Annual General Meeting 2018

Annual Report and Accounts 2017/18
Lynn McGill
Chairman
Community end-of-life care – rated ‘outstanding’ under the Care Quality Commission’s ‘caring’ domain.
During 2017/18...

• 1,593 babies were born at our hospital
• We helped 34 babies be born at home
• We treated 50,452 people through our emergency department
• We dealt with 18,447 emergency admissions
• We had 282,513 community contacts
• We treated 17,150 patients (planned admissions)
• We saw 184,212 outpatients
• Our income was £152 million

Our services were delivered by circa 2,500 employees and 260 volunteers
Patients first

- Good CQC rating
- Outstanding end-of-life care
- CHKS
- MIND award
- Rates of patient complaints among lowest in the NHS
- Children’s Research Team shortlisted for major award
- Trust shortlisted for HSJ patient safety award re:
  - Runners
  - PALS
  - Winter pressures
- Patient Wi-Fi
- A&E department redevelopment
- Cheshire Care Record
### Spotlight on 2017/18

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>April</td>
<td>The trust was named one of the top 40 hospitals in the country for the seventh consecutive year via the CHKS Top Hospitals Programme.</td>
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<td>May</td>
<td>35 employees received the Loyalty and Long Service Award for achieving 20 years continuous service with the trust and to those who had achieved 25 years continuous NHS service.</td>
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<tr>
<td>June</td>
<td>Teenagers taking part in the National Citizen Service scheme raised over £700 for the trust and volunteers from Astra Zeneca spent the day sprucing up the Children’s Ward outdoor play area.</td>
</tr>
<tr>
<td>July</td>
<td>A ladies’ lunch at Macclesfield Rugby Club raised more than £5,000 for the trust’s breast screening services, hitting the target for a potentially life-saving breast scanner upgrade.</td>
</tr>
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<td>August</td>
<td>Trust staff and their family members took part in a walk along the Gritstone Way – one of many outdoor activities provided as part of the trust’s Wellbeing Programme.</td>
</tr>
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<td>October</td>
<td>The trust’s Children’s Research Team were shortlisted for the Greater Manchester Clinical Research Awards, adding to the trust’s reputation as a high-performing site for research.</td>
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<td>November</td>
<td>The trust continued to be at the vanguard of autism-friendly healthcare by helping to develop national hospital standards for autistic patients with the National Autistic Society.</td>
</tr>
<tr>
<td>December</td>
<td>The trust’s Information Standard accreditation was renewed by NHS England following a vigorous assessment of its patient information processes.</td>
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<tr>
<td>January</td>
<td>East Cheshire became one of only five trusts in the North West to receive accreditation with The North West Simulation Education Network (NWSEN).</td>
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<tr>
<td>February</td>
<td>The 2018 Macclesfield Pancake Race enjoyed a record turnout and raised £300 in aid of East Cheshire NHS Trust’s official charity ECHO.</td>
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<td>March</td>
<td>The NHS Staff Survey shows more staff would recommend the trust as a place to work or receive treatment. The staff engagement score also rose for the fifth year in a row.</td>
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Autism

Standards for hospital accreditation
Accreditation

• “Autism Care Pathway” - a LiA project

• NAS Access Award – May 2014

• Hospital Accreditation – 2016-18
Our Journey

- Commitment and consultation
- Understanding the autistic person
- Enabling the autistic person
- Positive outcomes for the autistic person
Patient experience
East Cheshire Care Communities

Jacqui Williams
Associate Director of Transformation and Community

Dianne Cuffe
Locality Manager: Communities
Cheshire East Council
Our Vision

My Care Community Team will support me to live well and stay well
Eastern Cheshire population
207,000 people
Care Community populations
30,000 – 50,000 people
Process

- Prototyping
- Driven by clinicians/professionals
- Collaboration/trust
- Conversation
- Encouraging innovation and creativity
- Throwing away the rules
- Building relationships
- Empowerment
Initiatives (Examples)

- Support to care homes
- Falls and frailty
- Hospital Attend Alerts
- Support for carers
- Atrial Fibrillation Pathway
- Knutsford nurses
- Dementia reviews
- Referral processes
- Holistic approach to care
Outcomes

- People
- Teams
- Capacity
- Empowered teams
- Proactive joined-up care
- Local resource allocation
Lessons Learnt

Worked well

• Solving problems together = joined-up care
• Empowering staff – try things
• Care professional leaders
• Small projects
• Person-focussed
• Co-location

Did not work well

• Cultural differences
• Over ambitious - large projects
• Rigid improvement methodology
What next?

