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OUR REF: SC/LW/nb

Dear Ms Egerton

As Chair of the Cheshire East Council Scrutiny Committee, I am writing to submit its statement to be included in the Mid Cheshire Trust's Quality Account 2022/23. The draft Quality Account 22-23 has been shared with and reviewed by members of the Scrutiny Committee. Overall, the Committee is pleased with the content of the Quality Account and believes it provides a good picture of the performance of the Trust. I would also add the following comments:

The four improvement aims set out within the Trust Quality & Safety Improvement Plan 2022-23 are noted, and I am pleased to hear that good progress is being made in the development of the Quality and Safety Improvement Strategy for 2023-2024. The Committee looks forward to discussing this further at its meeting in June.

I am pleased to note that the Urgent Crisis Response (seven-day service) has been introduced into communities to enable patients to have access to care Therapists and Advanced Clinical Practitioners seven days a week. The Committee will be interested to understand what impact this initiative has had on staffing deployment and wellbeing, particularly as staffing shortages across the NHS continue to pose significant risk. A structure chart, highlighting the number of new positions/grades would be most helpful for Committee Members.

I am extremely pleased to see the excellent feedback on Maternity Services. At its meeting in December 2022, the Committee received an update on intrapartum maternity services at Macclesfield District General Hospital and the steps that are being taken in order to reintroduce these services at Macclesfield. An update of how the redeployment of staff from Macclesfield Maternity Unit to Leighton Maternity Unit has contributed to the care received by patients at Leighton, and what effect there will be to the service at Leighton when those redeployed staff return to Macclesfield, would be welcomed.

Communication is a key area referred to throughout the report and whilst I am pleased to see this has improved, there is further work needed. Quality & Safety Improvement Plan

aim 3 seeks to reduce the number of issues relating to communication with relatives within complaints on Wards 4 and 12 by 50% by May 2023. It would be helpful to understand if this target has been achieved, and to also understand what barriers the Trust faces to achieving successful communication.

On behalf of the Committee, I would like to congratulate the Trust on the successful implementation of the Pastoral Support Service. The number of achievements received in recognition of this new service is excellent and something to be proud of. It is positive to see how this service is providing invaluable support to so many staff.

It is also encouraging to learn that the Freedom to Speak Up initiative is continuing and that this is well supported and promoted throughout the Trust.

The steps being taken by the Trust to ensure that levels of nursing staff match the acuity and dependency needs of patients within clinical ward areas and that safe staffing levels are managed daily are noted. It would be helpful for the Committee to understand how this information, which is gathered daily, helps with long-term planning and if there are patterns of local need which do not align to national minimum staffing levels. I note that there has been an increase in patient falls and query if this increase is linked to staffing levels.

The assessment process for pressure ulcers and the success by the Trust in achieving a 15% reduction in the number of category 3 and 4 pressure ulcers is noted. I am pleased to note the actions that have been undertaken to promote a preventative pressure damage approach to care.

I am pleased to note the opening of the Discharge Lounge in August 2022 and how this has contributed significantly to positive and quality discharge experience for patients as well as timely and safe transfers out of the emergency departments and the release of core beds.

I am pleased to learn of the Trusts participation in the National Reconditioning Games and how this campaign helps to prevent deconditioning. This provides an essential boost to the functional and emotional wellbeing of patients whose access to physical exercise is limited and their time spent in hospital is often isolating.

It is agreed that it is a core responsibility of hospitals to deliver high quality care for patients in their final days and ensure appropriate support to carers. The Committee will be interested to learn of the key findings of the National Audit of Care at the End of Life 2022-23 and the changes that need to be made to further improve this service and the experience of individuals (both the patient and carers).

The Ward Accreditation Programme 'Going for Gold' and the positive outcomes this has on patient experience and care is noted. Committee Members will be interested to understand if this accreditation programme is supported by staff on the Wards. It is noted that a number of Quality Visits have been undertaken to identify areas of excellence and also areas where quality improvements may be needed.

- Therapy Booking Service – on behalf of the Committee, I would like to congratulate the Service on winning the CCICP unsung hero Trust Award and the significant contribution they have made to improving patient experience.
- Salt Service – this team has an invaluable role to play in one of the primary aims of the hospital (improved patient nutrition). It is essential that the appropriate investment in staff and training is made in this area. It is noted that the Service was last reviewed in 2021 and a number of recommendations were made. It would be helpful for Committee Members to understand which recommendations have been acted upon to date.
- IV at Home Service – I am pleased to learn that following a visit in 2022, staff have reported that they feel well supported and that the service is rated as outstanding in Caring and Well led and good in all other domains.
- MSK Service – I note that following a visit in 2022, the Service received a bronze rating and that a number of recommendations were proposed for the team to work through. The Committee trusts that these issues are being addressed.

It is noted that the Trust has not been inspected by the CQC during 2022-23 and that the previous 2019 ratings remain in place. I am pleased to see that in response to the CQC 2019 visit, an improvement plan was developed, and all actions contained within this have now been responded to. It is clear that the Trust is continuing to ensure improvement and there are multiple initiatives in place to secure safe practice which is extremely positive.

I hope the comments above are well received by the Trust and that these matters can be further discussed at the Scrutiny Committee scheduled for 29 June 2023, 10am, Westfields - Sandbach. I understand that you will attend Committee to present the Quality Account 2022-23 report.

If you have any comments or questions about the Committee's submission, please contact Nikki Bishop, Democratic Services Officer (Nikki.bishop@cheshireeast.gov.uk).

Yours sincerely

Liz Wardlaw

**Councillor Liz Wardlaw
Chair of Scrutiny Committee
Cheshire East Council**