

AUGUST 2017



CHIEF EXEC'S MONTHLY UPDATE

CQC action plan in response to patient safety concerns: *good progress, but daily audits still highlighting areas for urgent improvement*

Our big focus on the CQC action plan continues, with daily audits across patient areas.

Stockport Clinical Commissioning Group (CCG) teams are also doing ad-hoc visits on our invitation, with new actions for any new issues they find.

Urgent action plan follows unannounced CQC visits in June

We had an unannounced visit from the Care Quality Commission (CQC) on 22nd and 23rd June.

This was part of the post-inspection process, to check improvements have been made after the CQC's formal inspection in January 2016. The CQC team raised some issues and an action was put in place in response.

Good progress with action plan

Within three weeks of agreeing the action plan, over 150 actions have already taken place. These include:

- Standardised stock of drugs for each ward, with new stock management process and procedure
- Diabetes, mental capacity act/deprivation of liberty safeguards, and basic life support training plans
- Fixes to intercom systems, ward doors and call bells, with plan to fix all other items ASAP

CQC report

The CQC report will publish their report on the March and June 2017 unannounced visits at some point in the near future (date TBC).

Stockport Together update: *business cases, listening events*

Outline business cases approved

The five outline business cases around the new models of care – neighbourhood teams, intermediate tier services, ambulatory care, outpatients and enablers – have now been approved by the five Stockport Together partners.

There are some conditions (including from our board) and final approval is subject to the learning from the listening period (see below).

An 'issues document' that describes what has driven these changes has been produced and [can be viewed here](#). You can also read the outline business cases: [here](#).

The Stockport Together partner organisations are - Stockport Clinical Commissioning Group (CCG), Pennine Care (mental health services), Stockport Council, Viaduct Health (Stockport GP federation), and our Trust.

Listening period with the public

The six week listening period with the public, about the proposed changes to health and social care services, finishes at the end of July.

Nearly 200 people have attended the events so far. A full report of all the feedback and summary themes will be shared in August.

People have been mainly supportive of care closer to home and the joining of health and social care services.

They have questions and concerns about the:

- training and qualifications of staff that will be providing care in the home
- what services may be reduced as a result of the changes
- how GP practices will deal with the increased demand
- how mental health needs will be met

Director changes: *nursing director, business group directors*

Nursing director role

Judith Morris, our director of nursing working as Nurse Advisor on the national enhanced care programme at NHS Improvement until her planned retirement at the end of this year.

Judith is working alongside Ruth May, Executive Director of Nursing, and her team at NHS Improvement.

Judith announced her retirement a number of months ago after an impressive 37 year career in the NHS, so plans were already underway to appoint her replacement.

New nursing director appointed

Alison Lynch has been appointed as our new director of nursing, following formal interviews on 20th July.

Alison completed her nurse training in Salford in 1988 and since then has had a wide variety of clinical and managerial roles across Greater Manchester and Cheshire & Merseyside. She has been the Director of Nursing and Quality at Mid-Cheshire Hospitals NHS Foundation Trust for the past two years. During this time she has been instrumental in supporting the Trust to progress the patient quality, safety and experience improvement journey, personally leading a number of successful enabling quality improvement and harm reduction strategies.

Alison has particular interests in developing and engaging staff toward providing the best possible care to patients, especially the most vulnerable patients; and in developing new roles that cross boundaries in support of integration.

Alison's starts with us on 1st December 2017.

Interim director of nursing until Alison Lynch starts

Ruth Holt is currently Interim Director of Nursing. Ruth is Director of Nursing with NHS England North and brings a wealth of experience, having worked in acute NHS Trusts in a director role since 2000.

Chief Exec retirement

As you are aware, Ann Barnes also retires at the end of this year, and the recruitment process for a new chief executive continues.

Restructured business groups

We are restructuring our business groups to have four instead of five, with some service moves (yet to be fully confirmed).

