnership
<b>NAS</b>	National Autistic Society
<b>NEWS2</b>	National Early Warning Score 2
<b>NHS</b>	National Health Service
<b>NHSI</b>	NHS Improvement
<b>NHSLA</b>	NHS Litigation Authority
<b>NHSP</b>	Newborn Hearing Screening Programme
<b>NICE</b>	National Institute of Clinical Excellence
<b>NIHR</b>	National Institute for Health Research
<b>NCEPOD</b>	National Confidential Enquiry into Patient Outcome and Death
<b>NRLS</b>	The National Reporting and Learning System
<b>NSF</b>	National Service Framework
<b>NWAS</b>	North West Ambulance Service
<b>OT</b>	Occupational Therapist
<b>OFSTED</b>	Office for Standards in Education
<b>OOH</b>	Out of Hours
<b>PE</b>	Pulmonary Embolism
<b>PICC</b>	Peripherally Inserted Central Catheter
<b>PLACE</b>	Patient-Led Assessment of Care Environment
<b>PPC/D</b>	Preferred Place for Care/Death
<b>PPE</b>	Personal Protective Equipment
<b>PROMS</b>	Patient-Reported Outcome Measures
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention
<b>QSUS</b>	Safety Quality Standards
<b>RAD</b>	Rapid Access and Diagnostics
<b>RCOG</b>	Royal College of Obstetricians and Gynaecologists
<b>SBLBC</b>	Saving Babies Lives Care Bundle
<b>SHMI</b>	Summary Hospital-level Mortality Indicator
<b>SNCT</b>	Safer Nursing Care Tool
<b>SPCT</b>	Specialist Palliative Care Team
<b>SQS</b>	Safety Quality Standards
<b>StEIS</b>	Strategic Executive Information System
<b>TARN</b>	Trauma Audit and Research Networks
<b>UTI</b>	Urinary Tract Infection
<b>VTE</b>	Venous Thromboembolism



**East Cheshire NHS Trust**  
Victoria Road  
Macclesfield  
Cheshire SK10 3BL  
United Kingdom (0)1625 421000

[www.eastcheshire.nhs.uk](http://www.eastcheshire.nhs.uk)

 @EastCheshireNHS  
 @EastCheshireNHS