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Cumbria County Council

8 July 2014

To: The Chair and Members of the Cumbria Health Scrutiny Committee

Agenda

CUMBRIA HEALTH SCRUTINY COMMITTEE

A meeting of the Cumbria Health Scrutiny Committee will be held as follows:

Date: **Wednesday 16 July 2014**
Time: **10.00 am**
Place: **Committee Room 1 - County Offices, Kendal, LA9 4RQ**

Dawn Roberts
Assistant Director – Corporate Governance

NB A PRE-MEETING WILL BE HELD AT 9.30 AM IN COMMITTEE ROOM 1 AND ALL MEMBERS ARE ENCOURAGED TO ATTEND

Enquiries and requests for supporting papers to: Lynn Harker
Direct Line: 01228 226364
Email: lynn.harker@cumbria.gov.uk

This agenda is available on request in alternative formats

MEMBERSHIP

Conservative (2)

Mr J Bland
Mr J Lister

Labour (3)

Mr M Hawkins
Ms M Telford
Ms C Wharrier

Liberal Democrat (2)

Mr N Hughes
Mr R Wilson (Chair)

District Council Representatives (6)

Mr R Burns	-	Carlisle City Council
Mr P Kendall	-	Allerdale Borough Council
Mr G Garrity (Vice-Chair)	-	Copeland Borough Council
Mrs V Rees	-	South Lakeland District Council
Mrs J Raine	-	Eden District Council
Ms H Wall	-	Barrow Borough Council

ACCESS TO INFORMATION

Agenda and Reports

Copies of the agenda and Part I reports are available for members of the public to inspect prior to the meeting. Copies will also be available at the meeting.

The agenda and Part I reports are also available on the County Council's website – www.cumbria.gov.uk

Background Papers

Requests for the background papers to the Part I reports, excluding those papers that contain exempt information, can be made to Legal and Democratic Services at the address overleaf between the hours of 9.00 am and 4.30 pm, Monday to Friday.

A G E N D A

PART 1: ITEMS LIKELY TO BE CONSIDERED IN THE PRESENCE OF THE PRESS AND PUBLIC

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2 MEMBERSHIP OF THE COMMITTEE

To note any changes to the membership of the Committee.

3 DISCLOSURES OF INTEREST

Members are invited to disclose any disclosable pecuniary interest they have in any item on the agenda which comprises

1. Details of any employment, office, trade, profession or vocation carried on for profit or gain.

2. Details of any payment or provision of any other financial benefit (other than from the authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. (This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

3. Details of any contract which is made between you (or a body in which you have a beneficial interest) and the authority.

   (a) Under which goods or services are to be provided or works are to be executed; and

   (b) Which has not been fully discharged.

4. Details of any beneficial interest in land which is within the area of the authority.

5. Details of any licence (alone or jointly with others) to occupy land in the area of the authority for a month or longer.

6. Details of any tenancy where (to your knowledge).

   (a) The landlord is the authority; and

   (b) The tenant is a body in which you have a beneficial interest.

7. Details of any beneficial interest in securities of a body where

(a) That body (to your knowledge) has a place of business or land in the area of the authority; and

(b) Either –

(i) The total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

(ii) If that share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Note

A "disclosable pecuniary interest" is an interest of a councillor or their partner (which means spouse or civil partner, a person with whom they are living as husband or wife, or a person with whom they are living as if they are civil partners).

4 EXCLUSION OF PRESS AND PUBLIC

To consider whether the press and public should be excluded from the meeting during consideration of any item on the agenda.

5 MINUTES

To confirm the minutes of the meeting held on 17 June 2014 (copy enclosed).
(Pages 7 - 18)

6 NORTH WEST AMBULANCE SERVICE UPDATE [10.10 AM TO 11.10 AM]

To receive a presentation by the North West Ambulance Service (copy enclosed).
(Pages 19 - 48)

7 UPDATE FROM THE DIRECTOR OF PUBLIC HEALTH [11.10 AM TO 12.10 PM]

To receive a presentation from the Director of Public Health.

LUNCH [12.10 TO 12.40 PM]

8 CARE QUALITY COMMISSION (CQC) UPDATE [12.40 TO 1.00 PM]

To receive an update from the Care Quality Commission.

9 CUMBRIA PARTNERSHIP TRUST UPDATE [1.00 TO 2.40 PM]

To consider a report from the Cumbria Partnership Trust (copy enclosed).
(Pages 49 - 76)

10 DATE OF FUTURE MEETING

To note that the next meeting of the Committee will be held on Thursday 16 October 2014 at 10.00 am at County Offices, Kendal.