Following interviews, we have appointed a deputy chief operating officer and directors for the four business groups when the new structure is implemented from September 2017;

- Deputy chief operating officer – Simon Goff
- Director of medicine and outpatients – Karen Snelson
- Director of surgery – Karen Hatchell
- Child, family and clinical support – Claire Woodford
- Director of integrated care – Margaret Malkin

National adult inpatient survey 2016: *above average in many areas, but below expected range in four*

We were average (ie: 'about the same' as other trusts) for the majority of the 65 questions in this survey. The survey was sent 1,250 inpatients at each trust and 504 of our patients responded.

There was one question where we were significantly worse than national average, and 5 questions where our results are significantly worse than the year before (2015).

Significantly worse than national average:

- being given enough privacy when being examined or treated in A&E

Significantly worse when compared to our 2015 results:

- being given enough information on their condition or treatment in A&E
- being given enough privacy when being examined or treated in A&E
- feeling they had to wait a long time to get to a bed on a ward
- being involved as much as they wanted to be in decisions about their care and treatment
- finding someone on the hospital staff to talk to about any worries and fears, if needed

We have made improvements for:

- being given enough help from staff to eat their meals, if they needed this
- being told how to take medication in a way they could understand (those given medicines to take home)

National cancer experience survey 2016: *above average in many areas, but below expected range in four*

The national cancer experience survey for 2016 has been published. We were above average for many of the 59 questions, but not within the 'top range' for any.

Our overall rating of care (from 0 to 10) was **8.8**. The key findings were as follows:

- **75%** respondents said they were definitely involved in decisions about their care and treatment (*national average 78%*)
- **94%** were given name of Clinical Nurse Specialist who would support them through their treatment (*national average 90%*)
- **85%** said it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist (*national average 86%*)
- **86%** said that overall they were always treated with dignity and respect while they were in hospital (*national average 88%*)
- **94%** said that hospital staff told them who to contact if they were worried after they left hospital (*national average 94%*)

We scored 'lower than expected' for four questions.

1. Patient told they could bring a family member or friend when first told they had cancer – **66%** (*national average 76%*)
2. Hospital staff gave information on getting financial help – **44%** (*national average 56%*)
3. Always given enough privacy when discussing condition or treatment – **79%** (*national average 85%*)

4. Taking part in cancer research discussed with you – **17%** (*national average 29%*)

Point prevalence study on 28th July: to check management plan is in place for every patient in a bed

A point prevalence study is taking place on the morning of Friday 28th July 2017.

This is one day when we check that every patient in a hospital and community bed has a clinical management plan in place for safe, swift discharge. We will also repeat this exercise at future dates.

This type of study is quite common within hospitals, but it is very unusual to cover both hospital and community beds. We are doing this to gather important information to help take forward Stockport Together plans to deliver more care in the most appropriate setting.

It will take place for total of 778 beds across eight locations;

- Stepping Hill Hospital (641 beds, this does not include children's or maternity beds)
- Community unit (16 beds - on hospital site)
- Marbury intensive rehab unit (40 beds)
- Bluebell intensive nursing unit (25 beds)
- Saffron mental and physical health unit (23 beds)
- Newlands assessment unit (19 beds)
- Meadway transition to adult unit (9 beds)
- Hillbrook Grange crisis response (5 beds)

A team from all the Stockport Together partner organisations are involved in this study, and will be working together on the day.

Performance for June: update on key areas where we failed to hit the target

A&E FOUR HOUR WAIT (*four hours until admission/referral/discharge, 95% target*):

We achieved 85.3% for June.

This means we achieved 85.8% for quarter one of this financial year (April to June 2017), which is above the improvement trajectory of 85% agreed with NHS Improvement.

CANCER (*62 days from urgent GP referral to treatment, 85% target*):

We achieved 83.8% for June.

