

NHS Cumbria CCG Governing Body	Agenda Item
4 February 2015	12

Cumbria CCG Redacted Quality Report November 2014
Purpose of Report:

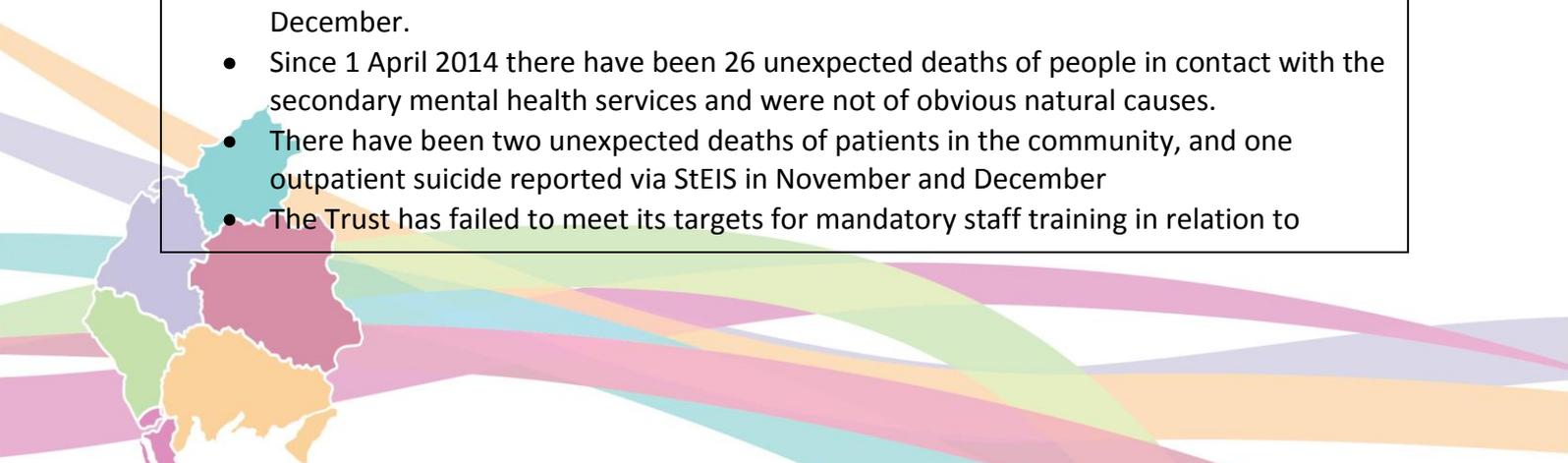
This report is to provide assurance and information on the quality, safety and efficacy of patient care to the Governors Meeting. It is a Personal Identifiable Information redacted version of the full report which is seen at the Outcomes and Quality Assurance Committee. The report is developed every two months and is based upon information from a number of data collection systems that the CCG has implemented, or has access too.

Key Issues/Considerations:
NCUHT

- There were a total of 38 serious Incidents reported via STEIS by NCUHT in November and December.
- There have been 5 Unexpected deaths reported from NCUHT for the months in question.
- There have been no never events reported by NCUHT in November and December
- The Trust reported five cases of Clostridium Difficile in September 2014 taking them over their target trajectory.
- 31 issues about service quality have been raised via SIRMS relating to the Trust in the period:
- The NECS complaints team has received four complaints and concerns regarding NCUHT during the period.
- The Trust has failed to meet two of their CQUIN targets for Dementia in Quarters 1 and 2.

CPFT

- There were a total of 27 serious Incidents reported by CPFT in November and December.
- Since 1 April 2014 there have been 26 unexpected deaths of people in contact with the secondary mental health services and were not of obvious natural causes.
- There have been two unexpected deaths of patients in the community, and one outpatient suicide reported via SteIS in November and December
- The Trust has failed to meet its targets for mandatory staff training in relation to



Safeguarding.

- There have been 8 GP (SIRMS) reported incidents relating to the Trust in the period.
- The Trust is failing to achieve the local CQUIN: Percentage of patients waiting less than 28 days from assessment to treatment with Improving Access to Psychological Therapies (First Step). The Q1 target was 40% and the Q2 target 50%. Neither has been met.
- The Trust is also failing to achieve the local CQUIN: Percentage of patients with mental health needs seen as required. The Q1 target was to agree targets.

UHMBT

- There have been a total of 6 serious incidents reported via STEIS by UHMBT in November and December.
- There has been one unexpected death reported via StEIS by UHMBT in November and December.
- In the month of November, the Trust reported 8 cases of Clostridium Difficile, and in September, 2 cases of Meticillin-Resistant Staphylococcus Aureus (MRSA) infection, and both exceed the target trajectories.
- There have been 6 GP (SIRMS) reported incidents relating to the Trust in the period.
- The NECS complaints team has received one complaint regarding UHMBT.
- The Trust has failed to achieve three of the Dementia CQUIN targets in Quarter 1 and 2 of the targets in Quarter 2.
- The Trust has made significant improvement in regards to this CQUIN, particularly with case finding and onward referral.

Recommendations: *The Governing Body/Committee is asked to:*

It is recommended that the Committee reads this report and uses the information enclosed and subsequent discussion with Outcomes and Quality Committee Governing body members to gain assurance on the standards of care or alternatively use the information to be able challenge the CCG teams to ensure that the standards of care improve across relevant areas or domains.

