



# QUALITY ACCOUNT

2012/13

North Cumbria University Hospitals **NHS**  
NHS Trust

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Our two hospitals - the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven - hold an important part in the lives of our local community, both as providers of healthcare and places to work.

Most of our 320,000 residents in North Cumbria will have either been in hospital or know someone who has. It is very important to us that our patients receive excellent care and their experience of our hospitals is good enough for them to recommend our hospitals to their families and friends.

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## Part 1: Introduction

### What is a Quality Account?

A Quality Account is an annual report to the public about the quality of the services that our hospitals deliver.

The aim of the Quality Account is to enhance the Trust's accountability to the public and fully engage the senior management team and all staff by demonstrating the Trust's commitment to continuous evidence-based quality improvement across all services.

Quality can mean different things to different people. For our Trust it means ensuring that every member of staff is equipped to provide excellent care which has good clinical outcomes and results in a positive patient experience for every patient in our care.

A single definition of quality for the NHS was first set out in High Quality Care for All. This definition sets out three dimensions to quality, all three of which must be present in order to provide a high quality service:

- Clinical effectiveness – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes
- Safety – quality care is care which is delivered to avoid all avoidable harm and risks to the individual's safety; and
- Patient experience – quality care is care which aims to give patients as positive an experience as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect

This Quality Account places the focus on the quality of the Trust's services so that the public, patients and anyone with an interest in healthcare will be able to understand:

- Where the Trust is doing well
- Where improvements in service quality are



needed and how we have prioritised these

- How the Trust Board has reviewed our challenges in improving the quality of care during the year

### The Quality Account includes:

- A statement from the Trust Board summarising the quality of services - this is provided in Part 1
- The Trust's priorities for quality improvement for the coming financial year 2013/14 - these are described in Part 2
- A series of statements from the Trust Board for which the format and information required are set out in regulations - Part 2
- A review of the quality of services delivered by the Trust in 2012/13 - this is outlined in Part 3.

It is also important to highlight that this Quality Account has been reviewed in accordance with the recommendations for NHS organisations following the Francis Inquiry which was published in February 2013.

This document complies with the Trust's statutory duties under the Health Act 2009 and the guidance issued by the Department of Health for the development of Quality Accounts.

## Chief Executive's Statement



Welcome to the Quality Account for 2012/13. This Quality Account is for our patients, families, staff, stakeholders and the general public about the quality of services provided at our hospitals.

The aim of this report is to give clear information about the quality of our services, including where we are performing well and where we are on a journey of improvement.

I would like to start by thanking all our staff for their hard work and contribution in improving care for our patients. It is clear from the results of our staff survey that we have improvements to make in a number of areas and work has already started on addressing these key issues.

Together with the feedback from our patients we have used the feedback from our staff to ensure our priorities for improvement, which are outlined in this Quality Account, are focussed on the things that matter the most to them.

It is important to highlight that 2012/13 was a challenging year for the NHS as a whole and we have faced our own challenges as part of this. This has included sustained pressure in our emergency care pathways as well as understanding our higher than expected hospital mortality rate in greater detail.

During the year we carried out an extensive review into our hospital mortality.

This resulted in four key areas of improvement being identified by our clinical leaders, which we are working hard to implement in order to improve the quality of care for our patients.

The Trust is one of a number of Trusts which will be reviewed in 2013 as part of the national Rapid Responsive Review Team, lead by Sir Bruce Keogh, due to our higher than expected mortality rate.

The Trust Board is committed to learning what more can be done to continually improve our systems and the wider systems of care and will ensure the feedback from this important review informs our safety and quality priorities during the year.

In February 2013, the public inquiry report into the commissioning, supervisory and regulatory organisations involvement in the failings at Mid Staffordshire Healthcare NHS Foundation Trust was published.

This report provided difficult reading for the NHS as a whole and outlined a healthcare system which needed to be more open and transparent and fostered a common culture of putting patients first.

Providing high quality, compassionate and person-centred healthcare must always be our number one priority and this means putting our patients, their safety and their wellbeing at the very heart of everything we do, everything we say and every action we take - every single day.

Our Trust Board and Senior Management Team have reviewed the report and we have already started making changes to ensure our information on patient safety and any complaints are reported in the public domain, which we will continue develop during 2013/14.

Together we have made significant progress during the year for our services to become acquired by Northumbria Healthcare NHS Foundation Trust. This will allow us to build

on the quality improvements that are already directly impacting positively on the experience of our patients as well as ensuring our services are sustainable for the future, evidence alongside some of the best clinical outcomes in the country.

It is also fantastic news that we have now started the building work for the new West Cumberland Hospital in Whitehaven, which will see a much improved hospital environment for our patients and staff in West Cumbria.

The safety and quality priorities outlined in the Quality Account are measured and reported to our Trust Board throughout the year to ensure we continuously improve against the priorities we have identified.

Ann Farrar  
Interim Chief Executive

Date: 28th June 2013

## Our Values

building  
a caring  
future  
HOSPITAL | COMMUNITY | HOME

North Cumbria University Hospitals **NHS**  
NHS Trust

# OUR VALUES



### 1. PATIENTS FIRST

- Patient care will be the best we can deliver
- We show compassion, empathy and respect
- We respond to the needs of all patients
- We provide excellent services
- We ensure physical comfort and emotional support
- We provide the right information at the right time for patients and their families

### 2. SAFE AND HIGH QUALITY CARE

- Quality and safety is at the heart of everything we do
- We set clear standards and report against them
- We will encourage new ideas and innovation
- We will continuously improve to ensure our standard is the highest it possibly can be

### 3. RESPONSIBILITY AND ACCOUNTABILITY

- We take personal responsibility for our actions
- We actively build relationships within and across teams
- We measure performance and act on facts

### 4. EVERYONE'S CONTRIBUTION COUNTS

- We all have a part to play in delivering excellence
- We encourage education and personal development
- We all take responsibility for developing others

### 5. RESPECT

- We lead by example
- We aim to be good role models
- We respect everyone's contribution
- We support individuals to succeed

**OUR VISION**

“ We provide  
person centred  
world class quality  
healthcare  
services ”

## Part 2: Priorities for Improvement

Our priorities for improvement have been developed by our clinical teams to focus on improving patient safety, reducing harm, delivering more effective care and improving the experience of both our staff and the patients we care for. We will combine these priorities for improvements with the local / regional / and national priorities with our Commissioning for Clinical Quality and Innovation Payment Framework (CQUIN) (which is detailed on page 15) together with the Department of Health's 5 domains for improvement which are:

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 4: Ensuring that people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

During the year we have also engaged with our Clinical Commissioners, Local Authorities and our staff on our priorities for improvement. The key areas of feedback include:

- Improving our hospital mortality rate
- Reducing our levels of patient harm
- Improving the patient experience
- Improving the experience of our staff
- Improving our emergency care pathways

Following consultation with staff and stakeholders the tables in Section 2:1 below illustrate our identified priorities for 2013/14 and include the priorities for safer care, more effective care, improving patient experience and delivering improvements.

### 2:1 Safety and Quality Priorities 2013/2014

#### Safer care

##### Zero tolerance on hospital-associated infections

- Have a zero-tolerance approach to all avoidable Clostridium difficile, MRSA, surgical site and other healthcare associated infections

##### Harm free care

- Assess 95% of patients admitted for risk of venous thromboembolism
- Take a zero-tolerance approach towards hospital acquired pressure sores
- Reduce falls in hospital that result in fractured neck of femur
- Embed dementia assessments on admission for patients at risk

##### Patient safety

- Introduce patient safety days across the hospitals to ensure everyone understands the part they can play in delivering the quality agenda
- Review the systems we have in place for reviewing incidents and complaints and ensure all Clinical Business Units develop clinical governance

##### Hospital@night

- Better care by a stable medical workforce front of house and back of house that put the hospitals safely to bed each night

#### More effective care

##### Reduce our mortality rate to the norm and our harm rate by 50% by 2014

- Consistent recording and escalation of the Early Warning System for poorly patients
- Transfer high-risk medical and surgical patients to the Cumberland Infirmary from June eg trauma and orthopaedics
- Implement the Sepsis Care Bundle in all wards and provide refresher training for clinical leaders
- Implement the Pneumonia Care Bundle to ensure optimum care for patients with pneumonia
- Provide more senior clinical time from 8am to 10pm seven days a week on both the Cumberland Infirmary and West Cumberland Hospital sites
- Pilot and assess the benefits of introducing a dedicated Medical Emergency Team to support the escalation of acutely-ill patients

##### Deliver national emergency standards

- Ensure timely handover of patients arriving by ambulance within 15 minutes
- All patients to flow from A&E to the wards within 4 hours by care delivered at the right time and in the right place by all clinical teams

##### Deliver best practice

- Ensure national quality markers are fully met - fractured neck of femur, stroke care, NHS Litigation standards

##### Elderly care

- Implement comprehensive geriatric assessment

## Excellent patient experience

### Compassionate care

- Embedding the vision of the 6 C's – care, compassion, courage, communication, competence and commitment

### Listening and acting upon patient views

- Realtime patient feedback to clinical teams and empower staff to act on feedback and deliver an excellent experience

### Zero mixed sex accommodation

- All patients to move from ITU to wards at the right time

### Ensure patients have better access to care

- Patients should wait no more than 18 weeks for treatment
- Ensure zero tolerance against cancellations by the hospital
- Specialist services offering more choice eg Ophthalmology, Renal, Plastic Surgery

### Better communication

- Ensure discharges are planned on the right day and at the right time with better documentation by clinical staff
- All patients should receive better explanation of their medicines and how to manage them when they leave the hospital
- Patients and GPs have an appropriate electronic discharge communication for safe handover of care
- There needs to be better engagement and feedback from children, young people and their parents about the care they have received

## Developing our services

### Redevelop a healthcare facility in West Cumbria that is fit for the 21st century

- Open the new West Cumberland Hospital by 2015 that operates safely from day one
- Plan the use of more community hospital beds for the transfer of up to 45 patients

### Cardiovascular service

- All specialist inpatient care will take place in a new centre from May which will be safer and improve clinical outcomes for patients
- Primary PCPI will be available 24/7 from May

### Trauma Unit Development

- Trauma Unit Status to be operational from May 2013

### Improve clinical information

- Develop a strategic plan for clinical records and improved case note availability, tracking and better structured content
- Develop a shared document for the care of the dying with primary and secondary care so that patients have greater choice over where they receive their care

### High impact innovation

- We commit to support teams to deliver a range of innovative care

## Staff experience

Alongside setting the quality and safety priorities to improve the quality of care to patients, the Trust recognises that staff are the key to its success.

The Trust has put in place a number of pledges that it will implement to support staff, help them to develop and improve morale during 2013/14:

### Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs

- Foster a culture that values quality, delivery, accountability and team relationships
- All staff are encouraged to report incidents and see that they have been acted upon
- Halve the number of locums in the hospitals by the appointment of permanent consultants

### Pledge 2: To provide all staff with personal development, access to appropriate training

- All staff are appraised and have the training they need
- Senior nurses and ward managers are provided with a development programme and feel supported
- Nurse Practitioners are recruited and supported in their development
- All consultants have a job plan
- Enhanced medical education and training infrastructure to meet higher standards

### Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety

- Ensure staff are aware of our health and well-being support packages
- Engender a culture of respect for each and everyone
- Hand-washing facilities to improve

### Pledge 4: To engage staff in decisions that affect them and the services they provide

- Create trust and confidence in senior leadership through open and honest communication
- Involve staff in decision making through the new Clinical Business Units so that they feel more involved
- More support from managers and leaders to help staff improve
- Engage with, listen to and respect staff



## CQUIN - Our priorities for 2013/2014

Part of the Trust's income for 2013/14 will be conditional upon making quality improvement and reaching innovation goals agreed between the Trust and clinical commissioners. This is done through a national Commissioning for Quality and Innovation Payment Framework (CQUIN). CQUIN is based on a national, regional and locally set goals. These initiatives play a very important part in the Trust's drive for continuous quality improvements and are monitored by the Trust Board. The financial value of each of the targets within CQUIN is included in the table below. The targets represent 2.5% of the Trust's total contract income.