Developing care communities
Clinical Leads & Coaches
Empowering Teams
Building networks
Sharing learning across “the place”
Prevention & proactive care rather than reactive
Home First concept
Social Prescribing
Compassionate Communities
Integrated Respiratory Service

Hannah Carroll
Clinical Respiratory Specialist Practitioner

Katie Harper
Associate Respiratory Specialist Practitioner
• 7 day service, 8am - 6pm, based at MDGH
• 7 specialist nurses, 1 specialist physiotherapist (post reg. experience and qualifications; history taking, advanced clinical examination and diagnostic skills; advanced communication skills; independent nurse prescribing)
• In-reach & out-reach specialist service for patients with COPD, asthma & other chronic lung diseases
• Inpatient specialist advice/daily reviews
• 5 x community & hospital based specialist nurse-led clinics
• Home visits – supported early discharge and rapid response for acute exacerbations of COPD; long-term reviews/oxygen assessments for the housebound patient
What does the service involve?

- Comprehensive oxygen assessment service
- Nebuliser assessment service
- Pre-flight assessments
- Drug challenges
- Pulmonary rehabilitation – 3 x rolling programmes across East Cheshire
- Palliative care for non-malignant lung disease
- Education and support for clinicians, patients and carers
- Projects: Advancing Quality for COPD Admissions, Treatment Pathways for the Management of Asthma and COPD, Best Practice Tariff for COPD Admissions, COPD Admission / Discharge Bundles, BTS COPD Prospective Audit
Team objectives

- Support and empower patients with chronic lung diseases to manage conditions more effectively
- Improve patient outcomes, prevent premature deaths and enhance quality of life
- Reduce crisis admissions through early intervention
- Reduce length of stay for COPD exacerbations
- Prevent readmissions
- Provide quality services close to home
- Improve medicine concordance
- Reduce oxygen prescribing costs
- Support patients to achieve their preferred place of care at end-of-life
- Provide a programme of workshops and educational opportunities aimed at empowering staff across both primary and secondary care
Why?

- Exacerbation episodes accelerate the decline in pulmonary function, resulting in decreased physical activity, reduced quality of life and increased mortality.
- Exacerbations are the main cause of both hospital admissions and mortality in COPD patients.
- Nationally over 130,000 emergency admissions per year.
- 2nd most common cause of emergency admission.
- 5th largest cause of readmission.
- > 1/3rd readmitted at least once within a 3 month period.
- Over 30,000 deaths per year; 15% die within 90 days of admission.
- Significant economic impact.
- Cost per emergency admission £2,250.
- Annual cost of managing COPD in the UK £1.9 billion per year.
- Despite a prognosis and morbidity rate comparable to lung cancer, people with COPD have far less palliative care input - nationally 70% COPD patients die in hospital.
Case study

- 77-year-old male with known severe COPD and cor pulmonale. Last spirometry FEV1 24% predicted. On triple therapy but no home oxygen or nebs. Rheumatoid arthritis. Ex-smoker.

- Referred via GP as recent increase in exacerbations; multiple courses antibiotics and steroids, frequent GP and paramedic call outs, 2 x A+E attendances and 1 x brief admission in previous 6 months. Some compliance issues with inhaled therapies.

- Seen at home; lives alone, now largely housebound, disabling symptoms of breathlessness, very limited exercise tolerance, struggling with ADLs, loss of weight, low mood, anxiety and panic evident. Social isolation/loneliness. Ongoing symptoms cough, wheeze and difficulty expectorating. Poor inhaler technique, dexterity issues.
Interventions

Exacerbation management

- Daily visits initially; monitoring, support, education and reassurance
- Antibiotics, steroids
- Temporary nebulised bronchodilators
- Correction of inhaler techniques; adjuncts provided (spacer/mask, haleraids)
- Compliance with treatments monitored
- Taught chest clearance exercises (ACBT)
- Breathlessness management – coping strategies, breathing control exercises, fan therapy, positioning, pacing advice
- Anxiety management – relaxation and distraction techniques
- Dietary advice, food fortification. Referred to community dietician
- Package of care increased following discussion with social services
- Referred Befriending Services
- 7-day service and working hours reiterated at each contact
- Visit frequency reduced as his condition and symptoms improved
Interventions

Post-exacerbation

• Maintenance visits

• Self-management plan agreed and reiterated each contact

• Ongoing monitoring of symptoms; treatments optimised – mucolytic added, switched triple combination inhaler to simplify regime and improve compliance