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CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 17 June 2014 at 10.00 am at Committee Room 2, The Courts, Carlisle

PRESENT:

Mr R Wilson (Chair)

Mr R Burns	Mr J Lynch
Mr G Garrity (Vice-Chair)	Mrs V Rees
Mr N Hughes	Mr D Roberts
Mr P Kendall	Ms M Telford
Mr J Lister	Ms C Wharrier

Also in Attendance:-

Mr D Blacklock	-	Chief Executive, Healthwatch
Mr A Cummins	-	Deputy Chief Executive, University Hospitals of Morecambe Bay NHS Foundation Trust
Mr J Hutton	-	Acting Chair, University Hospitals of Morecambe Bay NHS Foundation Trust
Mrs A Farrar	-	Chief Executive, North Cumbria University Hospitals
Mrs L Harker	-	Democratic Services Officer
Mr J Hutton	-	Acting Chair, University Hospitals of Morecambe Bay NHS Foundation Trust
Ms T Ingham	-	Senior Scrutiny Manager
Mr G Nasmyth	-	Medical Director, University Hospitals of Morecambe Bay NHS Foundation Trust
Ms J McIntosh	-	Patient Experience Officer, North Cumbria University Hospitals
Ms G Naylor	-	Director of Nursing, North Cumbria University Hospitals
Dr M Prentice	-	NHS England
Mr P Rooney	-	Director of Strategic Planning and Performance, Clinical Commissioning Group

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

Members observed one minute's silence in respect of Mr W Whalen and the Chair expressed his thanks and appreciation for the commitment and dedication he had shown to the Committee.

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Bland, Mrs J Raine, Mrs V Rees and Mrs H Wall.

2 ELECTION OF VICE-CHAIR

The District Council representatives elected a Vice-Chair of the Committee from amongst their members.

RESOLVED, that Mr G Garrity be elected Vice-Chair of the Committee for the ensuing year.

3 MEMBERSHIP OF THE COMMITTEE

It was noted that Mrs J Raine and Mr J Bland had been replaced by Mr J Lynch and Mr D Roberts respectively as a member of the Committee for this meeting only.

It was noted that Mr S Bowditch and Mr L Davies had been replaced by Mr R Burns and Mr P Kendall respectively as a member of the Committee on a permanent basis.

4 DISCLOSURES OF INTEREST

There were no disclosures of interest on this occasion.

5 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

6 MINUTES

During the course of discussion the Chair raised his concerns that the possible closure of Reiver House, Carlisle had not been brought to the attention of the Committee earlier. He informed Members that the Lead Members' had used the Impact Assessment Toolkit which had determined this was not a substantial service change therefore the closure was approved.

RESOLVED, that the minutes of the meeting held on 14 April 2014 be agreed as a correct record and signed by the Chair.

7 NHS ENGLAND SPECIALIST COMMISSIONING AND PRIMARY CARE

(Dr M Prentice, NHS England attended for this item of business).

The Committee received an update from NHS England which included:-

- The new NHS landscape, one year on
- NHS England: structures, functions and people
- NHS Outcomes Framework
- Specialised services
- Primary care

Members were informed that there was one Board, four regions and 27 area teams. These include:

- Lead Quality Surveillance Groups
- Emergency planning and lead NHS response
- Host clinical networks and senates
- Safeguarding
- Health and Wellbeing Boards

Dr Prentice explained the five domains of the outcomes framework:-

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

The future of the NHS was fundamentally different from today's. It was envisaged there would be a change in the relationship of people who used the services with patients having the skills and confidence to manage their own long-term conditions. There would be a concentration of specialised services into fewer teams, therefore, changing the roles for hospitals.

A discussion took place regarding GPs and it was explained that they were independent contractors and funding of them pre-dated the NHS. Members were informed that core funding was now linked to patients and this caused concern in rural areas.

GPs had raised their concerns regarding funding, therefore, MPIG (top-up fund) had been introduced to overcome this but would be phased out over the next seven years leading to the possibility of services being withdrawn. The Committee raised their concerns at the reconfiguration of services.

The Committee asked specific questions regarding Workington and were informed that the proposal was for practices to work together to deliver services seven days a week and were looking to start to develop a model.

A query was raised regarding GP complaints and Members were informed that it was preferable for these to be carried out through NHS England who would encourage dialogue with GPs in the first instance. Information regarding complaints was included on the NHS England website but Members felt that this should be made more publicly available.

The Chair thanked Dr Prentice for an informative presentation and invited him back to a future meeting in the autumn to give a further update.

RESOLVED, that

(1) the details of the presentation be noted;

(2) a further update be made to the Committee in the autumn;

(3) feedback on how primary care communities are developing be made to a future meeting.