CCG Objectives:

State which of the CCG objectives are met within this stream of work, i.e. one or more of:

1. **Quality:** Implement clear systems to improve clinical effectiveness, patient experience and safety
2. **Performance and Outcomes:** Ensure continuous improvement in performance standards and outcomes
3. **Strategic Commissioning:** Lead the development of a strategy for sustainable services in the context of rising demand and reduced resources
4. **Engagement and Partnerships:** The CCG actively involves our member Practices, patients and partners in our decision making

Statutory/Regulatory/Legal/NHS Constitution Implications

Please state what the requirement or implications would be: e.g.

The CCG is required ensure that all services it commissions and contracts are fit for purpose to provide good quality safe effective care, this report is designed to ensure that the CCG can gain assurance or take action accordingly when assurance is not provided.

Assurance Framework:

Provide the Governing Body with assurance against any of the risks identified in the Assurance Framework.

This report provides assurance against risk

1. There is a risk that UHMB FT is unable to continue to provide clinically and financially sustainable services that are accessible to population of Cumbria
2. There is a risk that CCG is not delivering key NHS constitution targets
3. There is a risk of failure to ensure that robust safeguarding systems and appropriate services are in place for children and young people (including children looked after) across our providers and the wider partnership. There is risk of failing our statutory duties and preventing harm.
4. There is a risk that maternity services cannot be provided in a way that is accessible, safe and sustainable for patients across Cumbria
5. There is a risk that CPFT are not able to provide Child & Adolescent Mental Health services of an appropriate quality.
6. There is a risk that services provided by nursing homes do not meet the needs of patient
7. There is a risk that services for adults with mental health problems do not adequately address the needs of patient.

Finance/Resource Implications:

Unquantifiable: Good quality, safe and effective care does carry cost, however such cost is often offset by improvements in care. Cost aspects are addressed by other CCG Committees.

Implications/Actions for Public and Patient Engagement:

This report addresses directly the public and patient engagement systems and processes across our main provider organisations and those the CCG have commissioned and/or provided themselves.

Equality Impact Assessment:

The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory.

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Date Report Written	November 2014

NHS Cumbria CCG Governing Body Quality Report

November & December 2014



Introduction

This Bi-Monthly Report is produced for the Outcomes and Quality Assurance Committee and contains information regarding the Quality Domains: Patient Safety, Patient Experience and Clinical Effectiveness across our key provider organisations in Cumbria. This redacted report contains all the information in the main quality report that is not personal identifiable.

Unless otherwise indicated the information in this report relates to the 2 full calendar months shown in the title of this report.

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North Cumbria University Hospitals NHS Trust (NCUHT)

NCUHT's "Safety and Quality Quarterly Report Period: Quarter Two—2014/15" (henceforth referred to as NCUHT's Safety and Quality Report Q2) is referred to throughout this section of the report.

1. Patient Safety

1.1. Serious Incidents

There were a total of 38 serious Incidents reported via StEIS by NCUHT in November and December:

<i>North Cumbria University Hospital NHS Trust</i>	
Confidential Information Leak	1
Delayed diagnosis	2
Drug Incident (general)	1
Health and Safety	1
Maternity service	1
Maternity Services - Intrauterine death	1
Medical Equipment Failure	1
Other: Complications during procedure - awareness under anaesthetic	1
Other: Inappropriate re-admission location	1
Pressure ulcer Grade 3	8
Pressure ulcer Grade 4	7
Slips/Trips/Falls	7
Surgical Error	1
Transfusion Incident	1
Unexpected Death (general)	2
Unexpected Death of Inpatient (in receipt)	2
Total	38

Four incidents have **not been closed** at the November and December CCG StEIS Closure Panel, further information has been sought from NCUHT to enable closure.

1.2. Mortality / Unexpected Deaths

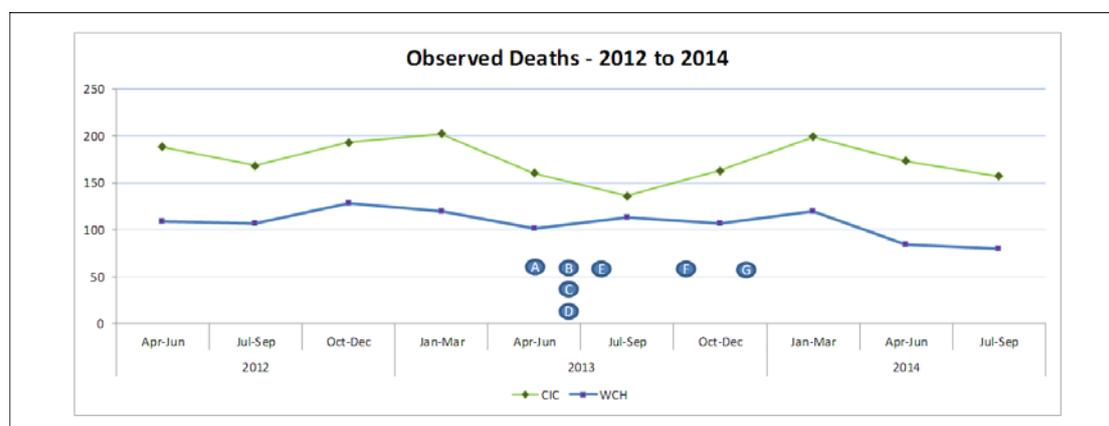
There have been 5 Unexpected deaths reported from NCUHT for the months in question.

NCUHT's Safety and Quality Report Q2 states:

"The latest data from Dr Foster continues to show a consistent fall in the mortality rate HSMR from April 11 to September 2014. The Summary Hospital Mortality Indicator (SHMI) data also reflects a consistent improvement. The observed death rate at WCH has decreased over the past 6 months supporting the transfer of high risk patient groups to the CIC site. The decrease in death rate at CIC has also continued to fall.