No	Goal	Goal Description	Value
<b>NATIONAL CQUIN</b>			
1	Friends and Family Test	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience. The 2011/12 national inpatient survey showed that only 13 per cent of patients in acute hospital inpatient wards and A&E departments were asked for feedback	£242,120
2	NHS Safety Thermometer	To reduce harm. The power of the NHS Safety Thermometer lies in allowing frontline teams to measure how safe their services are and to deliver improvement locally.	£242,120
3	Dementia	To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.	£242,120
4	VTE Prevention	To reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE)	£242,120
<b>REGIONAL GOALS</b>			
5	Advancing Quality	Regionally led quality incentive scheme for Pneumonia, Hip & Knee Replacement, Acute Myocardial Infarction, Heart Failure and Stroke	£187,824
<b>LOCAL CLINICAL COMMISSIONING GOALS</b>			
6	Enhanced Friends & Family	Enhanced Friends and Family programme to stretch the delivery of the national F&F test and localise patient experience projects towards local improvement needs.	£375,647
7	Implementation of 'Closer to Home' for High Risk Surgery	Centralisation of high risk surgery at the Cumberland Infirmary as per 'Closer to Home'. This includes patients presenting as emergencies for: Fractured neck of femur, tier-3 vascular work and complex general surgical procedures.	£375,647

No	Goal	Goal Description	Value
<b>NATIONAL CQUIN</b>			
8	Enhanced Paediatric Asthma Pathway	Reduction in Paediatric admissions for Asthma and Asthma related conditions (including viral wheeze) and development of improved pathways for Lower respiratory tract infections (LRTI)	£468,559
9	Implement Ambulatory care model across North Cumbria	New model of Ambulatory care implemented across the integrated emergency floor on both sites of North Cumbria and to bring an integrated focus to the services including NPU, PCAS and Primary care clinicians within the Emergency Department	£375,647
10	Enhanced Lung cancer Pathway- referral to tertiary centre by day 45	Implementation of enhanced lung cancer pathway to deliver improved compliance of 62 day national standard. Daily monitoring of all patients on lung cancer pathway against milestones, exception reporting to clinical teams and required action expedited. Stretch target two week rule patients will be seen within 7 days of referral to expedite management plan and delivery of pathway milestones and referral to tertiary centre by day 45.	£375,647
11	Enhanced Acute Stroke Pathway	Standard 90% of diagnosed acute stroke patients admitted to a stroke bed within 4 hours of arrival in hospital, to be achieved within each quarter. The addition of a stretch target to 2 hours where appropriate by the end of quarter 4 for 50% of patients.	£469,599
12	Enhanced pathway for GI bleed	85% of high risk patients with an upper GI bleed should be endoscoped within 24 hours. 15% threshold attributed to clinical exceptions.	£375,647
13	Quality Dashboard for Specialised Services	To embed and demonstrate routine use of specialist services clinical dashboards	£31,639
14	Reducing the incidence of preventable acute kidney injury	Reducing the incidence of preventable severe acute kidney injury (AKI). Severe kidney injury is defined for the purposes of CQUIN as those patients who receive intermittent haemodialysis to treat AKI.	£79,096
15	Increased use of renal patient view by all dialysis patients	Renal units to actively encourage patients to register with and use Renal Patient View as a proxy measurement of empowerment	£79,096
16	Cancer Nurse Specialist	To assess the impact of CNS support on the patients' experience of their cancer journey & agree action plan to improve experience	£63,227

## 2:2 Statement of Directors' responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance to NHS trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS trusts boards should put in place to support the data quality for the preparation of the Quality Account.



In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The content of this quality report meets the requirements set out above
- The content of this quality report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2012 to June 2013
  - Papers relating to quality and the quality dashboard that is reported to the Board over the period April 2012 to June 2013
  - Papers relating to quality and safety reported to the Governance Committee over the period April 2012 to June 2013
  - Feedback to the quality account from key stakeholders including commissioners; Cumbria LINK; and the Health and Wellbeing Scrutiny Committee
  - The national inpatient and outpatient surveys for 2012 published by the Care Quality Commission
  - The annual staff survey 2012 published by the Care Quality Commission
- The quality report presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the quality account is reliable and accurate
- There are proper internal controls over the collection and the reporting of measures of performance included in the quality report and these controls are subject to review to confirm that they are working effectively in practice

- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with the annual reporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Account

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

**Mr Ian Gordon**  
Interim Chairman  
Date: 28th June 2013

**Ann Farrar**  
Interim Chief Executive  
Date: 28th June 2013



## 2:3 Statement of Quality Standards

Set out on the following pages are the mandatory quality indicators, set by the Department of Health, that we are required to report in this Quality Account. The data periods comply with the national required data sets for the production of this Quality Account. The performance column in the tables has been colour-coded – green means better than expected; amber means as expected and red, worse than expected.

### Summary Hospital Mortality Indicator (SHMI)

North Cumbria University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The preferred indicator for inclusion in the Quality Account is the SHMI. Technically the Trust's performance is as expected however, this is on the margins of the national average position.
- The Trust has been an outlier for two consecutive years with its Hospital Standardised Mortality Ratio (HSMR) in 2010/11 and 2011/12. As a result of this the Trust was subject to the Rapid Response Review led by Sir Bruce Keogh. Page 49 of this report describes the action being taken to improve the Trust's mortality rate and reduce harm.
- A review of all deaths that occurred in 2011/12 was undertaken during 2012/13 which resulted in four improvement themes being agreed by the Trust Board in order to improve mortality rates and reduce harm.

North Cumbria University Hospitals NHS Trust has taken the following actions to improve this score and so the quality of its services, by:

- Rapid implementation of four themes of improvement following the mortality review which are measured and reported to the Trust Board each month (page 49)
- Implementing a trust-wide framework to reduce our mortality and harm rate
- Establishing a Trust-wide group to focus on reducing harm

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
Publication: April 2013 (Oct 2011-Sept 2012)	SHMI	1.11	1.0	0.71	1.26	As expected
	% of patient deaths with palliative care coded at either diagnosis or speciality level	12%	18.4%	0.3%	46.3%	Worse than expected
Publication: Jan 2013 (July 2011-June 2012)	SHMI	1.10	1.0	0.68	1.21	As expected
	% of patient deaths with palliative care coded at either diagnosis or speciality level	12%	18.4%	0.3%	46.3%	Worse than expected

Related to the NHS Outcome Framework Domains:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

### Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre and post-operative surveys. PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected from patients through PROMs questionnaires before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients. The adjusted average health gain is a measure of the Trust's score - the higher the score, the more we have improved.

North Cumbria University Hospitals NHS Trust considers that this data is as described for the following reasons:

- Feedback from patients on the results of their surgery is not always received, resulting in low numbers for some procedures. For those procedures where feedback was received, the Trust performed well for knee surgery; and has improvements in place for hip surgery.

North Cumbria University Hospitals NHS Trust has taken the following actions to improve these scores and so the quality of its services, by:

- Implementation of the trauma and orthopaedic strategic 'plan on a page'
- Latest available patient-level data is distributed to Clinical Business Units and all consultants to allow identification and monitoring of recurring themes and trends
- Education and monitoring of staff compliance to ensure that all staff encourage eligible patients to participate in PROMS to increase representative sample

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
April 2012 - Dec 2012 (Published 9 May 2013)	EQ-5D index casemix adjusted health gain - groin hernia surgery	Low Numbers *	0.090	0.017	0.153	*
	EQ-5D index casemix adjusted health gain - varicose vein surgery	Low Numbers *	0.089	0.027	0.138	*
	EQ-5D index casemix adjusted health gain - hip surgery	0.340	0.429	0.328	0.500	As expected
	EQ-5D index casemix adjusted health gain - knee surgery	0.356	0.321	0.201	0.408	Better than expected
April 2011 - March 2012 (Published 14 February 2013)	EQ-5D index casemix adjusted health gain - groin hernia surgery	Low Numbers *	0.087	0.03	0.143	*
	EQ-5D index casemix adjusted health gain - varicose vein surgery	Low Numbers*	0.094	0.047	0.167	*
	EQ-5D index casemix adjusted health gain - hip surgery	0.439	0.416	0.316	0.469	Better than expected
	EQ-5D index casemix adjusted health gain - knee surgery	0.275	0.302	0.180	0.371	As expected

Related to the NHS Outcome Framework Domains:

Domain 3: Helping people to recover from episodes of ill health or following injury.

\* This is because the number of procedures carried out is small.

**Emergency Readmissions to Hospital within 28 Days**

North Cumbria University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust has access to community hospital beds for step-down care and length of stay is higher than average in some areas which indirectly impacts on the readmission rate.

North Cumbria University Hospitals NHS Trust intends to take the following actions to improve this rate and so the quality of its services, by:

- No new initiative is required due to the better than expected performance of both indicators.

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
2010/11	Patients aged 0-15	9.25%	10.15%	0.00%	25.80%	Better than expected
	Patients aged 16 or over	9.84%	11.42%	0.00%	22.93%	Better than expected
2009/10	Patients aged 0-15	7.94%	10.18%	0.00%	31.40%	Better than expected
	Patients aged 16 or over	10.07%	11.16%	0.00%	22.09%	Better than expected

Related to the NHS Outcome Framework Domains:

Domain 3: Helping people to recover from episodes of ill health or following injury.

**Emergency Readmissions to Hospital within 30 Days**

In 2011, a change was made to the national requirements regarding performance monitoring against readmissions. As a result of this, the Trust reports performance against 30-day readmissions which are summarised in the table below.

Period	Indicator	North Cumbria Value	National Average	Performance
2012/13	All patients	6.2%	6.5%	Better than expected
2011/12	All patients	6.0%	6.7%	Better than expected

Data Source: CHKS and Hospital Episode Statistic Peers (HES)

**Responsiveness to the Personal Needs of Patients**

North Cumbria University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust has been below average in areas relating to patient discharge and information and has needed to improve in the RealTime patient experience monitoring.

North Cumbria University Hospitals NHS Trust has taken the following actions to improve this score and so the quality of its services, by:

- Implementation of realtime patient experience monitoring and the Friends and Family Test
- Implementation of consultant-level patient experience feedback
- Improvement of discharge information and process

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
2011/12	Responsiveness to inpatients' personal needs	66.3	67.4	56.5	85	As expected
2010/11	Responsiveness to inpatients' personal needs	64.4	67.3	56.7	82.6	Worse than expected

Related to the NHS Outcome Framework Domains:

Domain 4: Ensuring that people have a positive experience of care.

**Staff Who Would Recommend the Trust to Family or Friends**

North Cumbria University Hospitals NHS Trust consider that this data is as described for the following reasons:

- The Trust does not have an engaged workforce and has taken the decision for the Trust to be acquired. Staff morale has been consistently low for a number of years.

North Cumbria University Hospitals NHS Trust has taken the following actions to improve this score and so the quality of its services, by:

- Implementation of Trust-wide Safety & Quality Priorities
- Implementation of an Organisational Development Plan
- Development of the Clinical Business Units infrastructure and teams

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
2012	Staff survey responses if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	35%	64%	35%	94%	Worse than expected
2011	Staff survey responses if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	39%	60%	22%	96%	Worse than expected

Related to the NHS Outcome Framework Domains:

Domain 4: Ensuring people have a positive experience of care

### Patient Safety Incidents

North Cumbria University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust submits all patient safety incidents to the National Reporting and Learning System within the required deadline. During 2012/13, improved data quality monitoring was implemented to ensure accuracy and consistency of National Patient Safety Authority and Trust data. This resulted in the number of incidents resulting in severe harm or death for the last reporting period changing from 19 to 16 (\*) due to duplicate entries (see page 56).

North Cumbria University Hospitals NHS Trust has taken the following actions to improve this rate and so the quality of its services, by:

- Improving incident reporting and learning from patient safety incidents
- Development of Clinical Business Units clinical governance arrangements to embed and improve ownership of risk management across all teams and departments
- Focus on reduction in harm as part of our Safety & Quality Priorities 2013/14

Period	Indicator	North Cumbria Value	Medium Acute Trust Average	Medium Acute Trust Minimum	Medium Acute Trust Maximum	Performance
April 2012 - Sept 2012 Reported by 30 Nov 2012 Published March 2013	Number of incidents	2217	2603	843	4552	As expected
	Rate per 100 admissions	5.15	6.87	3.11	14.44	As expected
	Number of incidents resulting in severe harm or death	16*	19	0	95	As expected
	% of incidents resulting in severe harm or death	0.721%	0.7%	0.0%	3.6	As expected
Oct 2011 - March 2012 Reported by 31 May 2012 Published Sept 2012	Number of incidents	1714	2454	745	4459	Worse than expected
	Rate per 100 admissions	4.1	6.56	2.21	10.54	Worse than expected
	Number of incidents resulting in severe harm or death	3	19	3	94	**
	% of incidents resulting in severe harm or death	0.2%	0.7%	0.1%	3.5%	**

Related to the NHS Outcome Framework Domains:

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

\* \*As the Trust was a low reporter, it is not possible to give an opinion on performance on these measures.

### VTE Risk Assessment

North Cumbria University Hospitals NHS Trust consider that this data is as described for the following reasons:

- The Trust has consistently achieved the 90% assessment rate in accordance with the national target. In particular, improvement in the process in the Emergency Assessment Unit (EAU) on both hospital sites will greatly enhance reaching the 95% compliance level for the Trust. Monthly Clinical Indicator and Safety Express audits consistently show the Trust achieving greater than 90% compliance.