8 NORTH CUMBRIA UNIVERSITY HOSPITAL TRUST UPDATE

(Mrs A Farrar, Ms G Naylor and Ms J McIntosh attended for this item of business).

The Committee received an update from the Trust which included performance, safety, quality, patient experience, financial position, car parking, West Cumberland Hospital redevelopment and partnership working.

Members were informed that work was still being undertaken to ensure the national 4 hour 95% standard in A&E was regularly met. It was confirmed that the 18 week pathway was currently not being met consistently across all specialities, however, the number of patients waiting over 18 weeks continued to steadily reduce. The following specialities were over the 90% standard threshold:-

General surgery
General medicine
Gastroenterology
Cardiology
Respiratory

The Committee were informed that there was increased openness, transparency and reporting across the organisation with an increase in reported serious incidents since 2011. Data on 'never events' for every NHS Trust were now openly published every month by NHS England. In 2013/14 North Cumbria recorded four 'never events' in two of the 25 nationally defined categories. The Chief Executive then explained the recently successful 'Stop Campaign' which had been rolled out to all departments.

The Committee were then given a quality update and details of patient experience. They were informed that patient experience data was collected in a number of ways:

Real time surveys – carried out whilst patients are still in hospital
2 minutes of your time – exit survey
Patient perspective surveys – feedback two weeks after discharge

and included questions regarding respect and dignity, involvement with decisions, cleanliness, pain control, medicine management and experience of doctors and nurses. The surveys carried out over the past 12 months had seen a general improvement in all domains.

Members raised their concerns regarding the patient experience data with regards to discharges and the Trust agreed that this needed to be addressed. They informed the Committee that they intended to follow a similar regime to that in Northumbria where staff were given the opportunity to look at the data and suggest improvements together with recommendations made by patients. It was agreed that figures from Northumbria would be made available to a future meeting of the Committee as comparative information.

A discussion took place regarding the latest financial position and it was explained that the fund had allowed the Trust to deal with immediate cash flow issues, including paying instalments on existing loans and meeting their financial commitments to the Private Finance Initiative (PFI) contract. The Trust had also secured £4.981m to allow the replacement of urgent medical equipment identified through Keogh. The Committee were informed that there were operational issues with the PFI company around cleanliness and estates and maintenance which was being investigated. It was confirmed that the Trust's financial position did not affect special measures.

Members asked for information regarding the latest position on car parking and were informed that a Strategy was being developed. The Trust were looking to create additional spaces on the Carlisle site which would require Council permission, and to ensure the new build at the West Cumberland General Hospital had appropriate car parking provision.

There still remained concerns regarding the recruitment of staff which was becoming increasingly difficult in North Cumbria. The Trust had attended various key events and written to the Chief Executives in the North East and North West to seek help with recruitment. On a positive note most recently three trainee orthopaedic consultants had been recruited and the college now had two intakes per year for nursing staff, therefore, there were more people coming off a training programme suitable for employment.

Concerns were raised regarding clinical provision being moved from West Cumbria to Carlisle and were informed that trauma and high risk emergency had moved only after public consultation and it was agreed that a trauma clinician would attend a future meeting to discuss this pathway. With regards to high risk emergency it was agreed that initially patients preferred to be treated closer to home but it was confirmed that feedback from patients had shown that they were pleased they had travelled the distance to receive the level of care.

A Member raised a query regarding the cancer figures and agreed that the urgent two week referrals were moving in the right direction but queried why the targets were not being met. The Trust confirmed that this figure was partly due to a national campaign on urology which had put more demand on the service for a period of time.

A discussion took place regarding maternity friends and family and it was confirmed that every pregnant person was given the opportunity to have a package of care put in place for all births.

The Chair thanked the Trust for an informative presentation and suggested that another visit to the Cumberland Infirmary in the autumn may be useful.

RESOLVED, that

(1) the report be noted;

(2) a trauma clinician attend a future meeting to discuss this pathway;

(3) figures from North Cumbria on patient experience discharges be made available to a future meeting;

(4) a visit to the Cumberland Infirmary take place in the autumn.

9 HEALTHWATCH

The Committee received a report from Healthwatch Cumbria which provided an update on all Healthwatch Cumbria activity and highlighted trends and issues that Healthwatch was currently concerned with.