A number of improvement initiatives are indicated on observed deaths 'A-G'[see graph below]:

A - Beginning of complex vascular Surgery at CIC B - Orthopaedic Transfers from WCH to CIC C - Commencement of Patient Safety Panels D - Commencement of ACP Model E - PPCI Service F - Surgical transfers from WCH to CIC G - Care Bundles introduced"



1.3. Never Events

There have been no never events reported by NCUHT in November and December

1.4. Infection Prevention

The Trust reported five cases of Clostridium Difficile in September 2014 taking them over their target trajectory.

1.5. HM Coroner; Regulation 28

none reported in period

1.6. SIRMS: GP reported Quality of Care Concerns

31 issues about service quality have been raised via SIRMS relating to the Trust in the period:

Site	Cumberland Infirmary	21	West Cumberland	9	Site not stated	1
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Cause 1	Total
Communications Failure*	18
Access, Admission & Transfer Issue	3
Admission/Referral Problems	3
Capacity To Deliver Current Service	1
Delay / Difficulty In Obtaining Clinic	1
ME21 Medication Other	1
ME43 Anti-Coagulation	1
ME44 Prescription Incident	1
Offloading Of Responsibility	1
Potential Commissioning Gap	1

By Far the largest Cause of GP Quality Concerns (58%) from NCUHT relate to Communications Failures. These include Missing/Inadequate/Illegible Records, No Access to Documentation, Clinical Letter incorrect and Clinical Documentation. The scale of the poor communication issue has been escalated to the QRG and to the Trust Medical Director. The Trust reported that additional staff had been recruited and an action plan to improve communications between the trust and GPs was underway. There has also been a request for an investigation into policy/procedures at ward level for informing GPs when patients have died. In one case the mistake was recognised by ward staff who contacted the GP, which may be an example of the Trust taking action to review the quality of correspondence.

There are 9 GP concerns that have been sent to the business unit and awaiting a reply:

1.7. Duty of Candour

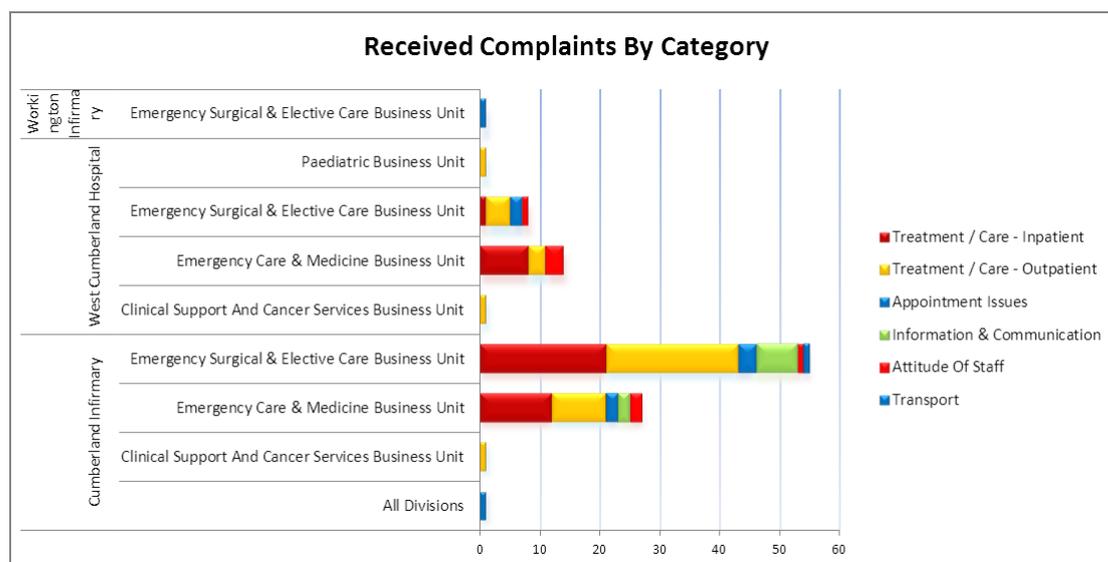
The Trust reports 100% compliance with the Duty of Candour, following Serious Incidents, however recognises that there is work to be done in relation to Incidents graded as moderate.

1.8. Complaints

The NECS complaints team has received four complaints and concerns regarding NCUHT during the period:

- One related to an administration failure which resulted in repeated 'DNA' letters being sent to a patient.
- One related to a patient discharged from the West Cumberland Hospital without any discharge summary to the GP which resulted in the patient not receiving any home visits for a number of days.
- Two complaints received regarding the transfer of services from West Cumberland Hospital to Cumberland Infirmary

NCUHT's Safety and Quality Report Q2 shows improvement in the percentage of complaints that are responded to within timeframe and includes the chart below showing key issues and sites of complaints.



1.9. PALS

NCUHT’s Safety and Quality Report Q2 states:

“There have been more enquiries regarding trauma & orthopaedics within the quarter and these will be assessed in line with the increased complaints received. The highest categories are the same across both hospital sites.”