North Cumbria University Hospitals NHS Trust intends to take the following actions to improve this rate and so the quality of its services, by:

- Re-define the operational process (alter assessment forms, exclusion list and method of capture), on both hospital sites with emphasis on the ACP's and EAU's
- Embed the data collection and monitoring of the VTE assessment process within the business units at lead nurse & governance facilitator level on both hospital sites
- Utilise existing electronic data to help increase the accuracy of the VTE data set (i.e. DVT & PE incidence, exclusion list for VTE assessment)

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
2012/13 Q3	Percentage of admitted patients risk-assessed for VTE	90.7%	94.1%	84.6%	100%	As expected
2012/13 Q2	Percentage of admitted patients risk-assessed for VTE	91.6%	93.8%	80.9%	100%	As expected
2012/13 Q1	Percentage of admitted patients risk-assessed for VTE	90.3%	93.4%	80.8%	100%	As expected
2011/12 Q4	Percentage of admitted patients risk-assessed for VTE	91.1%	92.5%	69.8%	100%	As expected
2011/12 Q3	Percentage of admitted patients risk-assessed for VTE	91.8%	90.7%	32.4%	100%	As expected
2011/12 Q2	Percentage of admitted patients risk-assessed for VTE	90.5%	88.2%	20.4%	100%	As expected
2011/12 Q1	Percentage of admitted patients risk-assessed for VTE	90.9%	84.1%	15.7%	100%	As expected

Related to the NHS Outcome Framework Domains:

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

**C.Difficile**

North Cumbria University Hospitals NHS Trust consider that this data is as described for the following reasons:

- The Trust has under performed in relation to antibiotic prescribing and cleaning requirements in certain clinical areas.

North Cumbria University Hospitals NHS Trust has taken the following actions to improve this rate and so the quality of its services, by:

- There is a Trust-wide action plan in place that was approved by the Trust Board following an independent review by the Trust Development Authority.

Period	Indicator	North Cumbria Value	National Average	National Minimum	National Maximum	Performance
April-March 2011/12	Trust apportioned rate of C.difficile infection for patients aged 2 years and over per 100,000 bed days	29.6	21.8	0.0	51.6	Worse than expected
April 2010 - March 2011	Trust apportioned rate of C.difficile infection for patients aged 2 years and over per 100,000 bed days	31.8	29.6	0.0	71.8	Worse than expected

Related to the NHS Outcome Framework Domains:  
 Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

Information concerning results for C.difficile for 2012/13 are on page 59.

## 2.4 Review of Services

Our services are organised through Clinical Business Units which place clinicians at the forefront of decision-making.

There are four Clinical Business Units:

- Emergency Care and Medicine
- Emergency Surgery and Elective Care
- Clinical Support and Cancer Services
- Paediatrics.

Each has a Clinical Business Unit Director.

During 2012/13, North Cumbria University Hospitals NHS Trust provided and / or sub-contracted 40 services. The services sub-contracted were:

- Ophthalmology
- MRI

The Trust has reviewed all the data available to them on the quality of care in 24 of these 40 NHS services.

The income generated by the NHS services reviewed in 2012/13 represents 57.6% of the total income generated from the provision of NHS services by North Cumbria University Hospitals NHS Trust for 2012/13.

**Service reviews - moving forward 2013/14**  
 In November 2012, the Trust Board agreed to adopt the Northumbria model for quality improvement.

This model will be implemented during 2013/14 and will provide a more robust framework for the service reviews in accordance recognised best practice.



This will include establishing specific ‘quality panels’ that review data regarding safety, effectiveness (good clinical outcomes) and the patient experience across all services in a more formalised and co-ordinated approach.

The service reviews will start with all surgical specialties.

## 2.5 Clinical Audit

Clinical audit is one of the core foundations of clinical governance in healthcare. Evaluating our practice and acting on the results, raises standards of care for patients. Effective clinical audit is also a key tool for all healthcare professionals to ensure they are delivering care to the best possible standard.

Clinical audit forms a key part of the Trust's compliance with the Care Quality Commission essential standards, specifically Outcome 16 – assessing and monitoring the quality of service provision.

### Our Clinical Audit Plan 2012/13

The clinical audit plan for 2012/13 focussed on three core aspects:

- National Audits as defined by the Healthcare Quality Improvement Partnership (HQIP)
- Trust priority audits
  - Mortality and morbidity
  - Record keeping
  - Thromboprophylaxis (VTE)
  - Slips, Trips and Falls
- Compliance with NICE Guidance
  - 8 guidelines – Medicine
  - 12 guidelines – Surgery
  - 8 guidelines – Family services
  - 2 guidelines – Clinical Support

During 2012/13, the Trust participated in 95% (40) national clinical audits and 100% (5) National Confidential Enquiries (NCEPODs) in which was eligible to participate.

In March 2013, the Trust Board received an end of year report detailing delivery of the 2012/13 clinical audit plan. The Trust has adopted the model used by Northumbria NHS Foundation Trust, which is to summarise the results of the audit and improvements required. The results are summarised over the next few pages.

### National Priority Audits

The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. One of the key objectives of HQIP is to manage and improve national clinical audit. The national clinical audit requirements for NHS organisations, including those which are included in the Annual Quality Accounts are defined by HQIP on behalf of the Department of Health.

The Trust did not participate in two of the national audits, one was the national audit for cardiac arrest and the second related to asthma deaths. The Trust undertakes a local audit on cardiac arrest which is more extensive than the areas covered nationally at no additional cost to the Trust. Comparisons will be made against the national reports on cardiac arrest against the local audit findings to ensure learning from the national audit is included in the Trust's plans. The Trust did not take part in the second audit on asthma deaths due to resourcing.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) included in the national list for 2012/13 were alcohol related liver disease, subarachnoid haemorrhage, cardiac arrest procedures, bariatric surgery and tracheostomy care. The Trust fully participated in the subarachnoid haemorrhage, cardiac arrest and tracheostomy care, which is still ongoing. The Trust only submitted partial data regarding alcohol related liver disease. The Trust is not eligible to take part in the audit concerning bariatric surgery.

### National Institute for Health and Clinical Excellence (NICE) Guidelines

One of the key priority areas for the Trust is how it measures and monitors compliance with NICE guidelines. Progress was made during 2012/13 against auditing specific areas of NICE guidance.

Measuring NICE compliance is a key priority for the Trust in 2013/14. From April a summary of the Trust's compliance was included in the safety and quality report to the Trust Board. This confirmed that for NICE guidance issued over the last three years, the Trust was 88% compliant with guidance that had been through the Trust process, for example, acknowledged and responded to by the relevant clinician. However, only 33% of this guidance had completed the Trust's process for confirming compliance with NICE guidance by the relevant lead clinician. In April the Clinical Policy Group agreed the priority areas of guidance which will be focussed on as part of the 2013/14, which will be monitored by the Clinical Business Units.

### Objectives for 2013/2014

Progress has been made on improving clinical audit and effectiveness across the Trust, however this must continue to be built on with the development of the clinical governance arrangements in the business units.

The key areas of priority for 2013/2014 are summarised below:

### Corporate

- The policies for clinical audit and implementation of NICE are reviewed against Northumbria NHS Foundation Trust to ensure clinical standards and audit are measured and acted on in the same way
- Reporting on progress against delivery of the clinical audit plan and compliance with NICE guidelines will be a quarterly item reported to the Board
- Noncompliance with the policies will be escalated to Senior Management Team for resolution
- The clinical audit facilitators will produce regular reports for their business units on progress against the agreed plan and the completion of action plans.

### Clinical Business Units

- Delivery of the clinical audit plan and associated NICE guidance will be monitored by the clinical governance group defined by the Business Unit Board
- The service improvement plans resulting from the clinical audits will be formally reported to the speciality and business units to ensure changes in practice are made
- Arrangements for compliance with all national audits are put in place and monitored by the business unit



## 2.6 Participation in Clinical Audit

The national clinical audits and national confidential enquiries that North Cumbria University Hospitals NHS trust participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. The reports of 28 national clinical audits were reviewed by North Cumbria University Hospitals NHS Trust in 2012/13 and the Trust intends to take the following actions (within the Outcomes and Priority for Improvement) to improve the quality of healthcare provided.

National Audit	Complete	Participation	% of case submitted	Outcome and Priority for Improvement
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	100%	No improvement identified.
Adult Asthma	Yes	Yes	50%	Provide an acute asthma check list and increase training for junior doctors.
Adult Community Acquired Pneumonia	Yes	Yes	100%	CIC: National re audit December 2012. WCH: Improve senior support to junior doctors. Better education of the Trust's antibiotic guidance and easier access to antibiotic guidelines.
Adult Critical Care	Yes	Yes	100%	WCH: Review bed occupancy CIC: Highlight compromise of delayed discharges.
Bowel Cancer	Yes	Yes	100%	Improve coding on the submission of data and for these to be reviewed before submission. Continue to strive to improve perioperative care, patient selection and surgical techniques.
Bronchiectasis	Yes	Yes	50%	CIC only. Results are being reviewed.
Cardiac Arrest	Yes	No	0%	Team decision not to take part due to funding and three local audits in place which are more extensive. These audits showed the need to reduce the number of hospital cardiac arrests and improve response to management of deteriorating patients through escalation of Early Warning to Critical Care Outreach.
Cardiac Arrhythmia	Yes	Yes	100%	Reduce outpatient waiting time.
Carotid Interventions	Yes	Yes	100%	No improvement identified.
Comparative Audit of Blood Transfusions	Yes	Yes	100%	Data collection commenced March 2013. Report to follow.
Coronary Angioplasty	Yes	Yes	100%	No improvement currently identified.
Diabetes (Adult)	Yes	Yes	100%	Since the audit was conducted the Trust has been working towards a Foot Protection Team and now has a MDT foot clinic. Specialist nurses are rolling out a programme of diabetes education to nursing staff to improve awareness. Staff are also encouraged to take part in NHS Diabetes Safe Use of Insulin e-learning module.
Diabetes (Paediatric)	Yes	Yes	100%	Improve performance in key process indicators.

National Audit	Complete	Participation	% of case submitted	Priority for Improvement
Emergency Use of Oxygen	Yes	Yes	50%	CIC not taking part due to lack of resources. WCH - active evaluation of patients' oxygen requirements and appropriate prescription of oxygen which is clear and easy for nurses to administer.
Epilepsy (Childhood)	Yes	Yes	100%	Support the service with the recruitment of a specialist nurse.
Fever in Children	Yes	Yes	100%	Ensure recording of all observations in children and make the traffic light system more readily available.
Fractured Neck of Femur	Yes	Yes	100%	None identified.
Head and Neck Oncology	Yes	Yes	100%	Locally our treatment data submission was very good. Some improvements in data submission for Allied Health Professionals elements of care were noted and an action plan has already corrected this for the 8th annual report to be published in June 2013.
Heart Failure	Yes	Yes	22%	Data collection resolved for 13/14 against HES requirements.
Hip Fracture Database	Yes	Yes	100%	No issues identified.
Inflammatory Bowel Disease (UK IBD)	Yes	Yes	50%	WCH not registered due to lack of resources. CIC audit results currently being reviewed.
Lung Cancer (LUCADA)	Yes	Yes	100%	Improve role of nurse specialists.
National Joint Registry	Yes	Yes	100%	Implement change to the service to increase the number of patients reaching theatre within 36 hours.
Neonatal Intensive Care and Special Care	Yes	Yes	100%	Participating in the 2012 audit (closing Spring 2013) and in light of last year's report, we are reviewing case-notes to ensure data is provide to the audit.
Non-Invasive Ventilation	Yes	Yes	50%	Service not provided at WCH. CIC participating and outcome of audit awaited.
Oesophago-gastric Cancer	Yes	Yes	100%	Appointment of a specialist nurse to support patients diagnosed with a Hepatobiliary malignancy.
Paediatric Asthma	Yes	Yes	100%	Improve discharge information and ensure one week follow up with GP.
Paediatric Pneumonia	Yes	Yes	100%	Awaiting report.
Pain Database	Yes	Yes	100%	No improvement identified.
Parkinson's Disease	Yes	Yes	90%	WCH not taking part due to lack of resources. Awaiting report for CIC.
Potential Donor	Yes	Yes	100%	The stabilisation of every patient in a critical care environment while donation potential is assessed. The approach to those near to the potential donor for consent to be improved.

National Audit	Complete	Participation	% of case submitted	Priority for Improvement
Renal Colic	Yes	Yes	100%	No improvement identified.
Renal Registry	Yes	Yes	100%	Patient education and training around blood pressure control pre and post dialysis.
Renal Transplantation (NHSBT UK Transplant Registry)	Yes	Yes	100%	No improvement required - continuous submission.
Stroke National Audit Programme (combined Sentinel and SINAP)	Yes	Yes	n/a	Comprehensive service improvement plan is in place and monitored weekly. Key targets admissions to a stroke unit within 4 hrs; CT within 24 hrs; 90% stay on acute stroke ward.
Trauma (TARN)	Yes	Yes	39%	Data validation required, which has been resolved 2013/14.
Vascular Surgery (VSGBI Vascular Surgery Database)	Yes	Yes	100%	No improvement identified.
National Audit of Dementia	Yes	Yes	100%	Development of an internet training package.
Asthma Deaths	Yes	No	0%	No data collection submitted.
Child Health	Yes	Yes	100%	Taking part and report awaited.
Maternal Infant and Perinatal	Yes	Yes	100%	No improvement identified.
Elective Surgery National PROMs Programme	Yes	Yes	100%	Information to be correlated for complication rate for groin hernia
National Confidential Enquiries (NCEPODS)	Complete	Participation	% case submitted	Outcome and Priority for Improvement
Patient Outcome and Death	Yes	Yes	57%	4 out of 7 cases submitted. Awaiting report.
a) Alcohol Related Liver Disease	Yes	Yes	100%	Awaiting report.
b) Subarachnoid Haemorrhage	Yes	Yes	n/a	Completes June 2013. No report available yet.
c) Tracheostomy Care	Yes	Yes	100%	Awaiting response to report.
d) Cardiac Arrest Procedures	Yes	Yes	100%	Awaiting report.