• Ongoing monitoring of mood/anxiety/panic (+/- referral to GP/breathlessness management programme/talking therapies)

• Input from Specialist Respiratory Physiotherapy for assessment and a gentle home exercise programme, further chest clearance input and breathlessness management

• Assessed for LTOT 8 weeks post exacerbation due to borderline saturations – criteria not fulfilled at this time

• Exacerbation rate monitored (may require further investigations and intervention/MDT)

• Ongoing support, advice and reassurance

• Monitoring of coping strategies
12 weeks on

- No further admissions/A+E attendances
- Reduced GP contacts
- No further exacerbations
- Reduced symptoms
- Slight weight gain
- Improved medication compliance
- Improved confidence and self-esteem
- Reduced anxiety
- Improved strength and exercise tolerance
Future aspirations

- Increasing provision of existing services
- Increased presence in A&E department in winter months
- Supported early discharge for those admitted with pneumonia, on a background of chronic lung disease
- Raising profile and promoting services to low-referring practices
- Increasing clinic provision across the locality
- Providing more training opportunities for healthcare staff
- IV antibiotics in the community for bronchiectasis patients
- Developing physio-led community clinics
• NICE/Management of COPD in adults in Primary and Secondary care. NICE clinical guideline CG101 (2010)

• National COPD Audit Programme. COPD: Outcomes from the clinical audit of COPD exacerbations admitted to acute units in England; Royal College Physicians, 2014.

• GOLD : Global Initiative for Chronic Obstructive Lung Disease; www.goldcopd.com (2017)

• Information resources: Primary Care Respiratory Society (www.pcrs-uk.org), British Thoracic Society (www.brit-thoracic.org.uk)

• https://fingertips.phe.org.uk
Thank you for listening

Integrated Respiratory Service
1st floor, New Alderley House
MDGH

01625 663 380
Bleep 3080
John Wilbraham
Chief Executive
### October
The trust launched #Endpjparalysis, a social media campaign aimed at enabling hospitalised patients to get up, dressed and moving to prevent deconditioning.

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

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

### January
The trust’s Maternity Department was one of just four nationally which performed ‘better than expected’ in the CQC Maternity Services Survey 2017.

### February
Single Sign On was rolled out to all wards at Macclesfield Hospital to speed up access to clinical applications and free up staff time.

### March
Free and unlimited Wi-Fi was launched throughout Macclesfield District General Hospital in response to widespread patient requests.

### Spotlight on 2017/18

- **October**: A record turnout of over 250 people at International Nurses’ Day, which included Nurses’ Day learning events relating to four key areas – frailty, dementia, falls and wound care.
- **April**: The Walking Majors initiative was introduced in A&E as an alternative process for streaming majors patients who do not require treatment on a trolley, improving efficiency.
- **May**: 26 staff members completed their Care Certificate introduced to support workers with the knowledge and skills needed to provide safe, compassionate care.
- **August**: The trust was among a group of Cheshire organisations which came together to transform palliative and end-of-life experience and care via a new collaborative plan.
- **June**: Advanced podiatric specialist George Dunn was given a Fellowship of the Faculty of Podiatric Medicine by the Royal College of Physicians and Surgeons of Glasgow.
- **September**: The Critical Care Outreach Team introduced a new sepsis proforma to improve learning and promote awareness of sepsis to staff, patients and relatives.
### Commissioning for Quality and Innovation (CQUIN)*

<table>
<thead>
<tr>
<th>NHS England CQUINS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic eye adult screening programme communication review</td>
<td>On target</td>
</tr>
<tr>
<td>Dental e-referral and audit</td>
<td>On target</td>
</tr>
<tr>
<td>Breast screening programme - clinical staff development (health promotion role)</td>
<td>On target</td>
</tr>
<tr>
<td>Dose banding Chemotherapy</td>
<td>On target</td>
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<table>
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<tr>
<th>CCG CQUINS</th>
<th></th>
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<tbody>
<tr>
<td><strong>Acute and Community</strong></td>
<td></td>
</tr>
<tr>
<td>Improvement of health and wellbeing of NHS staff</td>
<td>On target</td>
</tr>
<tr>
<td>Healthy food for NHS staff, visitors and patients</td>
<td>On target</td>
</tr>
<tr>
<td>Improving the uptake of flu vaccinations for front line staff within Providers</td>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
</tr>
<tr>
<td>Improving the assessment of wounds</td>
<td>Achieved</td>
</tr>
<tr>
<td>Supporting proactive and safe discharge (Community)</td>
<td>On target</td>
</tr>
<tr>
<td><strong>Acute</strong></td>
<td></td>
</tr>
<tr>
<td>Improving services for people with mental health needs who present to A&amp;E</td>
<td>Achieved</td>
</tr>
<tr>
<td>E-Referrals-relates to GP referrals to consultant 1st outpatient services</td>
<td>Achieved</td>
</tr>
<tr>
<td>Supporting proactive and safe discharge</td>
<td>On target</td>
</tr>
<tr>
<td>Reduction in antibiotic consumptions per 1,000 admissions</td>
<td>Achieved</td>
</tr>
<tr>
<td>Timely identification of sepsis in emergency departments and acute inpatient settings</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Timely treatment of sepsis in emergency departments and acute inpatient settings</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Antibiotic review for sepsis</td>
<td>Partially achieved</td>
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</table>
“Fast process from GP to ETU. Staff were very reassuring. Gave you all information on procedure. Very professional.”