The four most prevalent categories for enquiries across both sites are cited as:

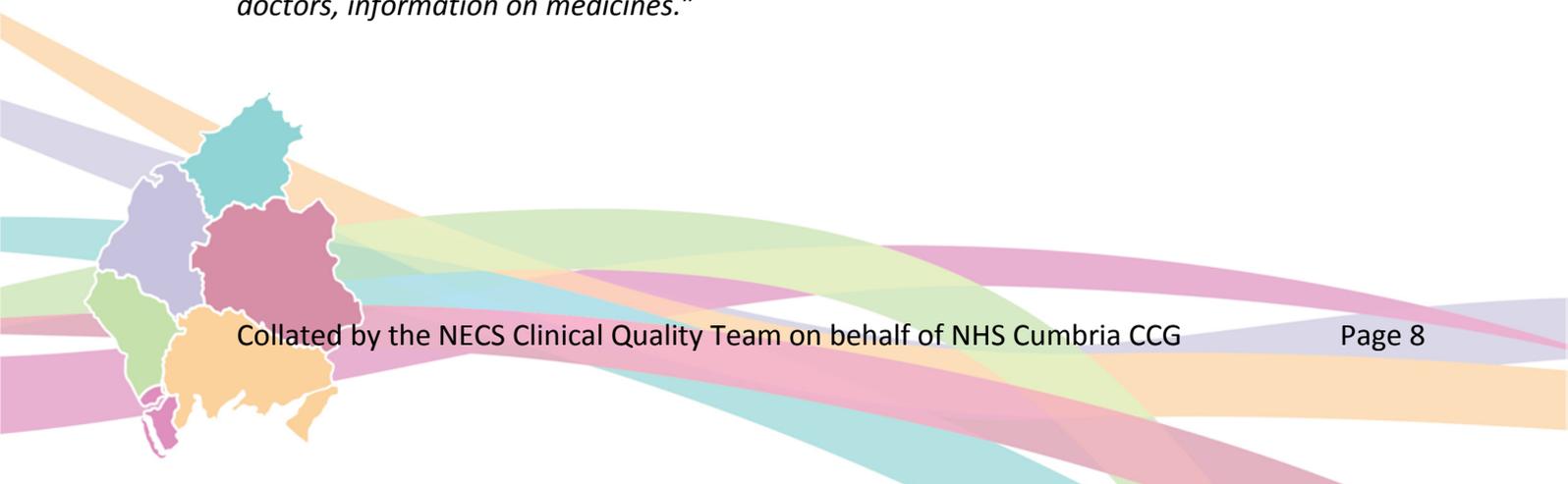
- Information and communication
- Treatment and care
- Appointment Issues
- Complaints

1.10. Friends and Family Test

NCUHT’s Safety and Quality Report Q2 states:

“Results are good in the following areas: treating patients with respect, involvement in decisions and communication with, and confidence in, nurses.

“Results could be improved in these areas: amount of information, cleanliness of wards and toilets/bathrooms, confidence and trust in doctors, hand-washing by doctors, information on medicines.”



1.11. I Want Great Care

The table below shows the number of reviews for NCUHT by Month. Due to the apparent time lag in receiving the reviews the analysis will use the two months from September to October, rather than November to December as used elsewhere in this document.

MONTH	Review Count
January 2014	254
February 2014	471
March 2014	815
April 2014	1,497
May 2014	2,448
June 2014	1,660
July 2014	2,210
August 2014	1,713
September 2014	1,854
October 2014	2,255
November 2014	367
December 2014	77

The average star rating of the 4109 reviews submitted over this period was 4.88, see table below for breakdown by site.

Site	Reviews	Star Rating
Cumberland Infirmary	2077	4.85
West Cumberland Hospital	2032	4.90
All NCUHT	4109	4.88

2. Clinical Effectiveness

2.1. CQUIN

DEMENTIA: The Trust has failed to meet two of their CQUIN targets for Dementia in Quarters 1 and 2.

- Percentage with case finding achieved 49% in Q1 and 42% in Q2 with targets of 90%
- Percentage with onward referral achieved 51% in Q1 and 50% in Q2 with targets of 90%.

2.2. NICE

NCUHT's Safety and Quality Report Q2 states:

“Out of the 326 applicable guidelines the Trust is compliant with 217. Of these 54 have been audited. 163 remain outstanding (stated as compliant but no audit evidence). 109 guidelines are either not compliant or their status is unknown.”

Cumbria Partnership NHS Foundation Trust (CPFT)

1. Patient Safety

1.1. Serious Incidents

There were a total of 27 serious Incidents reported by CPFT in November and December:

<i>Cumbria Partnership NHS Foundation Trust</i>	
Pressure ulcer Grade 3	16
Pressure ulcer Grade 4	2
Screening Issues	1
Safeguarding Vulnerable Child	1
Serious Incident by Inpatient (in receipt)	1
Serious Incident by Outpatient (in receipt)	1
Slips/Trips/Falls	2
Suicide by Outpatient (not in receipt)	1
Unexpected Death of Community Patient (in receipt)	2
Total	27

Eight Serious incidents have **not been closed** at the November and December CCG StEIS Closure Panel, further information has been sought from CPFT to enable closure.

1.2. Mortality / Unexpected Deaths

Since 1 April 2014 there have been 26 unexpected deaths of people in contact with the secondary mental health services and were not of obvious natural causes.

There have been two unexpected deaths of patients in the community, and one outpatient suicide reported via StEIS in November and December.