The local clinical audits that North Cumbria University Hospitals NHS Trust participated in during 2012/13 are listed below. The reports of 35 local clinical audits were reviewed by North Cumbria University Hospitals NHS Trust and the Trust intends to take the following actions (listed within Priority for Improvement) to improve the quality of healthcare provided.

Local Clinical Audits	Business Unit	Speciality	Start Date	Project End Date	Status	Priority for Improvement
VTE Clinical Audit - Elective Orthopaedics CIC	Surgery	T&O	05.09.11	10.08.12	Complete	Compliant with measure currently in place. Comprehensiveness of current data to be reassessed.
VTE Clinical Audit - Elective Orthopaedics CIC	Surgery	T&O	03.05.12	30.05.12	Complete	Compliant with measure currently in place and no action required.
VTE Clinical; Audit - General Surgery CIC	Surgery	General	03.05.12	07.02.13	Complete	No improvement identified.
VTE Clinical Audit - ENT Emergency Admission	Surgery	Head & Neck	23.08.12	15.01.13	Complete	The admitting clinician to use the hospital VTE assessment proforma to document the assessment and the proforma kept in the observation folder. The ENT team to liaise with nurses to ensure that patients receive an information leaflet. The admitting clinician to prescribe mechanical thromboprophylaxis on the drug chart on admission.
VTE Medicine - A & E CIC	Medicine	A & E	27.07.12	21.12.12	Complete	Further medical and nursing staff education.
VTE Medicine - EMAU CIC and WCH	Medicine				No Audit	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit 2012 - Ophthalmology	Surgery	Ophthalmology	13.03.12	21.08.12	Complete	Improvement in filing / merging of notes.
NHS LA Casenote Audit 2012 - ENT	Surgery	Head & Neck	15.06.12	02.08.12	Complete	Improvement in filing / merging of notes.
NHS LA Casenote Audit - Oral Surgery	Surgery	Head & Neck	24.09.12	05.02.13	Complete	Improvement in filing / merging of notes.
NHS LA Casenote Audit - Orthopaedics WCH	Surgery	T&O	02.10.12		Partial	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Orthopaedics CIC	Surgery	T&O	05.11.12	13.12.12	Complete	Improvement in filing / merging of notes.
NHS LA Casenote Audit - General Surgery CIC	Surgery	General		17.12.12	Partial	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA casenote Audit - General Surgery WCH	Surgery	General	11.12.12	31.01.13	Complete	Improvement in filing / merging of notes.
NHS LA Casenote Audit - Urology WCH	Surgery	Urology	15.01.13	12.03.13	Complete	Improvement in filing / merging of notes.
NHS LA Casenote Audit - Dermatology CIC	Medicine	Dermatology	04.10.12	29.11.12	Complete	All staff making an entry in clinical notes must print the time of the entry and record a legible printed name on completion of entry.
NHS LA Casenote Audit - Clinical Oncology CIC	Support	Oncology	17.09.12	06.12.12	Complete	Include time on all entries in notes, checking for those patients who do not attend and recording of other health professional involved in care pathway. To be audited again in a year's time.
NHS LA Casenote Audit - Elderly Care CIC	Medicine	Elderly Care	16.04.12	15.08.12	Complete	Improved recording in the notes. To be emphasised at junior doctors in shadowing/induction.
NHS LA Casenote Audit - Rheumatology	Medicine	Rhematology	01.11.12		Complete	Audit to be presented at department meeting. E-mail with the audit and recommendations attached has been sent to all clinical staff. Posters to be put up in consultation rooms.

Local Clinical Audits	Business Unit	Speciality	Start Date	Project End Date	Status	Priority for Improvement
NHS LA Casenote - Elderly Care	Medicine	Elderly Care	13.06.12		Not Complete	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit (CNST) - Elderly Care WCH	Medicine	Elderly Care	03.01.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Cardiology WCH	Medicine	Cardiology	08.01.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Cardiology CIC	Medicine	Cardiology	01.12.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Renal	Medicine	Renal			Not registered	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Paediatric WCH	Surgery	Paediatric	10.07.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Paediatric CIC	Surgery	Paediatric	15.07.11	03.09.12	Complete	Improve record keeping and discuss with junior doctors. Discuss at Governance Committee and re-audit.
NHS LA Casenote Audit- Gynaecology WCH	Surgery	Obs&Gynae			Not registered	Carry forward to Clinical Audit Programme for 2013/2014.
NHS LA Casenote Audit - Gynaecology CIC	Surgery	Obs&Gynae	03.09.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Dietetics Record Keeping Audit	Medicine	Dietetic	01.11.12	03.12.12	Complete	Ensure approved abbreviations for patient consent are used. Proof read records before saving.
Allied Health Professional - Record Keeping	Medicine	Occupational Therapy	01.11.12	03.12.12	Complete	Review the blanket referral system that is currently in operation and organise allocated time slots. Trail the use of group therapy as a potential means of providing 45 minutes of therapy. Provide stroke competencies training to staff that are on rotation on elderly care. Joint working between disciplines to improve time efficiency in delivering 45 minutes of therapy to appropriate patients. Assist team members in planning daily treatment sessions for each patient and implement methods of recording the duration of treatment sessions.
Allied Health Professional - Record Keeping	Medicine	Occupational Therapy	01.06.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Allied Health Professional - Record Keeping	Medicine	Physiotherapy			Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Post Cardiac Arrest Cooling Protocol Audit	Surgery	Cardiology	05.01.12	09.01.12	Complete	Good practice but increase awareness of staff.
Retrospective Review of Patients with Radio frequency Ablation for Varicose Veins	Surgery	General	20.01.12	01.08.12	Complete	Good practice but increase awareness of staff.
Colonic Stenting in Acute Large Bowel Obstruction	Surgery	General	28.02.12	01.08.12	Not complete	Audit was abandoned.

Local Clinical Audits	Business Unit	Speciality	Start Date	Project End Date	Status	Priority for Improvement
Quality of Dentoalveolar Referral to Oral Surgery CIC	Surgery	Head & Neck	09.03.12	27.07.12	Complete	Report to be issued to GDPs to raise awareness. To be re-audited 01.04.13.
Anastomosis Leak in Elective Colonic Resections	Surgery	General	16.03.12	12.03.13	Complete	No improvements identified.
Anastomosis Leak in Elective Rectal Resection	Surgery	General	16.03.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Difference Between Stapled & Hand Sewn Leak in Emergency Colonic Resection	Surgery	General	16.03.12	12.03.13	Complete	Good practice but re-audit against appropriate areas in NICE guidance.
Impact of Patient ASA Grades in Emergency Bowel Surgery	Surgery	General	16.03.12	12.03.13	Complete	Good practice but re-audit against appropriate areas in NICE guidance.
Anastomosis Leak Rate in Emergency Colonic Resection	Surgery	General	16.03.12	12.03.13	Complete	Good practice but re-audit against appropriate areas in NICE guidance.
Difference Between Stapled and Hand Sewn Leak in Elective rectal Resection	Surgery	General	16.03.12	12.03.13	Complete	Good practice - but re-audit against appropriate areas in NICE guidance.
Impact of Colorectal Anastomosis Leak on Patient Morbidity and Mortality	Surgery	General	16.03.12	12.03.13	Complete	Good practice but re-audit against appropriate areas in NICE guidance.
Post Cardiac Arrest Cooling (Re-Audit)	Surgery	Cardiology	01.10.12	07.02.13	Complete	Good practice but improvement to documentation required.
Quality of Dentoalveolar Surgery Referrals	Surgery	General	01.10.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Measurement of the Trust Compliance with NICE Guideline 56 on Head Injury - WCH	Medicine	A&E	08/10/12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Assessment of Risk for People who Self Harm	Medicine	A&E	10/11/12		Complete	Face-to-face training with medical and nursing staff is required.
Unstable Angina and Non-STEMI Implementation of NICE	Medicine	Cardiology	04.05.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Anti-TNF Use in Rheumatoid Arthritis	Medicine	Rheumatology	25.07.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
TNF Alpha Blocker in Ankylosing Spondylitis	Medicine	Rheumatology	12.06.12	03.09.12	Complete	Good practice but more vigilant with initial and review of BASDI and VAS scoring. Combining clinics and physiotherapy underway.
Management of Osteoporosis, Secondary Prevention After Hip Fracture	Medicine	Elderly Care & Stroke	06.03.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Tocilizumab for the Treatment of Rheumatoid Arthritis	Medicine	Rheumatology	05.03.12	19.04.12	Complete	100% compliance and no change needed to current practice.
Patients' Weights	Medicine	EMAU	10.03.12	31.07.12	Abandoned	
Diarrhoea & Vomiting in Children Under 5 Years Old	Surgery	Paediatrics	06.03.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.

Local Clinical Audits	Business Unit	Speciality	Start Date	Project End Date	Status	Priority for Improvement
Management of Febrile Children 2012	Surgery	Paediatric	30.04.12	29.01.13	Complete	Develop PEWS (paediatric early warning system) charts April 2013.
Bacterial Meningitis and Meningococcal Septicaemia	Surgery	Paediatric	30.04.12	29.01.13	Complete	New protocol written, referral pathway for obtaining urgent audiology for post meningitis paediatric patients.
NICE CG 129 Care in Multiple Pregnancy	Surgery	Obs&Gynae	10.12.11		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Induction of Labour	Surgery	Obs&Gynae	01.07.11		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Fetal Blood Sampling	Surgery	Obs&Gynae	01.04.12	15.01.13	Complete	Areas for improvement noted and an action plan developed.
Management of Newborn Where B Haemolytic Streptococcus Present in Either Newborn or Mother	Surgery	Paediatrics	13.09.12		Not complete	Carry forward to Clinical Audit Programme for 2013/2014.
Risk Factors in the Antenatal Period with Reference to Growth	Surgery	Obs&Gynae	01.04.12	08.08.12	Complete	Areas for improvement need to be identified. Re-audit planned for 01.07.13.
Technical Patient Safety Solutions for Medicines Reconciliation on Admission of Adults to Hospital	Support				Quarterly report to PCT	Target difficult to achieve without weekend or extended hours and with existing limited clinical service to some areas. Due to Trust pressures, discharge workload is also prioritised over admission work. Audit to be repeated in March.

## 2.7 Clinical Research

Clinical research is conducted to gain a better understanding of illnesses, improve current treatments, introduce new treatments, and find out how to best help people cope with their illness. It is also a vital contributor to driving up quality standards.

The number of patients receiving NHS services provided or sub-contracted by North Cumbria University Hospital NHS Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 752. This figure is a decrease compared to last year, 2011/12, when a total of 1,507 patients were recruited. Contributing factors behind this decrease were loss of some

services (e.g. adult diabetes and community neurology) and completion of a few large studies.

The totals reported here are for patients recruited to research studies recognised by the National Institute for Health Research (NIHR) and have both national ethics and local Trust approval in place. In March 2013, the Trust recruited its 5,000th patient since research activity monitoring was introduced by the NIHR in 2007/08, and more clinical teams are coming on board to conduct studies. The table below compares the research activity of our Trust with that of other member organisations of the regional research network:

### Yearly Recruitment by Member Organisations across C&L CLRN

Member Organisations	2010/11	2011/12	2012/13	Total
Blackburn With Darwen Teaching Care Trust Plus	18	72	257	347
Blackpool Teaching Hospitals NHS Foundation Trust	1917	2233	1944	6094
Calderstones Partnership NHS Foundation Trust	1	20	38	59
Cumbria Partnership NHS Foundation Trust	176	119	201	496
East Lancashire Hospitals NHS Trust	2912	3314	2714	8940
Hospice	6	7	53	66
Lancashire Care NHS Foundation Trust	401	4095	1264	5760
Lancashire Teaching Hospitals NHS Foundation Trust	2485	1853	1699	6037
NHS Blackpool	93	30	156	279
NHS Central Lancashire	110	331	374	815
NHS Cumbria	227	500	873	1600
NHS East Lancashire	115	37	62	214
NHS North Lancashire	1710	834	788	332
North Cumbria University Hospitals NHS Trust	1021	1507	752	3280
North West Ambulance Service NHS Trust	0	369	23	392
Private - Cumbria and Lancashire CLRN	95	30	22	147
University Hospitals of Morecambe Bay NHS Foundation Trust	1516	823	1156	3495

The wide spectrum of clinical research trials undertaken locally is evident from the number of different studies that patients have been recruited into. For last year the total was 56, whereas this year patients have been recruited into 57 different studies.