- EndPJParalysis
- Frailty
- A&E/GP OOH
- District nurse education
- Maternity
- Paediatrics
- Community team development
1. Harm Free Care
To show a continued reduction in; falls with harm and pressure ulcers associated with lapses in care, full implementation of the Sepsis Care Bundle and improved management of intravenous lines.

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

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

4. Integrated Care
Implementation of the community framework hubs, improved partnership working with residential and nursing home providers and improving the end of life care pathway in both hospital and community settings.
Kara emailed 14/6

Mark Ogden
Director of Finance

Financial Performance
2017/18
## Finance achievements

<table>
<thead>
<tr>
<th>Performance area</th>
<th>Objective</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Risk Rating</td>
<td>Achieve overall financial risk rating of a 3</td>
<td>Achieved</td>
</tr>
<tr>
<td>Income and expenditure</td>
<td>Meet control total of £20.2m including STF funding</td>
<td>Achieved NHSI adjusted deficit of £16.2m including STF funding</td>
</tr>
<tr>
<td></td>
<td>Meet Control Total of £24.3m excluding STF funding</td>
<td>Achieved deficit £22.6m excluding STF funding</td>
</tr>
<tr>
<td>External financing limit</td>
<td>Managing within the cash limit agreed with the Department of Health and Social Care</td>
<td>Achieved</td>
</tr>
<tr>
<td>Capital resource limit</td>
<td>Managing capital expenditure within the capital resource limits agreed with the Department of Health and Social Care</td>
<td>Achieved</td>
</tr>
<tr>
<td>Capital cost absorption rate</td>
<td>Making at least 3.5% return on the trust net relevant assets</td>
<td>Not achieved as in net liability position</td>
</tr>
<tr>
<td>Cost improvement programme</td>
<td>Deliver identified efficiency schemes.</td>
<td>Delivered efficiency programme £6.3m against a target of £6.0m</td>
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</table>
## Income and expenditure

<table>
<thead>
<tr>
<th>Income Group</th>
<th>FY 17/18 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Commissioning Group/NHS England</td>
<td>133,313</td>
</tr>
<tr>
<td>Local authorities</td>
<td>6,361</td>
</tr>
<tr>
<td>Other income</td>
<td>5,268</td>
</tr>
<tr>
<td>Education and training</td>
<td>4,474</td>
</tr>
<tr>
<td>NHS other</td>
<td>854</td>
</tr>
<tr>
<td>Non-patient care services to other bodies</td>
<td>2,256</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>152,526</strong></td>
</tr>
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FY 2016/17 and FY 2017/18 pie charts are shown.
### Income and expenditure

#### FY 2016/17

<table>
<thead>
<tr>
<th>Expenditure Group</th>
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<tr>
<td>Staff costs (permanently employed staff)</td>
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</tr>
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<td>11,851</td>
</tr>
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<td>Supplies and services</td>
<td>42,871</td>
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<td>Depreciation</td>
<td>3,381</td>
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<td>Clinical negligence</td>
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<td>Other</td>
<td>3,836</td>
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<tr>
<td>Consultancy costs</td>
<td>13</td>
</tr>
<tr>
<td>Service from other NHS bodies</td>
<td>2,221</td>
</tr>
<tr>
<td>Education and training</td>
<td>366</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>166,857</strong></td>
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#### FY 2017/18

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Kara emailed Lynn McGill, Chairman.
Visit: www.eastcheshire.nhs.uk
Visit NHS Choices at www.nhs.uk
Twitter @EastCheshireNHS
Freephone: 0800 195 4194
Email us at: chiefexecutives.office@nhs.net