1.3. Never Events

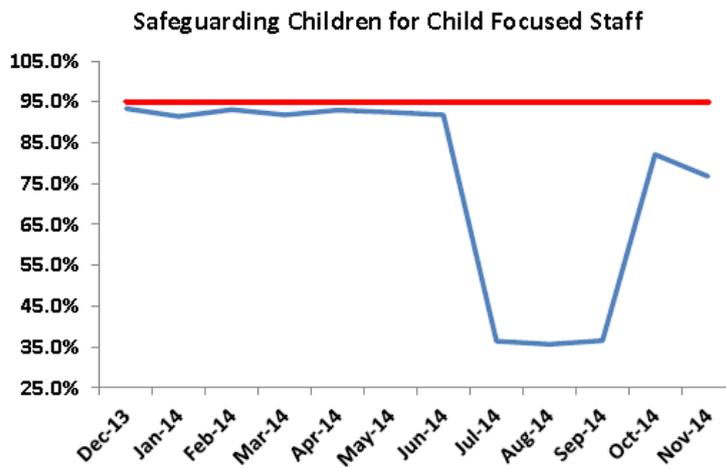
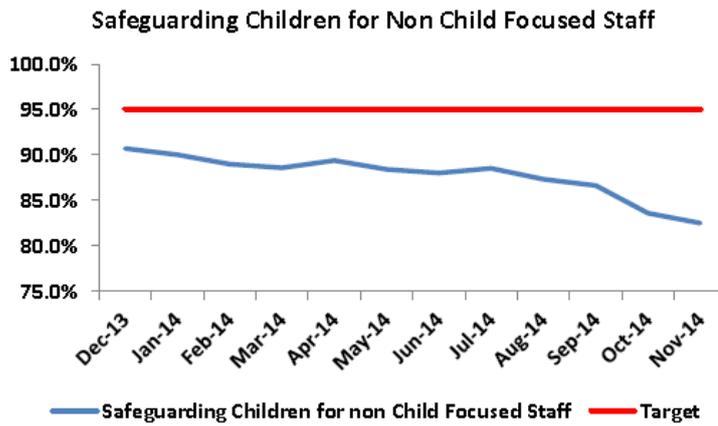
There have been no never events reported by CPFT in November and December

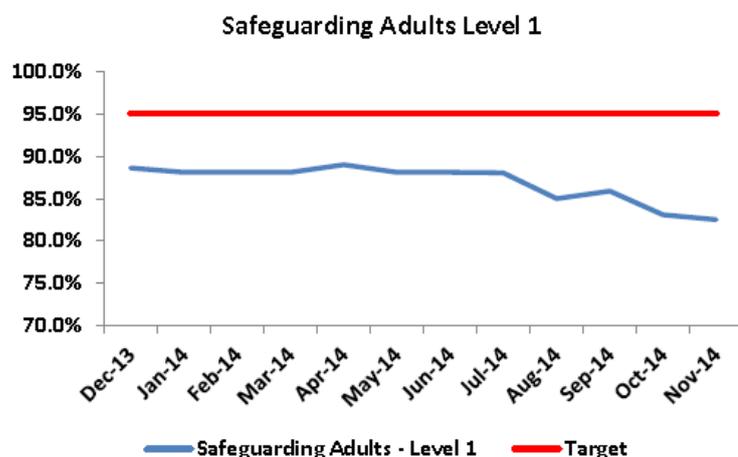
1.4. Infection Prevention

There have been no reported incidents of Meticillin-Resistant Staphylococcus Aureus (MRSA) or Clostridium Difficile infection in the period.

1.5. Safeguarding

The Trust has failed to meet its targets for mandatory staff training in relation to Safeguarding. The charts below show the percentage of staff trained against target. **The Trust Nursing Director informed the Quality Review Group in January that their most recent figures have improved and are now above 80%.*





1.6. HM Coroners Regulation 28

none reported in period

1.7. SIRMS: GP reported Quality of Care Concerns

There have been 8 GP reported incidents relating to the Trust in the period:

- INR blood test on wrong patient with same first name/ Failure to follow checking procedure. Practice reporting that this is not the first occurrence and will bring other examples to the CCGs attention. Passed to the Trust Nursing Director for action.
- GP contacted CRISIS team re a patient with suicidal intentions already known to CMHT. Patient upset due to delay in contact and GP had to contact CRISIS team again.
- Neurology Outpatients requested GP check blood tests. GP feels this is the responsibility of the consultant who should done the tests in clinic. The CCG clinical leads agree with this, and it has been raised with the relevant Service Manager.
- CAMHS Wrong Drug/Medicine on consultant letter to Practice.
- CAMHS Letters from CAMHS difficult to interpret and poor process for referral/counselling. To be passed to Children's commissioner via Patient Safety Meeting.

In addition, the following GP concerns have been sent to the Trust previously and await a reply:

- Scafoid fracture missed at Minor Injuries Unit

- Issue of unable to admit patients because there were no staff to clean the beds at a Community Hospital.

1.8. Improving Patient Safety

The following information is taken from the Trust's "Corporate Performance Report - November 2014" which was presented to the Trust Board on 18 December 2014.

Medication Errors: The Trust reports 38 medication errors reported in October 2014 and 51 errors in September 2014.

"The number of incidents usually fluctuates. However, in October 2014 the pharmacy team received a report with 51 incidents (the same as September). 13 (25%) of the reports were excluded from analysis as they were multiple copies of the same incidents, entered in error. These were removed from the analysis leaving 38 actual reported incidents. 30 incidents occurred within Community health (7 inpatient and 23 Community health), 6 related to mental health services and all occurred within inpatient services and 2 incidents occurred in children's and young people services. No incidents were reported from the prison or within specialist services. Similarly to last month 13 (34%) of the incidents reported have some other agency/Trust involvement."

Falls Resulting in Harm Within Inpatient Areas: The Trust reports an average of 3.2 falls per 1000 bed days.

"The falls rate decreased from 3.7 to 3.0 per 1000 bed days for community services. Alston had the highest falls rate of 7.9 per 1000 bed days. Mental health falls rate have decreased from 4.4 to 3.6 per 1000 bed days. Ramsey saw the highest falls rate for Mental Health services with a rate of 13.4 per 1000 bed days."

Ramsey Unit, at Furness General Hospital is an assessment unit for patients with an organic illness, such as Dementia.

2. Patient Experience

2.1. Duty of Candour

Information is provided as it is available from the Trust.

2.2. Complaints & PALS

The NECS complaints team has received no complaints or concerns regarding CPFT in the period.

