

Quality Account 2013/14

Executive Summary

the best care, in the right place

Aim

"I appreciate the speed of which I was seen from the doctors to the clinic at a time to suit my job"

.....is to provide information about the quality of our services compared with other trusts and accessed by the public



Purpose

“Very efficient, professional and friendly team at all times - answered my silly questions with patience and reassurance”

- To report quality achievements during 2013/14 and improved patient outcomes
- To identify our priorities for quality improvement for 2014/15
- To describe how we will monitor progress



The Quality Account will:

“I cannot speak highly enough regarding the staff and the speed at which I was attended to”

- Be Included in the Annual Report and Accounts and published by end of June 2014
- Be publicly available on the NHS Choices website and the trust website at the end of June 2014
- Include third party commentary



Strengthening Operational Delivery

Board objectives

1. Provide the best services to our population through improvements to safety, productivity and patient experience
2. Empower, develop and value staff in providing innovative patient focused care
3. Actively develop sustainable services through effective partnerships
4. Effectively provide services that are sustainable both now and in the future

Strategic Outcomes

1. Delivery of care services that are as clinically safe and effective as possible with a year on year reduction in health related harm
2. Delivery of care in a manner whereby patients are treated with compassion, dignity and respect with patients and carers consistently; rating the trust as good or excellent in relation to communication about care and treatment
3. Delivery of evidence based pathways of care, supported by an attitude and culture within the organisation whereby everyone is striving for excellence and continuous quality improvement in all that they do

Evidence of improvement

1. Quality Account
2. Audit outcomes
3. Number of (avoidable) patient harms
4. NHSLA / CNST level
5. Compliance against essential quality performance standards
6. CQUIN
7. Compliance with NICE
8. Delivery of action plans from national recommendations
9. Improvement in patient and staff surveys
10. Improved third party assurance in Quality Account 2011/12
11. Improved Quality Governance
12. RADaR

Leadership

Quality Governance

Patient and Family Involvement

Training and Development

Measure for Improvement

Focus of actions for the trust

"Any questions I had were answered fully. All the people involved in the procedure inspired confidence"

Our Clinical Strategy

"The compassion, diligence and total perseverance of staff to provide long-term care is clear"

- Vision
 - to deliver the best care in the right place
- Integrated Partnerships
 - Connecting Care
 - Caring Together
- Sustainable Services - Clinically Led / Management Partnered
- Highly skilled and flexible workforce
- Quality Standards
- Learning Culture



The year at a glance

April 2013

Integrated community and acute teams shortlisted for national awards



May 2013

Trust named CHKS Top 40 for third time in a row



June 2013

Innovative text service for young people launched by school nurses



July 2013

Trust secures funding to improve quality of care for dementia patients



August 2013

Family and friends test launched for maternity patients



September 2013

Trust placed in second-safest banding (band 5) by Care Quality Commission (CQC)



October 2013

CNST Level 3 - top safety accreditation for maternity services



November 2013

Ward 9, winners of the patient choice award for quality of care



December 2013

Dr Foster online - trust performing "as expected" for mortality rates



January 2014

Recognised as regional leaders to improve end of life quality of care



February 2014

New service to improve lung cancer diagnosis and treatment launched



March 2014

Macclesfield Hospital stroke co-ordinator nominated for top award



This year has delivered some excellent achievements. The rewards, accolades and achievements we receive are a result of the hard work and dedication our staff put in throughout the year, to be the best at delivering patient care in the region.