Studies range from observational (genetics or questionnaires) to interventional (new medical or surgical treatments and other novel interventions) research studies. Table 2 summarises activity per topic. Large studies which some of our patients are currently participating in include:

- REVEAL, a multinational study involving a total of 30,000 patients, organised by the University of Oxford. This clinical trial evaluates one of the newest medicines aimed at reducing the risk of heart attacks and strokes by acting on cholesterol
- The genetics of Otitis Media, also organised by the University of Oxford. This study looks into genetics factors, i.e. factors that may run in families, that may make some children more susceptible to inflammation of the ear (known as otitis media)
- SEAFOOD, a trial organised by the University of Leeds, which looks into the effect of fish oil on the occurrence of polyps, small unwanted growths in the bowel.

### Recruiting

The Trust's achievements in terms of research are recognised in a national league table, published annually by the NIHR and the Guardian newspaper.

For 2011/12 the Trust was in the top 25% nationwide, both in terms of the number of different studies and number of patients recruited. As a result of the sustained high levels of recruitment over the past few years, the Trust has maintained the same level core funding from the Comprehensive Local Research Network (CLRN).



The total amount provided to support clinical research for the coming financial year is £450,000. The Trust has also again qualified for Flexibility and Sustainability funding from the Department of Health, which equates to £20,000.

## North Cumbria University Hospitals NHS Trust recruitment by Speciality / Topic

Speciality / Topic	2010/11	2011/12	2012/13	Total
Anaesthetics and Pain	1	28	39	68
Cancer	144	187	190	521
Cardiovascular	48	70	80	198
Critical Care	75	516	3	594
DeNDRoN	21	145	73	239
Dermatology	4	1	20	25
Diabetes	164	17	6	187
Gastrointestinal	100	184	150	434
Mental Health	73	0	0	73
Musculo-skeletal	220	226	8	454
Other	0	0	4	4
Paediatrics	71	76	133	280
Palliative Care	0	0	0	0
Public Health	1	0	3	4
Renal	0	0	9	9
Reproductive Health and Children	60	11	30	101
Stroke	39	46	4	89

## 2.8 CQC Registration and Inspections

## Registration With The Care Quality Commission (CQC)

The Trust is fully registered with the CQC. Progress against maintaining full registration is reported to the Trust Board. As at 31 March 2013 the Trust has action plans in place against three of the essential outcomes:

**Outcome 10 - Safety and suitability of premises**

The Trust has in place an action plan to address compliance with fire safety regulations and the environmental health and safety risk assessments.

Full compliance with this outcome is forecast for the end of quarter 4 2013/14.

**Outcome 11 - Safety, availability and suitability of equipment**

The Trust has in place an action plan regarding compliance with the safety, suitability and availability of equipment. Specific areas of work to be complete by quarter 2 include:

- Uploading the maintenance schedules onto the asset management system
- Updating and implementing the Trust policies for medical devices
- Training ward sisters on their responsibilities for medical equipment including the competency sign off for their ward/department
- Competency sign off for medical staff

Full compliance with this outcome is forecast for the end of quarter 2 2013/14.

**Outcome 16 - Assessing and monitoring the quality of service provision**

The development of the business unit clinical governance arrangements has commenced, which is a key part of ensuring full compliance across the organisation with this outcome. Significant progress has been made on the development and delivery of the Trust's Clinical Audit Programme. A plan to improve the Trust's position on compliance with NICE has been approved by the Clinical Policy Group which will be implemented during quarter 1 of 2013/14. Full compliance with this outcome is forecast for the end of quarter 1 2013/14.

**CQC Inspections**

During the year the CQC have carried out five unannounced inspections which are summarised below:

**Quarter 1 2012/13 – Cumberland Infirmary A&E**

Outcomes reviewed:

- Outcome 4: Care and welfare of people who use services
- Outcome 7: Safeguarding people who use services from abuse
- Outcome 8: Cleanliness and infection control
- Outcome 9: Management of medicines
- Outcome 11: Safety and suitability of equipment
- Outcome 14: Supporting workers
- Outcome 16: Assessing and monitoring the quality of service provision

Outcome from inspections confirmed non-compliance with four outcomes:

Outcome 8: Cleanliness and infection control, judged as non-compliant (minor impact) People were not protected from the risk of infection because appropriate guidance had not been followed.

Outcome 11: Safety, availability and suitability of equipment, judged as non-compliant (minor impact). People were not always protected from unsafe or unsuitable equipment.

Outcome 14: Supporting workers, judged as non-compliant (moderate impact). People were not being cared for by staff who were supported appropriately. Mandatory training was not being completed by sufficient amounts of staff.

Outcome 16: Assessing and monitoring the quality of service provision, judged as non-compliant (minor impact). The Trust did not have effective systems in place to monitor the quality of care that people receive.

A follow up inspection was carried out in Quarter 3 2012/13 which confirmed all necessary actions had been implemented to address the four areas of non-compliance.

**Quarter 2 – 2012/13 West Cumberland Hospital Overwater Ward**

Outcomes Reviewed:

- Outcome 4: Care and welfare of people who use services
- Outcome 6: Co-operating with other providers
- Outcome 8: Cleanliness and infection control
- Outcome 13: Staffing
- Outcome 14: Supporting workers
- Outcome 16: Assessing and monitoring the quality of service provision

Outcome from inspection confirmed full compliance.

**Quarter 3 – 2012/13 Cumberland Infirmary Radiotherapy Department**

The review assessed the Trust compliance against the Ionising Radiation Medical Exposure Regulations IR(ME)R and identified four improvement actions against Regulation 4 – duties of the employer.

- The Trust should keep under review how it maintains IR(ME)R employer’s procedures and associated work instructions, in accordance with regulation 4(1) and schedule 1.
- The Trust should review its arrangements for ensuring that all relevant staff read and understood the employer’s written procedures in order that they can comply with them.
- Protocols for treatment exposures should be reviewed as a matter of urgency, to ensure

they reflect practice at the Cumberland Infirmary site.

- The Trust should review its arrangements for triage and escalation of clinical incidents in radiotherapy treatment to ensure that those exposures ‘much greater than intended’ are duly notified to the Commission.

An action plan has been implemented against each of the four issued identified.

**Quarter 4 2012/13 – Cumberland Infirmary Carlisle, Care of the Elderly**

Outcomes reviewed:

- Outcome 4: Care and welfare of people who use services
- Outcome 13: Staffing
- Outcome 21: Records

The CQC report for this inspection was received in May 2013 which confirmed non-compliance with all three outcomes:

Outcome 4: Care and welfare of people who use services, judged as non compliant (moderate impact). Patients had not received care, treatment or support that met their needs in a timely manner.

Outcome 13: Staffing, judged as non-compliant (major impact). There were not enough qualified, skilled and experienced staff to meet people’s needs.

Outcome 21: Records, judged as non-compliant (major impact). People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

Action plans against these outcomes are currently being developed and will be reported to the Trust Board in June 2013.

The three areas of non-compliance (outcomes 04,13 and 21) following the inspection at the Cumberland Infirmary in quarter four, combined with the action plans the Trust already has in place for outcomes 10, 11 and 16 confirms a position of compliance with 10 out of the 16 essential standards as at quarter one of the new financial year.

## 2.9 Data Quality

### Introduction

Good quality information underpins the delivery of effective and safe patient care and is essential if improvements in quality of care are to be made. Improving data quality will therefore improve patient care and improve value for money.

### Actions to improve data quality

The information revolution means that data must be of the highest quality so that the information used by the Trust to measure service improvement and the information used by the public and patients to assess quality of services is accurate. We will be taking the following actions to improve data quality:

- Continue to use the key systems managers group to drive even higher information governance standards for our key systems
- Ensure the data available to clinicians about individual patients is underpinned by clear procedures and processes for recording and cleaning the data
- Implementing a new Patient Administration System and using the opportunity to apply more rigorous data standards
- Implement trust-wide standards for the recording of key items to facilitate the

linking of data between systems

- Using the Health Information and Data Quality group as the main vehicle for ensuring that data quality receives the appropriate management attention within the Trust
- Continue to develop the business intelligence portal to improve access and use of data for improvement purposes. The use of this will drive improvement in data quality
- Working even more closely with clinicians on the development of outcome measures from coded data, using this as an opportunity to address data quality issues

### Information Governance

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

The Information Governance Toolkit (IGT) is an online tool that enables organisations to measure their performance against the information governance requirements.

The Trust’s overall performance is below:

Overall			
Assessment	Overall Score	Initial Grade	Current Grade
Version 10 (2012-2013)	84%	Satisfactory	Satisfactory

**The Patient NHS Number**

North Cumbria University Hospitals NHS Trust submitted records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was (date range April – December):

- 97.8% for admitted patient care (national value = 99.0%)
- 98.2% for outpatient care (national value = 99.3%)
- 96.6% for accident and emergency care (national value = 94.7%)



**The Patient Registered GP Practice Code**

Accurate recording of a patient's GP practice is essential to enable the transfer of clinical information about him or her from the Trust to their GP. North Cumbria University Hospitals NHS Trust submitted records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records which included the patient's valid General Medical Practice Code was (date range April – December):

- 100.0% for admitted patient care (national value = 99.9%)
- 100.0% for outpatient care (national value = 99.9%)
- 100.0% for accident and emergency care (national value = 99.7%)

**Clinical Coding of Admitted Patients for 2012/13:**

Clinical coding translates medical terminology in a patient's records to describe their diagnosis and treatment into standard recognised codes. The accuracy of this coding is a key indicator of the accuracy of the patient record. Clinical codes can be used to identify specific groups of anonymised patients (for example, those who have had a stroke, or those who have had a hip replacement operation) so that indicators of quality can be produced to help the improvement process. The Trust was audited by Capita and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

**Admitted Patients**

Audit results for thoracic procedures and disorders

% diagnoses incorrect		% procedures incorrect	
Primary	Secondary	Primary	Secondary
13.1	2.6	46.2	0

**Admitted Patients**

Audit results for orthopaedic reconstruction procedures

% diagnoses incorrect		% procedures incorrect	
Primary	Secondary	Primary	Secondary
3.3	11.3	3.4	1.6

**Outpatient**

Audit results for oral surgery

% procedures codes incorrect	% attended flag incorrect	% first / follow up incorrect	% TFCs incorrect	% age incorrect
12.9	0	48	8	0

**Notes:** Thoracic: During 2012/13, clinical coding was coding nebulisation, a technique used in thoracic care. However, nebulisation is an intervention and not a procedure. Therefore, this did not require coding and was considered to be "excessive coding". Therefore, the error rate of 46.2% is abnormally high. Clinical coding no longer codes nebulisation as a procedure following the auditors' recommendations.

Oral surgery: The high percentage result for first follow-up clinical coding that was incorrect was because the Trust information department was converting day-cases to outpatient oral surgery when submitting data to Secondary Users Services (SUS). The outpatient oral surgery was marked as new attendances when they should have been follow-up. The information department has now corrected this.

The Audit Commission report requires Trusts to state the average error rate and how this compares nationally. Capita has audited the Trust and there are no national comparators available because different trusts were measured differently in terms of inpatient, outpatient and A & E coding.

**Improvements planned for 2013/14**

The following improvements to clinical coding will be taking place during 2013/14 including:

- Improvements to discharge information in medical records
- Policy completed to ensure all medical notes reflect any changes in diagnosis
- Improvements to new / follow-up ratio in outpatients



## Part 3: Review of Quality Priorities

The purpose of this section of our Quality Account is to provide information concerning the quality of the services provided by the Trust throughout 2012/13.

	Safety	Effectiveness	Patient Experience
Target	We will review the management and escalation of acutely-ill patients.	All wards will continue the implementation of the Productive Ward series.	We will improve the information given to patients when they are discharged from our care.
Rationale	To ensure patients who are acutely ill get the right care, in the right place at the right time and in accordance with best practice.	To continue to ensure all our wards are well organised and staff have more time at patient bedsides.	Feedback from patients (NHS Inpatient and Outpatient Surveys) has highlighted this as an area for improvement.
Measure	We will undertake a base-line assessment of patient observations taken at bedsides with the Modified Early Warning Score Charts (MEWS) to ensure the timeliness, completeness and escalation are appropriate to patient needs.	All wards will have achieved the 3 core modules and will have identified their priority modules.	Base-line assessment of current information, patient focus group review and in quarter 4 a survey of patients to test improvements.

The following information details the Trust's level of performance in delivering each of these key priorities for improvement through assessing a number of appropriate quality measures.

### 3.1 What We Said We Would Do: Safety

#### Reviewing the management of the acutely-ill patient

In 2012 the Trust reviewed 1,121 deaths from 2011/12 using the audit tool established by the Institute of Healthcare Improvement to measure patient harm.

The purpose of this review was to establish whether there are any causes of concern in our systems of care that we should be taking immediate appropriate action to mitigate the risk.