The following information is taken from CPFT's "Corporate Performance Report - November 2014" which was presented to the Trust Board on 18 December 2014.

The Trust reports having received seven formal complaints in November 2014. The chart below shows the number of complaints received by the Trust over the year.



2.3. I Want Great Care

The table below shows the number of iWGC reviews for CPFT by Month.

Month	Count
May-14	119
Jun-14	311
Jul-14	298
Aug-14	174
Sep-14	189
Oct-14	214

The total number of reviews from May to date is 1,305 with an average Star rating of 4.81. These reviews can be broken down into Care Type, see table below:

Care Type	Number of Reviews	Star Rating
Community	205	4.78
Inpatient	530	4.77
MIU	132	4.90
Paediatric Community	423	4.85
Paediatric Dental	15	4.84
All care types	1305	4.81

3. Clinical Effectiveness

3.1. CQUIN

The Trust is failing to achieve the local CQUIN: Percentage of patients waiting less than 28 days from assessment to treatment with Improving Access to Psychological Therapies (First Step). The Q1 target was 40% and the Q2 target 50%. Neither has been met.

The Trust is also failing to achieve the local CQUIN: Percentage of patients with mental health needs seen as required. The Q1 target was to agree targets.

3.2. NICE

Information regarding compliance with NICE recommendations will be presented when it is available from the Trust.

4. Priorities

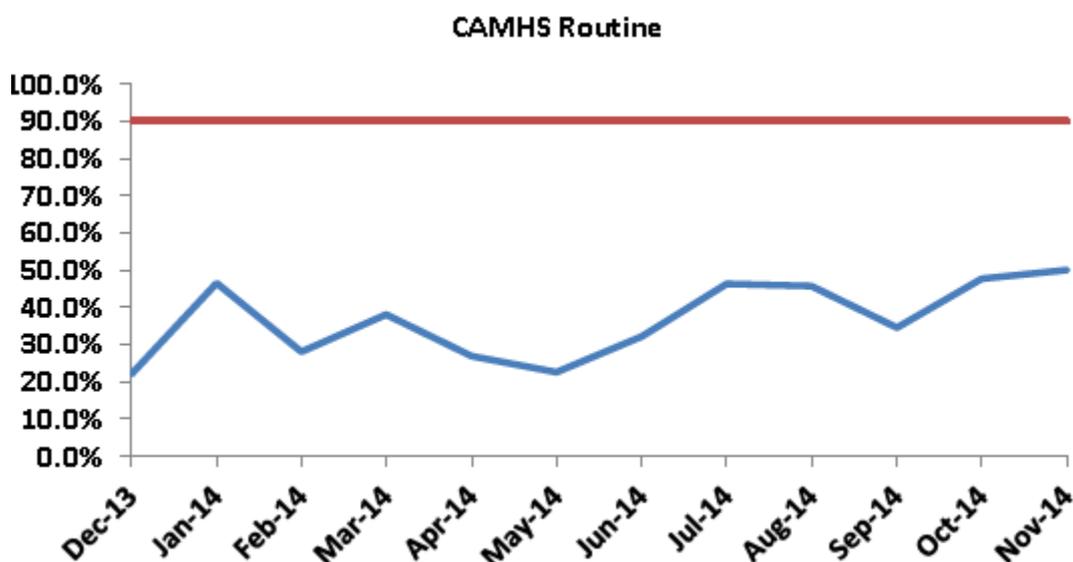
4.1. Child and Adolescent Mental Health Services (CAMHS)

The following information is taken from CPFT's "Corporate Performance Report - November 2014" which was presented to the Trust Board on 18 December 2014.

The Trust has a target to achieve 90% of all first valid contacts within 25 working days of referral. The Trust is consistently failing to meet this target and currently reports achieving 50%. The Trust reports:

"Action taken to stabilise the position in the South is beginning to show improvement in performance. New staff in post during December and January will continue trend. System wide response being put in place to manage help demand and risk, through

use of Early Help Assessment and community assets. Actions supported at Director and LSCB level with improvement to target likely after April 2015.”



The Red line represents the target and the blue line represents the Trust's performance.

4.2. Safe Staffing

In the Trust report "Hard Truths - Update on Safe Staffing Levels within the Trust & Update on Strategic Findings, Recommendations/ Actions and Plans for Safer Nursing Care Tool in Community Hospitals, Mental Health and District Nursing (Dr Hurst)." Presented to the Trust Board on 18 December 2014, CPFT state:

"For community hospitals the overall fill rate for registered staff is 97.8% and for non-registered 101.6%. Two wards fell below the 90% average fill rate for nursing staff during November: Brampton, Wigton. A summary of the staffing position for each unit is provided. Actions were taken to mitigate against impact on patient care. Recruitment is ongoing. In Wigton bed capacity was reduced to maintain safe patient care (Langdale, Penrith and Wigton). Ward managers are working clinically in most areas to maintain staffing levels in the short term. Supernumerary status of ward managers is not monitored by NHSE.

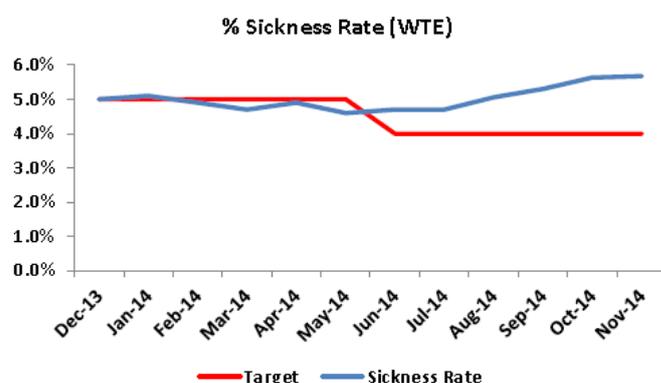
"For mental health wards the overall fill rate for registered staff is 105.2% and for non registered 103.8%. No wards fell below the 90% average fill rate during November. Staffing levels were increased above establishment on several wards to meet patient need which accounts for the overall % above 100. All mental health

wards across the mental health care group have supernumerary ward managers. Two posts are now vacant but interim managers are in place whilst recruitment takes place.”