2013/14 Outcomes

Year on year reduction in harm

Achieved -

- Injurious Falls /1000 bed days - Year 2.7 / Q4 2.1 (Target <2.5)
- C Difficile – Hospital acquired x14 full year (Maximum trajectory 24)
- Mortality – RAMI 81 (Rolling 12m to March 2014);
- Medication errors serious harm – Zero
- Safety Thermometer Year 91.2% / Q4 91.7% (locally defined target 90%)

Focus on -

- Pressure Ulcers (Grade 3 and 4) reported on StEIS – 7 hospital acquired, 25 community acquired (Only 2 incidents in Q4)
- MRSA Bacteraemia x1 full year (Target Zero); MRSA Contaminants x 4
- Management of the acutely unwell patient –100% of mandatory training delivered, AWARE training for HCAs, escalation process under review

Safety



2013/14 Outcomes

Clinical Effectiveness

Delivery of evidence based pathways of care and continuous quality improvement

- National Clinical Audits

NPSA Low Molecular Heparin – learning includes documentation of patient weight, improved training for F1 doctors, monitoring of U&E within 24h of admission (p71)

- Local Clinical Audits

Appropriateness of antibiotic therapy – learning includes more timely administration by nursing staff, improved documentation of rationale (p72)

- CQUIN

Integrated multi disciplinary neighbourhood teams – established across 5 areas in East and 11 in south Cheshire and Vale Royal (p36-37)

- Achieved VTE Prevention standard >95% (Q4 98.7%)



2013/14 Outcomes

Patient Experience

Delivery of care whereby patients are treated with compassion, dignity and respect with reduction in complaints relating to communication on clinical care

- Friends & Family Test (FFT) - Q4
 - Net Promoter score of 66.7 (better than average);
 - A&E response rate 21.6% (target 15%);
 - Themes for improvement - noise at night in acute wards, TV access & cost, evening menu
 - Inpatient response rate 31% (target >20%)
 - Maternity = 47.4% (target 15%)
- Dementia Care - investment in environment, achieved dementia training
- CQUIN, Monthly feedback from carers, Ward 9 voted 'team of the year' by patients in annual staff awards
- Complaints relating to communication on clinical care x29 (trajectory of 69 for 13/14)
- Cancer survey - ECT ranked 2nd out of 155 trust nationally for patient experience
- CQC Inpatient survey - Trust rated as 'Performing'
- 95% emergency care standard achieved
- 18 weeks RTT achieved (3/4 due to agreed plan to fail)



Good Practice Examples

"As always, the best place to get care, fantastic high morale staff very clean, very friendly"

- Enabled end-of-life in preferred place of care for 87% of patients
- Awarded National Quality Mark project for Elder-Friendly hospital wards in Aston and Langley units
- AQUA project intermediate care to improve frail elderly pathway
- Innovative, home intravenous therapy service - community heart failure pathway
- Autism - Award winning practice development
- CNST Level 3 Maternity Services



2014/15 quality priorities

"Confidentiality when checking in.....could be improved"

To improve the patient experience

- Friends and Family Test (FFT) - Continue to develop the FFT survey process for both patients and staff.
- 'Always event' - To ensure that specific actions in relation to safe discharge always happen.
- Outpatients - To improve the process for managing outpatient appointments



2014/15 quality priorities

"Discharge arrangement could be made clearer, in plenty time, before it is due to happen."

To improve clinical effectiveness

- Dementia- To ensure patients are appropriately assessed investigated and referred onto appropriate services.
- Proactive care for patients with long-term conditions - To support improved management of patients with long-term conditions to be managed within a community care setting



2014/15 quality priorities

"I don't think the side effects are highlighted enough. Treatment often feels like it's a one size fits all...."

To reduce patient harm

- Reduction in avoidable pressure ulcers
- Implementation of the transparency project – 'Open and Honest Care'
- Become more transparent and consistent in publishing safety, experience and improvement data, with the overall aim of improving care, practice and culture



How will we monitor our progress?

"I couldn't have been more impressed with the compassion and care shown by the staff "

- Monthly
 - Quality Schedule and Contract Monitoring
 - Safety, Quality and Standards Committee
 - Patient stories and feedback from surveys
- Daily via our integrated risk management process
- Internal and External Audit
- External inspections and reviews
- Internal peer reviews
- Compliance against essential quality performance standards and CQUIN



Summary

- Positive progress
- Strengthened leadership and capability
- Developing integrated partnerships
- Good external and internal assurance on quality
- Best practice examples
- Maintaining level 5 Intelligent monitoring report (CQC)
- Further improvement required in priority areas