The results of this review were shared with the Trust's Clinical Policy Group in November 2012 where it was agreed to implement the strategic aim of reducing harm by 50% in two years. In order to begin this process of delivering this reduction in harm four themes of work were identified.

##### Theme One: Clinical Care

To ensure a robust system of monitoring and escalation to cover all specialities. We would establish a Trust wide group for management of acutely ill patients in accordance with the Northumbria NHS FT model.

##### Theme Two: Leadership and Reporting Culture

To encourage all staff to take responsibility for patient safety and the delivery of harm free care by implementing best practice from teams that have locally embedded reporting and responding systems to all locations in the Trust. To promote Patient Safety and local innovative safety improvements by running hospital wide 'Patient Safety Days' from March 2013. To improve communication and learning from safety incidents by using new methods of communication and reporting.

##### Theme Three: Improved Use of Clinical Information

To promote safe discharge by ensuring all inpatients and day cases have an acceptable discharge summary at the time of discharge. To develop and strategic plan for clinical records and improved case note availability, tracking and better structured content.

##### Theme Four: Improved Identification and Care for Dying Patients

To develop a shared care document for care of the dying between primary and secondary care, to identify patients and make better use of community facilities for dying patients;

Theme one specifically relates to our priority for 2012/13 in improving the management and escalation of acutely ill patients.

There are key aspects of work which have been implemented during the year to progress with improving care in this area:

##### Increased senior presence for Acute Admissions

A dedicated Acute Care Physician (ACP) system (seven days 8am-8pm) was introduced to the Cumberland Infirmary in August 2012 and this system was further enhanced in March 2013 by a minimum of 3 ACPs working the rota (seven days 8am-8pm). At West Cumberland Hospital the ACP system was introduced in November 2012 (Monday to Friday 8am-6pm). In March the Physicians agreed on the principle of consistency across North Cumbria (seven days, 8am-10pm). A recruitment process has commenced to attract the right number of ACP's to fulfil this principle in 2013/14.

##### Out of Hours Surgery

Since November, surgery out of hours is led by a Consultant Surgeon and Consultant Anaesthetist.

##### Implementing National Early Warning Score System

The launch of the NEWS system took effect on Monday, 4 March at both the Cumberland Infirmary and West Cumberland Hospital and superseded the previous MEWS scheme in the hospitals. The scheme is used by nursing staff to alert medical staff to any deterioration in a patient's condition. The introduction of the new NEWS scheme followed a period of training for clinical and non-clinical staff. To ensure the right standard is in place the clinical audit tool for NEWS has been enhanced and will be undertaken each month across all wards.

##### Transfer of high risk pathways from CIC to WCH

The key priority from the mortality review was the establishment of an Out Of Hours service for Emergency GI. The CBU for Emergency Care is developing a plan to take effect from the summer and this will be presented to Clinical Policy Group in May.

### Management of the Deteriorating Patient Group

The first meeting of the management of the deteriorating patient group took place on in March 2013 and the terms of reference and membership were agreed. The meeting will meet bi-monthly and will focus on:

- Care delivery issues regarding management of acutely ill/deteriorating patients
- Compliance with national standards and regulatory guidance for management of acutely ill/deteriorating patients
- Implementation of the National Early Warning Score system (NEWS)
- Education and Training

The meeting will report to Clinical Policy Group and the Governance and Quality Committee.

### Implementing Sepsis Care Bundle

The 'sepsis 6' bundle boxes are in place at the Cumberland Infirmary and West Cumberland Hospital. The sepsis guidelines are being updated and refresher training will be supported by the lead nursing team and the clinical business unit directors.

The audit tool for sepsis is being developed which is up and running at the Cumberland Infirmary and commenced in West Cumberland Hospital from May 2013.

### Implementing Pneumonia care bundle (including AQuA)

The Trust already participates in the AQUA improvement project for pneumonia. This is being reviewed with the aim of improving the timeliness and validity of the data by making the collection more real time/ contemporaneous.

This work will be incorporated into a care bundle for pneumonia which was finalised by April 2013 with the clinical lead. This allows for measurement against the care bundle and data collection for AQuA to be achieved simultaneously in order to make immediate improvements to care for patients with pneumonia.

In addition to this the Trust is piloting 'bed elevation' and mouth care in prevention of hospital acquired pneumonia.



### Improving the Trust's mechanisms for identifying patients with potential Acute Kidney Injury

Alerts to possible Acute Kidney Injury (AKI) have been added to Biochemistry reports to enable the early identification of patients suffering from changes in their kidney function and prompt more urgent review and potential treatment of this condition. This has been in place at the Cumberland Infirmary since October 2012 and has been rolled out to West Cumberland Hospital since March 2013.

Ensuring patients who are acutely ill get the right care in the right place at the right time remains a core foundation of our priorities for 2013/14.

## 3.2 What We Said We Would Do: Effectiveness

### Roll out The Productive Ward

As part of the Trust's 2012/2013 Safety and Quality Priorities for more effective care the three foundation modules of the Productive Ward has been embedded in all ward areas. The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

The three foundation modules are:

1. Knowing how we are doing (KHWD) - this module includes using a measurement system and is an approach for the ward to measure, track and help improve against the core objectives of the Productive Ward. It helps the team to see the changes that they are making are helping the team to achieve the ward's vision. The measures include recording of falls, pressure sores, MRSA, C difficile, unplanned staff absence rate, and complaints
2. Well organised ward (WOW) – this module is an approach to simplify the workplace and reduce waste by having everything in the right place, at the right time, ready to go. This module uses the 5S approach which is: sort (remove what's not needed), set (right thing in the right place), shine (keep things ready to go), standardise (an agreed, consistent process) and sustain (continually improve)
3. Patient status at a glance (PSAG) – this module uses visual management to show important patient information so that it can be updated regularly, seen 'at a glance' and used effectively. Patient information boards are used which communicate to all members of the multi disciplinary team individual patient information. For example these boards display discharge dates, take home medications and Allied Health Care Professionals assessments. This information is displayed using magnetic symbols and the aim is that within three seconds the information is understood by key staff with no need for nursing staff to be interrupted.



The Business Units report on their progress on the Productive Ward through their quarterly governance reports presented to the Governance Committee.

The Business Units have identified that although the Productive Ward foundation modules have been embedded, more work is required to progress this further. They are monitoring this through their board meetings and this is being led by the Heads of Nursing.

The staff are positive about implementing the foundation modules but this does require to be re-energised in some clinical areas which the business unit are addressing.

Since embedding the Productive Ward the staff and patient satisfaction has improved. There are no identifiable changes noted since introducing the Productive Ward across our ward areas. It has to be noted however that the ward areas are better organised and the patient information boards are a benefit for all staff.

The table below identifies the progress made across the Trust and the different stages of progress across clinical areas:

Ward	KHWD	WOW	PSAG	Ward	KHWD	WOW	PSAG
West Cumberland Hospital							
Gable	Complete	Complete	Complete	Elm A	Complete	In progress	In progress
Jenkin	Complete	Complete	Complete	Elm B	Complete	In progress	In progress
Honister 1	Complete	Complete	Complete	Elm C	Complete	In progress	In progress
Honister 2	Complete	Complete	Complete	Maple A	In progress	In progress	In progress
Coronary Care	Complete	Complete	Complete	Maple B	Complete	In progress	In progress
Overwater 1	Complete	In progress	Complete	Maple CD	Complete	In progress	In progress
Overwater 2	Complete	In progress	Complete	Larch AB	In progress	In progress	In progress
Kirkstone	Complete	In progress	Complete	Larch C	In progress	In progress	In progress
Pillar/ Patterdale	In progress	In progress	In progress	Larch D	In progress	In progress	In progress
Langdale	In progress	In progress	In progress	ITU	In progress	In progress	In progress
Fairfield	In progress	In progress	In progress	A & E	In progress	In progress	In progress
ITU	In progress	In progress	In progress	Ophthalmology	In progress	In progress	In progress
Maternity	In progress	In progress	In progress	Day Surgery	In progress	In progress	In progress
Cumberland Infirmary				Endoscopy	In progress	In progress	In progress
Willow A	Complete	Complete	Complete	Maternity	In progress	In progress	In progress
Willow B	Complete	Complete	Complete	Heart Centre	In progress	In progress	In progress
Willow C	Complete	Complete	Complete	Paediatrics	In progress	In progress	In progress
Coronary Care	Complete	In progress	Complete				
Beech A	Complete	Complete	Complete				
Beech B	Complete	In progress	Complete				
Beech CD	Complete	In progress	Complete				
Aspen	Complete	Complete	Complete				

Module Completed

Module In Progress

### 3.3 What We Said We Would Do: Patient Experience

#### Improving patient discharge process

Significant work has been undertaken from both nursing and medical staff relating to discharge information on a patient's discharge which includes communication provided on patients medication and a patient discharge summary.

The Trust's CQC 2011 Inpatient Survey Report, published in 2012, identified that patient discharge information was an area that could be improved by the Trust.

The CQC repeated the national Inpatient Survey in 2012 which was published in April 2013. The survey was completed by inpatients in August 2012.

The CQC survey results disappointingly show no improvement in discharge information and the Trust performed worse than other trusts in relation to the question "Before you left hospital, were you given any written or printed information about what you should or not should not do after leaving hospital?"

Following the feedback from patients (Inpatient Surveys), GPs and Clinical Commissioners it was clear that patient discharge summaries were not being provided in a timely manner or to a satisfactory standard. Therefore, a revised discharge process was established in January 2013, which focuses on three aspects of improving discharge:

- Presence of a discharge summary in the patient's medical case notes
- Discharge summary complete within 24 hours
- Content and quality of the discharge summary

The quality of information provided through discharge summaries has been reviewed and from January 2013 the completeness and number of satisfactory summaries has been reported monthly and monitored through the senior management team which is chaired by the Chief Executive.

Since the revised discharge process commenced, the number of letters going to GPs and patients that included a comprehensive summary of care improved



from 30% to over 80% for both hospitals.

In addition to the work undertaken to improve patient discharge summaries, the Trust's Matron for Patient Experience and senior nursing team have used examples from patients' experiences through compliments, complaints and stories. Using feedback from patients the Trust has ensured lessons are shared and improvements made.

From January 2013 discharge audits were also added to the Trust's monthly nursing clinical indicators audit programme. This is where a number of patients medical and nursing notes are audited each month based on a series of questions relating to a patient's discharge. Five sets of patients notes are audited each month from each ward across the Trust.

### 3:4 Goals agreed with Commissioners (CQUIN) 2012/2013

The table below outlines the income received against the agreed Commissioning for Quality and Innovation Payment Framework (CQUIN) for 2012/.2013. CQUIN is based on national, regional and locally set goals.

No	Goal	Goal Description	Value	Fully Met	Partially Met	Not Fully Met
<b>NATIONAL / REGIONAL CQUIN</b>						
1	VTE Prevention	Reduce avoidable death, disability and chronic ill-health from Venous-thromboembolism (VTE)	£206,554	√		
2	Patient Experience	Improve responsiveness to the personal needs of patients	£206,554	√		
3	Dementia	Improve awareness and diagnosis of dementia, using risk assessment in acute hospital setting	£206,554	√		
4	NHS Safety Thermometer	Improve collection of data in relation to four harms - pressure ulcers, falls, catheter urinary tract infection and VTE	£206,554	√		
5	Advancing Quality	Regionally led quality incentive scheme for pneumonia	£99,146		√	
6	Emergency Floor	Implementation of emergency floor model and improved management of ambulatory conditions	£826,215		√ £473,000	
7	Children: Integrated Care	Children and young people are helped to recover effectively from illness or injury	£826,215	√		
8	Make Every Second Count	Improving recording of: smoking statistics, potential alcohol misuse and nutritional status of patients	£206,554	√		
9	Evidence Based Referrals	Implementation of current process and clinical commissioning requirements for procedures of limited clinical value and extension of schedules of procedures	£107,408	√		
10	Service Reviews	Undertake full service reviews, eg Dementia and Hospital Mortality Data	£1,032,768	√		
11	Patient Experience & Satisfaction	Every patient to have a simple and straightforward access to services and are actively involved in the planning delivery and review of their care	£206,554	√		

### 3:5 Safeguarding

Safeguarding covers all aspects of ensuring the safety of children, adults and patients with learning disabilities.

#### Safeguarding training

At the end of March 2013, the Trust reported for Level 1 for Children and Adults Safeguarding that 73.13% of acute trust staff had completed their training, in accordance with the North West Core Skills Framework. From April 2013, the Trust has adopted the Northumbria Healthcare NHS Foundation Trust mandatory training programme for safeguarding.

The training records are monitored through the Governance and Quality Committee, Workforce Committee and the Safeguarding Board.

Areas for improvement have been identified as medical staff, general theatres and the anaesthetic departments on both hospital sites and the focus continues in these areas.

The Named Nurse for Child Protection and the Head of Nursing, Family Services have reviewed child protection training within the Trust; in order to improve compliance with training in the target areas.