Bank and Agency Staff: The cost of all bank / agency staff as a percentage of overall staffing costs is above target standing at 8.4% in October 2014 with a target of below 4%.

Staff Sickness: The percentage of working days lost to sickness was 5.7% in October 2014.

“Sickness has increased month on month since July. A task and finish group has been established to provide a focus on Staff Sickness and Health and Well-Being. One of their objectives is to deliver a reduction in sickness of 1% against current level over 12 months commencing November 2014”



5. Action Taken

A CCG Senior Staff Team undertook an Assurance Visit to community services based at Wigton Community Hospital and Wigton Health Centre on 12 December 2014. The team met with staff from the Health Visiting team, the Community Rehabilitation team and the District Nursing team. All three teams provided insightful and honest feedback regarding the services they provide and all commented on the impact of recent changes to Adult Social Care teams. Notes from the visit have been collated and will be fed back to the Trust.

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT)

1. Patient Safety

1.1. Serious Incidents

There have been a total of six serious incidents reported via STEIS by UHMBT in November and December:

<i>University Hospitals of Morecambe Bay NHS Foundation Trust</i>	
Delayed diagnosis	1
Maternity Services - Intrauterine death	1
Maternity Services - Maternal unplanned admission to ITU	1
Pressure ulcer Grade 3	1
Slips/Trips/Falls	2
Total	6

There has been one request for a case to be withdrawn from StEIS from UHMBT in the months of November and December;

One incidents has **not been closed** at the November and December CCG StEIS Closure Panel, further information has been sought from UHMBFT to enable closure.

1.2. Mortality / Unexpected Deaths:

There has been one unexpected death reported via StEIS by UHMBT in November and December.

1.3. Never Events

There have been no never events reported by UHMBT in November and December.

1.4. Infection Prevention

In the month of November, the Trust reported 8 cases of Clostridium Difficile, and in September, 2 cases of Meticillin-Resistant Staphylococcus Aureus (MRSA) infection, and both exceed the target trajectories.

1.5. HM Coroner Regulation 28

none reported in period

1.6. SIRMS; GP reported quality concerns

6 issues have been raised via SIRMS relating to the Trust in the period:

Four of these relate to 'offloading of responsibility' on to GP/ inefficiency and two concerning Medication.

- Poor Anti-coagulation monitoring whilst an inpatient on Ward (Furness General Hospital), Blood tests (INR) done but medication not adjusted to keep within target range.
- Ward at Royal Lancaster Infirmary, GP concerned medication changes made on ward to patient with complex medical history in isolation without access to primary care records. Passed to Clinical Pharmacy Lead.
- Ward at Westmorland General Hospital GP asked to review surgical wound and feels he was not the correct person to do this. Patient Safety Lead at UHMB emailed to discuss if this is usual practice or a one off?

GP concerns that have been sent to the business unit and awaiting a reply:

- Patient seen in Ophthalmic clinic, took bloods, and sent patient to the GP for the results
- Patient told to see the GP for drops re: dry eyes. Waste of patient's and GP time, and GP had no information from the hospital.
- After appointment, patient told to see the GP after a week; no information to GP. Waste of patient's and GP time.

2. Patient Experience

2.1. Duty of Candour

Information is provided as it is available from the Trust

2.2. Complaints

The NECS complaints team has received one complaint regarding UHMBT:

- The complaint related to Urology services and had previously been responded to by the Trust. The second stage of the complaints procedure is for the complainant to approach the Parliamentary and Health Service Ombudsman.

2.3. Friends and Family Test

In-patient Friends and Family Test	Oct - 14	
	Response Rate	% Recommended
England (including Independent Sector Providers)	37.64%	94
England (without Independent Sector Providers)	36.99%	94
Durham, Darlington And Tees Area Team	34.10%	92
Cumbria, Northumberland, Tyne And Wear Area Team	38.67%	95
Trust Level		
University Hospitals Of Morecambe Bay NHS Foundation Trust	38.01%	91
Site Level		
Royal Lancaster Infirmary - RTX02	24.48%	87
Furness General Hospital - RTXBU	49.16%	92
Westmorland General Hospital - RTXBW	136.05%	97