CANCELLED OPERATIONS (*no more than 0.85% patients cancelled a the last minute for non-clinical reasons; cancelled operations not treated with 28 days, 0 target*):

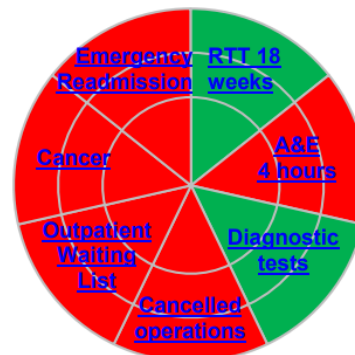
Five patients were cancelled for the second time in June, breaking the 28 day standard. Three orthopaedic patients were cancelled due to theatre staffing pressures, and two urology patients were cancelled due to urgent cancer cases.

EMERGENCY READMISSION (*emergency readmission rate within 28 days of discharge - not higher than national average rate*):

We were 8% for the last data available (Feb 2017), and the national average rate was 7.7%.

OUTPATIENT WAITING LIST (*patients having follow-up appointment within timescale*):

We still face problems in four areas, but the numbers waiting are all dropping: ophthalmology (503), gastroenterology (1,134), respiratory medicine (822), cardiology (1,188).



Quality for June: *update on key areas where we failed to hit the target*

PATIENT EXPERIENCE (*Friends & Family test, 40% target response rate for inpatient & day cases*):

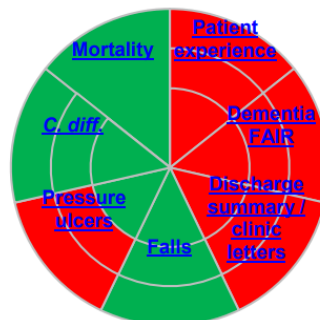
94% patients said they were 'extremely likely' or 'likely' to recommend us in June (4464 responses), but we had a low response rate (35%).

DISCHARGE SUMMARY (*95% published within 48 hrs*) & **CLINIC LETTERS** (*95% within 14 days*):

Discharge summary was 86%. Clinic (outpatient) letters were 70% for June.

DEMENTIA (*90% of patients asked dementia finding question within 72 hours*)

84% - we are raising awareness with clinicians and nursing staff about the importance of ensuring this is undertaken.



General news

Good news stories over this month

You can read an article about our new transfer hub on the Academy of Fab stuff website – [here](#)

You can read about how our clinical research is going from strength-to-strength in a National Institute for Health Research story - [here](#)

Our internship project is a joint scheme between our Trust, the Cheadle and Marple College Network, and Pure Innovations, a charity which helps disabled people live more independent lives. You can read about the success of our 10 interns following their year with us - [here](#). Eleven new interns starting at our hospital this September.

Health and Wellbeing day

We held a really successful staff Health and Wellbeing day, with around 140 staff attending. There were free massage taster sessions, mini Zumba classes, blood pressure checks and information and advice on health and wellbeing through many stalls.

Long service volunteer awards

We honoured 22 volunteers, with over 200 years of service between them at a special event marking five, ten, fifteen and twenty years of service. The longest service award went to George Raywood for volunteering at our hospital for a remarkable 25 years. You can read our press release: [here](#)

Mary Robinson, Cheadle MP visit

Mary Robinson, MP for Cheadle, visited our new £17m medical and surgical centre to see the improved facilities for patients. You can read our press release: [here](#)

Chief executive of Royal College of Midwives visit

Cathy Warwick, the chief executive of the Royal College of Midwives, visited our midwives to help celebrate their work for the International Day of the Midwife.

Health Talks for the public

Everyone is invited to attend any of our Health Talks which run every three months. They cover cancer, operating theatres (with a tour) and diabetes for this year. More information is: [here](#)

Awards and achievements

Our Community Staff Nurse Development Programme has been shortlisted for a prestigious Nursing times Award (Nursing in the Community category). The winners will be announced on 2nd November 2017.