#### Serious Case Reviews

All serious case reviews are reported through to board through the safety and quality report and summarised in the board safeguarding report. All actions and recommendations are included in the work plan and monitored through the monthly safeguarding board. As part of the Trusts contract with commissioners an annual safeguarding audit is required and monitored through the CCG quality group.

#### Safeguarding adults

The Trust has Executive representation and there is staff representation at the Cumbria Safeguarding Boards (CSAB) and information is shared internally through the Trust Safeguarding Board.

All Safeguarding Boards are entering a period of rapid change, with the possibility of new legislation, including statutory arrangements. CASB has recognised the need to manage the change and challenges therefore a 3 year strategy has been produced.

#### Referral to Adult Social Care

Due to increased training/awareness sessions across the Trust, we have seen an increase in referrals to Adult Social Care. All referrals are monitored and recorded by the Adult Safeguarding Lead.

#### Cumbria Learning Disability Partnership Board

In 2009 the Partnership Board agreed to write a three year plan showing how services would be planned and commissioned for 2010/13.

The Trust has been actively involved in this process which has focussed on "Health & Wellbeing", which aims to reduce the inequalities in health outcomes between people with learning disabilities and the general population, "adding life to years and years to life".

The Learning Disabilities Passport is in use across the Trust and has been audited. The Trust has also developed the use of patient stories to improve care and experience.

#### Challenges for 2013/14

The Trust is working towards ensuring that all safeguarding staff have access to supervision and enhanced training. The safeguarding team is expanding and the plan is to further increase the number of staff working in this area. The workforce committee will closely monitor and hold to account the business units to ensure the appropriate number of staff are trained to the appropriate level.

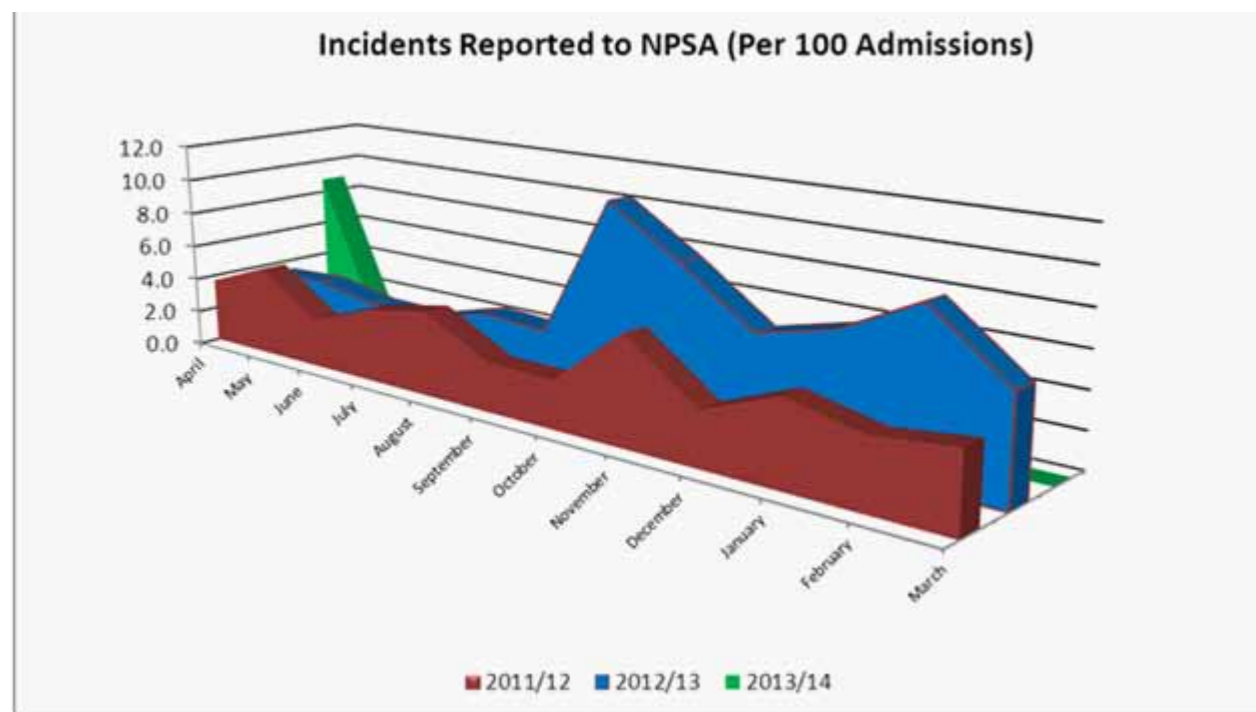
### 3:6 Staff reporting incidents

Reporting how we perform in comparison to other hospitals in relation to patient safety incidents has been included in this Quality Account for the first time. It is mandatory for trusts to report incidents to the National Patient Safety Agency via the National Reporting and Learning Service (NRLS).

It is well recognised that organisations that promote incident reporting create a safety culture amongst all disciplines off staff to learn, share lessons and implement solutions to prevent harm (NPSAs Seven Steps to Patient Safety, 2004). The Trust uploads patient safety incidents to the National Reporting and Learning System each month and is benchmarked against other 'medium sized acute hospitals'. The latest benchmark data for the period April 2012 to September 2012 confirmed the Trust reported 5.2 incidents per 100 admissions against the median of 6.7 per 100 admissions.

Improving incident reporting across the Trust is one of the key safety and quality priorities for 2013/14 and progress is monitored on a monthly basis and reported to the Trust Board. It is also important to highlight that improved data quality processes were introduced during the second-half of the year to ensure data is validated internally prior to submission to the NRLS.

The graph below summarises the levels of incident reporting during the last three years.



The top three cause groups for patient safety incidents reported during 2012/13 were:

- Slips, trips and falls
- Medication errors / problems
- Staffing levels / lack of resources

During 2012/13, the Trust reported 44 Serious Untoward Incidents (SUIs). The highest number of SUIs related to patient harm following a fall, which also reflects the Trust's change in threshold for SUI's which was changed for 2012/13. During the year the Trust also had five Never Events which were investigated as Serious Untoward Incidents.

The Trust has put systems and processes in place in order to respond to the NHS legal requirements of the Duty of Candour which came into effect on 1 April 2013.

### 3:7 Harm Free Care

Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer allows teams to measure harm and the proportion of patients that are 'harm free' during their working day, for example at shift handover or during ward rounds.

The NHS Safety Thermometer provides a 'temperature check' on harm and can be used alongside other measures of harm to measure local and system progress.

'Harm free' care is a national programme that helps NHS teams to eliminate harm in patients from four common harms:

- Pressure ulcers
- Falls
- Urinary tract infections in patients with a catheter
- New venous thromboembolism (VTE)

These harms affect over 200,000 people each year in England alone, leading to avoidable suffering and additional treatment for patients and a cost to the NHS of more than £400 million. The 'harm free' care programme supports the NHS to eliminate these four harms through one plan within and across organisations. It helps organisations to consider complications from the patient's perspective, with the aim of every patient being 'harm free' as they move through their care pathway.

#### How we assess our performance

From June 2012 the ward sister/charge nurse assesses all patients on their ward against the four harms, on one Wednesday per month.

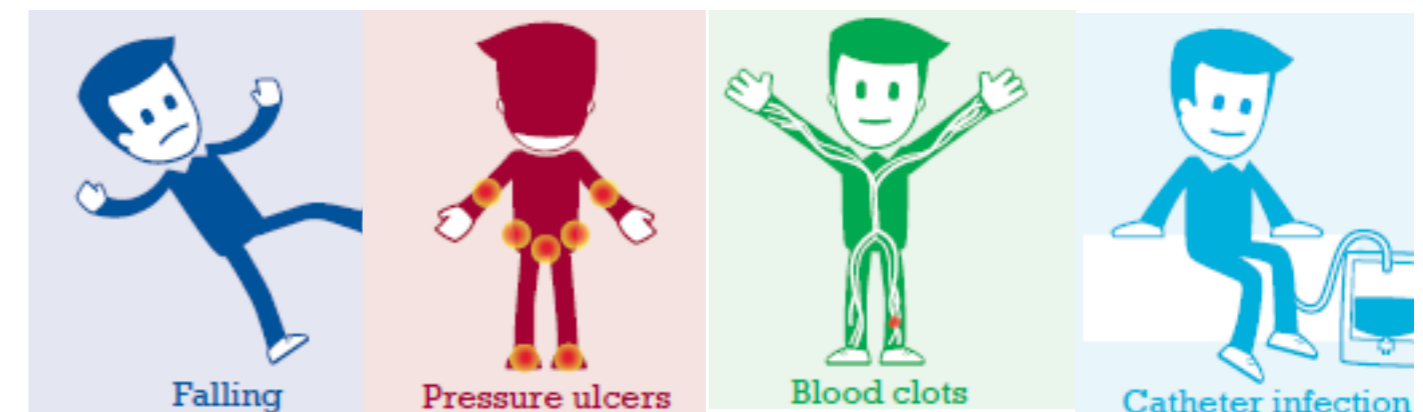
The National CQUIN target set by the Department of Health for all Trusts was to deliver 95% of harm free care by March 2013 on the four identified harms. The Trust achieved this and reported 95% harm free care in March 2013. On average from September 2012 to March 2013, the Trust reported 94.8% harm free care.

#### Our priorities for improvement 2013/14

Our priorities for improvement from the results so far have highlighted the need to improve pressure area care in assessment, reassessment and treatment. As of March 2013, the Trust was performing below the national benchmark in relation to the number of new pressure ulcers.

In addition, reducing the number of patients who have a urinary catheter inserted has also been identified as an area for improvement. This would be in order to reduce the risk of patients developing a urinary catheter infection.

## 'Harmfree'care\*



### 3.8 Preventing Healthcare Associated Infections

#### MRSA

The Trust's trajectory for 2012/13 was for zero hospital-apportioned MRSA bacteremia cases. There was one single apportioned case during the year and this was the first apportioned case since May 2010. Root cause analysis indicated that this isolated case was a likely skin contaminant.

#### C-difficile

The Trust's trajectory for 2012/13 was for 40 Trust-apportioned C.difficile cases. The trajectory was exceeded and 56 cases were recorded. Although this figure is not significantly greater than previous years, the Trust has not been able to reduce the number of cases and has fallen behind other organisations. To seek independent assurance regarding our proposed measures, we have been assisted by the Trust Development Authority and are confident we can achieve our trajectory for 2013/14 which is for no more than 29 cases.

An action plan has been developed which includes:

- Weekly C.difficile sub group has been

established and the root cause analysis of all cases has been reviewed to establish the core drivers

- Root Cause Analysis for all cases will involve the consultant responsible for that patient's care
- Each Business Unit has been instructed to identify champions for infection prevention control
- Business units will robustly monitor compliance and will act on any failure to comply with Trust antimicrobial policy or good infection prevention and good practice
- Raise profile of antimicrobial prescribing at ward level
- Monitor overall antibiotic use across the Trust
- The Infection Prevention Team has reviewed cleaning agents and the Trust has invested in technology that is more effective in removing C.difficile from the environment

Financial Year	Number of MRSA bacteraemia cases	NCUH rate (per 100,000 bed days)	National average rate (per 100,000 bed days)
2011/12	0	0	3.2
2012/13	1	0.6	Not available

Financial Year	Number of C-diff cases	NCUH rate (per 100,000 bed days)	National average rate (per 100,000 bed days)
2011/12	53	29.6	21.8
2012/13	56	31.3	Not available

### 3:9 Performance Against Key National Priorities

The Department of Health (DoH) has a compliance regime that requires minimum standards to be maintained. These standards are described in the DoH Operating Framework as the most significant priorities. These are reported to our Trust Board each month. The table below summarises the Trust's performance during 2012/13.

Compliance Framework	Plan 2012/13	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Actual 2012/13	Met/ Not Met
The Trust has registered the 26 essential safety and quality standards without conditions with the Care Quality Commission	Yes	Yes	Yes	Yes	Yes	Yes	Fully Met
A 30% reduction in Clostridium difficile	40	6	12	24	14	56	Not Met
Zero MRSA cases	0	0	0	1	0	1	Not Met
31 day wait for second or subsequent treatment: anti cancer drug treatment	98%	99%	100%	100%	100%	100%	Fully Met
31 day for second or subsequent treatment: surgery	94%	89%	100%	100%	93%	96%	Fully Met
31 day wait for second or subsequent treatment: radiotherapy	94%	96%	94%	97%	97%	96%	Fully Met
62 days from urgent GP referral to first treatment for all cancers, each quarter	85%	90%	87%	86%	83%	86%	Fully Met
62 days for first treatment from national screening service, each quarter	90%	88%	93%	90%	92%	90%	Fully Met

Compliance Framework	Deliver 2012/13	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Actual 2012/13	Met/ Not Met
31 days from diagnosis to first treatment	96%	97%	98%	98%	97%	98%	Fully Met
Maximum waiting time of 14 days from urgent GP referral to first appointment	93%	95%	9%	94%	95%	94%	Fully Met
Maximum 2 week waiting time when a GP refers to the breast clinic	93%	97%	94%	96%	95%	95%	Fully Met
A & E four hour waiting	95%	96%	95%	93%	91%	94%	Not Met
18 week referral to treatment: i) admitted patients	90%	84%	93%	89%	82%	87%	Not Met
ii) non-admitted patients	95%	97%	98%	97%	97%	97%	Fully Met
iii) incomplete pathways	92%	92.8	92%	92.1%	92.1%	92.2%	Fully Met
Self certification against compliance with requirement regarding access to healthcare for people with learning disabilities	Yes	No	Yes	Yes	Yes	Yes	Fully Met

Other national priorities in the Operating Framework and our performance are described in the following sections:

- Our Safety and Quality Performance - what we said we would do
- Patient Experience
- Staff Experience

### 3.10 Patient Environment

Patient Environment Action Teams (PEAT) visit both hospitals to take an annual assessment of Inpatient healthcare sites. The scores below demonstrate how providers are performing in key areas including food, cleanliness, infection control and the patient environment.