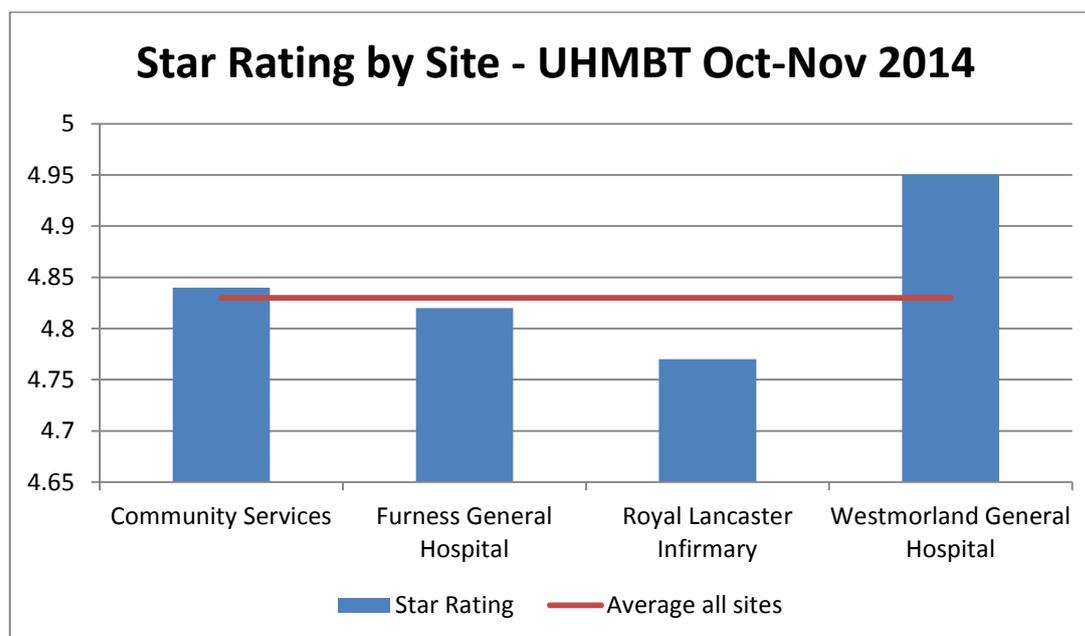
A & E Friends and Family Test	Oct - 14	
	Response Rate	% Recommended
University Hospitals Of Morecambe Bay NHS Foundation Trust	16.61%	84
Furness General Hospital - RTXBU	20.05%	83
Royal Lancaster Infirmary - RTX02	14.46%	85

2.4. I Want Great Care

6,906 reviews were completed for UHMBT during October and November 2014, with an average star rating of 4.83.

These reviews can be broken down by site:

Site	Reviews	Star Rating
Community Services	160	4.84
Furness General Hospital	2183	4.82
Royal Lancaster Infirmary	3581	4.77
Westmorland General Hospital	982	4.95
All sites	6906	4.83



3. Clinical Effectiveness

3.1. CQUIN

The Trust has failed to achieve three of the Dementia CQUIN targets in Quarter 1 and 2 of the targets in Quarter 2.

- Percentage with case finding: the Trust achieved 42% in Q1, 85% in Q2 with a target of 90%.
- Percentage appropriately assessed: the Trust achieved 38% in Q1, 55% in Q2 with a target of 90%.
- Percentage onward referral: the Trust achieved 29% in Q1 and 100% in Q2 with a target of 90%.

The Trust has made significant improvement in regards to this CQUIN, particularly with case finding and onward referral. These improvements are subsequent to an

AQUA project resulting in a modified survey and recruitment to posts to support Dementia FAIR.

3.2. NICE

Information regarding compliance with NICE products is provided as it is available from the Trust.

4. Priorities

UHMB has not met its target to record 90% of Immediate Discharge Summaries on Lorenzo within 24 hours. In the November contract book, the Trust is reported as having achieved 70.5%.

Trust maternity services are again raised as a concern by NHS England Local Area Team

5. Action Taken

A meeting is being arranged by the Lancashire Area team, involving Cumbria CCG representatives, about their continuing concern about the Maternity pathway of care in two recent Serious Untoward incidents

Across system & non-provider specific

1. Patient Safety

1.1. Infection Prevention

From the 1st April 2014 – 31st December 2014 NHS, Cumbria CCG has a total of **169** attributed cases of Clostridium Difficile Infection. The **yearly trajectory is 192**. This equates to 88% of the trajectory in Quarters 1-3.

1.2. National Hip Fracture Database Commissioner's Report 2014

"This is an annual audit involving 182 eligible hospitals in England, Wales and Northern Ireland which are eligible. 64,838 people were admitted with a hip fracture between 1 January 2013 and 31 December 2013, along with a casemix-adjusted analysis of 30-day mortality for the three calendar years 2011–13."

The database indicates that the NCUHT are in the bottom 20% in relation to:

- Surgery on day of or day after admission: 67%; Regional average 53%
- Senior Geriatric review: 14%; Regional average 75%
- Specialist falls assessments 20%; Regional average 93%
- Best practice tariff assessment 10: regional average 50%

Positive practice:

- Developing pressure ulcers: 2.8% - lowest in acute trusts in Cumbria
- Mean length of stay 14.8; regional average 21.3.
- 30 day follow-up completion rate: 90% Regional average 40%.

Key points to note in relation to UHMB are:

Furness General Hospital:

- Admitted to orthopaedic ward within 4 hours is lower than average, but surgery on day of or day after admission is higher than regional average: 76.3 to 72.
- Geriatric review, abbreviated mental test both higher than regional average and falls and medication assessments both 100%.
- High number of pressure ulcers: 6.5%; regional average 2.7%
- Length of stay 24.6; regional average 21.3

Royal Lancaster Infirmary:

- Admitted to orthopaedic ward within 4 hours 75%; regional average 53%
- Length of stay 24.7; Regional average 21.3 (National average 19)
- Specialist falls assessment 100%; medication assessment 97%.

2. Patient Experience

2.1. Complaints

Ten complaints and concerns have been received in the period relating to NHS Cumbria CCG. Four of these remain open; none are overdue.

Case Number	Days to Acknowledge	Status	Category
593	0	Ongoing	Ambulance - Late
554	0	Closed	Ambulance - Other
607	0	Ongoing	CHC - Current
615	0	Awaiting Consent	CHC - Current
543	1	Closed	CHC - Retrospective
608	0	Awaiting Consent	CHC - Retrospective
634	2	Ongoing	CHC - Retrospective
544	0	Closed	Commissioned Change In Service
551	1	Closed	Ambulance staff attitude
567	0	Closed	Commissioned Change In Service
605	1	Ongoing	Funding Decision