Patient Environment Action Team Scores	Cumberland Infirmary (estates and facilities provided by Interserve FM Ltd)		West Cumberland Hospital (estate and facilities provided by the Trust)	
	2012	2011	2012	2011
Environment	Good	Good	Good	Good
Food	Excellent	Good	Excellent	Excellent
Privacy & Dignity	Good	Good	Good	Good

#### Changes to the 2013 PEAT Process

The Trust is part of a project called the TEAM initiative (Together Everyone Achieves More: Practical Partnership for Quality Care) funded by the Department of Health's Voluntary Sector Investment Programme: Innovation, Excellence and Strategic Development Fund.

New assessments, called Patient Led Assessments of the Care Environment (PLACE), will replace PEAT inspections during 2013/14 and will be delivered through self-assessment. The main difference is that the teams are to be led by patient representatives and for a hospital the size of the Cumberland Infirmary there would be at least four patient assessors.

The new assessment will be undertaken by each hospital annually. Meanwhile, the Trust will continue to carry out its own inspections on a regular basis to check privacy and dignity, the environment and the food provided.

## 3.11 Patient Experience



Understanding how patients experience the care they receive is a key component of delivering high-quality care. Through using patient experience feedback, we can review the experience of our patients to improve the quality of care and service we provide. We gather feedback through *RealTime* surveys, monthly inpatient satisfaction surveys, patient stories, “Talk to us” web link and national CQC inpatient surveys. The Trust has a Matron of Patient Experience who visits all hospital wards on a regular basis and listens to patient stories. These are reported to the public Trust Board meetings. Non Executive Directors also carry out monthly ward visits. This enables us to learn directly from patients and to share experiences with staff. The Trust also implemented the Friends and Family Test on 1 April 2013.

### Inpatient survey

The CQC Inpatient survey is undertaken annually. The survey questions are divided into 10 section headings and scored out of ten. A higher score is better. The Annual Survey was undertaken in 2012 and sent to 850 inpatients - 487 responded. Listed below are the average scores for all questions and how the Trust compares with other hospital trusts.

Section Heading	Score out of 10 for our Trust	How this score compares with other trusts
The A & E Department, answered by emergency patients only	8.4	About the same
Waiting lists and planned admissions, answered by those referred to hospital	8.9	About the same
Waiting to get a bed on a ward	7.4	About the same
The hospital and ward	8.2	About the same
Doctors	8.4	About the same
Nurses	8.5	About the same
Care and treatment	7.7	About the same
Operations and procedures, answered by patients who had an operation or procedure	8.5	About the same
Leaving hospital	7.1	About the same
Overall views and experience	4.7	About the same

## Outpatient survey

The CQC Outpatient survey is undertaken annually. The survey questions are divided into 9 section headings and scored out of ten. A higher score is better. The Annual Survey was undertaken in 2012 and published in 2013. Listed below are the average scores for all questions and how the Trust compares with other hospital trusts.



Section Heading	Score out of 10 for our Trust	How this score compares with other trusts
Before the appointment	7.7	About the same
Waiting in the hospital	4.8	About the same
Hospital environment and facilities	8.5	About the same
Tests and treatments	8.3	About the same
Seeing a doctor	8.9	About the same
Seeing another professional	8.7	About the same
Overall about the appointment	8.3	About the same
Leaving the outpatients department	6.5	About the same
Overall impression	8.8	About the same

### Patient Experience Time Out Workshops

Driving service improvements through the eyes of patients will give the Trust the best chance of rapid, effective and sustainable change. To support this change, a quality improvement training programme has been developed and will be rolled out across priority wards. The Emergency Assessment team at the Cumberland Infirmary was the first to participate in the quality improvement programme in April 2013. Outcomes will be reported to the Trust Board in May 2013.

The multidisciplinary team will be involved in the programme which will be repeated over a number of sessions and include doctors, nurses, ward clerks, physiotherapists and the

ward pharmacist. The session aims to support the development of a culture of continuous learning, innovation and development with patient centred care at the heart. Results will be grounded in patient experience and will form part of the wider Patient Experience programme roll out during 2013.



## A & E Survey

During 2012, a questionnaire was sent to 850 people who had attended an NHS accident and emergency department (A&E) during January, February or March 2012. Responses were received from 290 people.



Section Heading	Score out of 10 for our Trust	How this score compares with other trusts
Travel by ambulance (asked only to those patients who had travelled by ambulance)	9.6	About the same
Reception and waiting	6.6	Better
Doctors and nurses	7.9	About the same
Care and treatment	8.3	About the same
Tests (answered only by those patient who had tests)	8.	About the same
Hospital environment and facilities	8.4	About the same
Leaving A & E (answered only by those patients who were not admitted)	6.8	About the same
Overall views on experience	7.4	Better

## 3.12 Staff Experience

Each year, the Trust takes part in a national staff survey which provides 850 members of staff, chosen at random, with the opportunity to say how they feel about working in the hospitals and for the Trust. The survey is viewed by the Care Quality Commission together with our action plans for improvement.

The 2012 survey was sent out towards the end of 2012 to around 850 randomly selected members of staff. Our Trust achieved a 51% response rate which is the average response rate for acute trusts.

The results of the survey are disappointing; however the Trust understands the difficulties and frustrations that staff have been facing and is committed to improving the working lives of all staff.

On a positive note, our top ranking scores show that a high percentage of staff have had both their equality and diversity and health and safety training in the last 12 months. Staff have also reported that they are working fewer extra hours than the national average for acute trusts, while the percentage of staff experiencing discrimination at work is also below average.

Our bottom ranking scores, i.e. those which compare least favourably with other acute trusts were in the following areas:

- Staff reporting good communication between senior management and staff
- Staff receiving job-relevant training, learning, or development in last 12 months
- Fairness and effectiveness of incident reporting procedures
- Staff recommendation of the trust as a place to work or receive treatment
- Staff job satisfaction

The Trust will focus on improving in these areas and a range of actions has been put in place to address staff concerns. We are working hard to show real improvement.

The plans include staff communication roadshows and the Interim Chief Executive continues ward walkabouts to ensure staff



have the opportunity to discuss any concerns and new Chairman, Ian Gordon, has already started making his way around the two hospital sites to introduce himself to staff.

Clinical Business Units are being encouraged to improve communication between senior management and staff through a variety of ways including focus groups and newsletters. They have also each produced a staff survey action plan and progress is being reported on a monthly basis to our Trust Board.

The action plan highlights include:

- Promoting the Trust's quality & safety priorities
- Launching a corporate system to better understand higher than expected mortality rates and to reduce harm
- Weekly review meetings have been set up with ward sisters, governance facilitators and heads of nursing
- Development days for business managers, heads of nursing and quality matrons to develop their needs

Further changes and improvements being introduced with contributions from Northumbria Healthcare NHS Foundation Trust are a monthly Clinical Policy Group which brings clinicians together to focus on quality of patient care and safety and a new Workforce Committee where one of the main focuses is on the staff survey results.

# Auditor's Statement



## INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required by the Audit Commission to perform an independent limited assurance engagement in respect of North Cumbria University Hospitals NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 (the Act). NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

### Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- Percentage of patients readmitted as emergencies within 28 days of discharge.

We refer to these two indicators collectively as "the indicators".

### Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2012 to June 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to June 2013;
- feedback from the Commissioners dated 23 May 2013;
- feedback from the Cumbria Health Scrutiny Committee dated May 2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated March 2013;
- the latest national patient survey dated 2012;
- the latest national staff survey dated 2012;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 30 May 2013;
- the annual governance statement dated 6 June 2013;
- Care Quality Commission quality and risk profiles; and
- the results of the Payment by Results coding review dated 5 April 2013;

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively "the documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of North Cumbria University Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and North Cumbria University Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

#### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by North Cumbria University Hospitals NHS Trust.

#### Basis for qualified conclusion

The indicator reporting the percentage of safety incidents resulting in severe harm or death did not meet the six dimensions of data quality in the following respects:

- Accuracy – the indicator was not accurately reported by the National Reporting and Learning Service. Within the outcomes ‘severe harm or death’, three incidents had been duplicated and the Trust’s procedures at the time did not identify the errors. The reported percentage for the first half of 2012/13 was 0.857% whereas the actual percentage was 0.721%;
- Reliability - the Trust changed its procedures and personnel involved in dealing with incidents during the year and therefore the approach in the year was not stable and consistent throughout the reporting period;
- Timeliness - we found evidence of incidents being reported very late;
- Completeness - as a result of the change in approach part way through the year, more than twice as many incidents were reported in the second half of the year than in the first half. We are unable to conclude that all incidents had been reported in the first half of the year.

#### Qualified conclusion

Based on the results of our procedures, with the exception of the matters reported in the basis for qualified conclusion paragraph(s) above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Signed  
Jackie Bellard  
Senior Statutory Auditor for and on behalf of Grant Thornton UK LLP

Date: 28th June 2013

## Stakeholder Engagement


The Trust has consulted with the following groups on the production of this Quality Account and the Priorities for 2013/14:

- Cumbria Healthwatch
- Health and Wellbeing Overview and Scrutiny Committee
- Clinical Commissioning Group
- The Trust’s Clinical Policy Group

Group	Comments
Health and Wellbeing Overview and Scrutiny Committee	<p>This is a detailed and comprehensive document and overall we appreciate the work that has taken place in the recent year.</p> <p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>• Whilst performance against comparator trusts is useful, it would be beneficial to show performance against national best to illustrate how the Trust is performing overall</li> <li>• In places, the language in the document is not as succinct or as clear as it could be</li> <li>• Further work needs to be carried out to quantify / illustrate some of the information - for example noting that performance is “about the same” isn’t clear.</li> </ul>
Clinical Commissioning Group	<p>The account reflects a good reference to the quality standards, particularly hospital mortality rates and communication with colleagues in primary care and active participation in clinical audit. We are pleased to see a response to the recommendations of the Francis Enquiry.</p> <p><b>Areas for improvement</b></p> <ul style="list-style-type: none"> <li>• We would expect to see how the Trust Board and service users are assured around safeguarding (now included)</li> <li>• We were unable to find reference to never event (now included)</li> </ul>
Cumbria Healthwatch	<p>The report was difficult to follow at times in relation to the various parts (1,2,3)</p> <p><b>Areas for improvement</b></p> <ul style="list-style-type: none"> <li>• The need to improve staff satisfaction, engagement and in particular staff recommending the Trust as a place for treatment</li> <li>• Ensuring that the Trust takes part in all mandatory national audits</li> <li>• The report could be improved by showing more statistics on the action being taken to reduce our mortality rate</li> </ul>
Clinical Policy Group	<p>We have led the identification and agreement of the safety and quality priorities for 2013/14 and the approval of the outcomes of the mortality review and the four themes of improvement. We support the focus on improving staff experience and development of the clinical leadership infrastructure.</p>

# Glossary of Terms

Term	Meaning
General	
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation Payment Framework
MRSA	Methicillin-resistant Staphylococcus aureus is a bacterium responsible for several difficult to treat infections. It may also be called multi-drug resistant Staphylococcus aureus or oxacillin resistant Staphylococcus aureus
C-diff	C.difficile is the most serious cause of antibiotic-associated diarrhoea and can lead to pseudomembranous colitis, a severe infection of the colon, often resulting from eradication of the normal gut flora by antibiotics
Clinical audit terms (pages 27-39)	
BTS	British Thoracic Society
CEM	College of Emergency Medicine
CEMACH	Confidential Enquiry into Maternal and Child Health
DAHNO	Data for Head and Neck Oncology
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care Audit and Research Centre
LUCADA	Lung Cancer Database
MBRRACE-UK	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries
MINAP	Myocardial Ischaemia National Audit Project
NASH	National Audit of Seizure Management in Hospitals
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiries into Patient Outcome and Death
NHSBT	National Blood and Transplant
NNAP	National Neonatal Audit Programme
PROMs	Patient Related Outcome Measures
RCPCH	Royal College of Paediatrics and Child Health
SINAP	Stroke Improvement National Audit Programme
VSGBI	Vascular Surgeons Great Britain and Ireland



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