(1) Complaints Task and Finish Group

Members were informed that a Task and Finish Group had been constituted to investigate complaints and had received presentations from:

- Cumbria Partnership NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Trust Foundation
- North West Ambulance Service Trust
- Cumbria Health on Call (CHOC)
- Cumbria County Council – Adult Service
- Cumbria County Council – Children's Service
- NHS England

The Committee were informed that phase 1 of the work of the Task and Finish Group was almost complete and had focused on developing an understanding of how complaints were handled in Trusts across Cumbria. The next two phases would involve looking at a random selection of complaints independently in more detail followed by the possibility of further on-site or in-person interviews to enable

possible barriers in relation to the complaints process driving improvements being explored in more detail. It was anticipated that Phases 2 and 3 would be completed by the end of July 2014.

During the discussion concerns regarding the lack of a timeframe for North West Ambulance Service complaints had been highlighted and the Task and Finish Group had been advised that NWAS had instigated a designated team to investigate this.

Closely aligned to this work were the findings from the NHS Complaints Advocacy Service which had identified emerging themes which would be investigated further and would form the basis of the recommendations at the end of the Group. There were four main themes that Healthwatch were working with customers to resolve:-

- Failure to diagnose
- In-patient care
- Attitude of staff
- Communication issues

Members raised their concerns regarding complaints within mental health services and asked that further information on these issues be included in a report to a future meeting of the Committee.

(2) **Enter and View**

Healthwatch had visited 10 care homes and a report of the findings would be available at the end of the month. Concerns were raised regarding the age of staff working shifts and Healthwatch agreed to investigate this and report back to the Committee.

Members were informed that the format for district meetings would be changing to ensure as much resources as possible were going out into the communities and speaking to people. Disappointment was raised at this and it was felt there was still merit for area meetings.

A Member raised his concerns regarding the closure of kitchens and the provision of microwave meals in the west of the county and the Chief Executive agreed to respond direct.

In response to a question regarding the wider Cumbria Health Economy it was explained that Healthwatch were sitting alongside organisations and key stakeholders to ensure there was a credible engagement plan. They were also part of the North Programme Board and the Health and Care Alliance.

The Chair thanked Mr Blacklock for an informative report which gave rise to a number of concerns. It was agreed that a future report would include case studies as a follow-up to highlighted problems.

RESOLVED, that

(1) the report be noted;

(2) the Healthwatch report be considered first at all future meetings;

(3) further information on complaints procedures, including key public concerns and mental health services, be made available to a future meeting;

(4) case studies be made available at a future meeting;

(5) an update on care homes be made available to a future meeting.

10 CLINICAL COMMISSIONING GROUP UPDATE

(Mr P Rooney attended for this item of business).

Mr Rooney asked that the Clinical Commissioning Group's (CCG) condolences be conveyed to the family of the late Mr Whalen.

The Committee received an update on Reiver House and were informed that it was anticipated the new service would be implemented by October. Members were informed that a date had not been agreed to close this to new admissions but the Committee would be kept fully updated.

The Chair confirmed that an Impact Assessment had been carried out by Scrutiny which concluded that the closure of Reiver House would not be a substantial variation in service, therefore, this could go ahead. He emphasised to the CCG the importance of prior notice of any matters in future.

The Committee then received an update on three specific issues:-

- Progress towards a Strategic Plan for the Local Health Economy
- The NHS Cumbria CCG performance framework
- The NHS Cumbria CCG Quality Framework

Members asked how assurances that services which were bought in produced quality outcomes, and were informed that standards for delivery of services were contractual standards set at national NHS contract with local additional standards. The Committee were informed that there were two main formal ways to review adherence by reporting performance measures and predominantly other quality systems ie patient safety and the CCG encouraged visits to healthcare services. They explained that they had no inspection or access powers, therefore, working in partnership with the Care Quality Committee and Healthwatch was important. GPs can also electronically submit very quickly quality of care which a patient had raised.

A Member raised a query regarding the Tenterfield site in Kendal and was informed that this was not owned by the CCG but a buyer had been sought and the occupants were actively moving out.

A discussion took place regarding the Better Care Together Strategy and it was explained that approval would be sought later in the month by the Programme Board. The key issues of the Strategy were outlined and currently there were six options being considered. The scale of the community service model and how quickly this could be implemented was being investigated.

A Member raised a query regarding the effects that a possible forthcoming election would have and was informed that this did not affect the Plan at present.

The Chair thanked Mr Rooney for his informative presentation and stressed the Committee's concerns regarding mental health issues and requested that they be kept informed of any issues.

RESOLVED, that

(1) the report be noted;

(2) an update on Reiver House be made to a future meeting of the Committee.

11 CARE QUALITY COMMISSION (CQC) UPDATE

The item was deferred until the next meeting.

It was agreed that this update would be discussed as one of the first items on the agenda at future meetings of the Committee.

12 UNIVERSITY HOSPITALS OF MORECAMBE BAY FOUNDATION TRUST

(Mr J Hutton, Mr A Cummins and Mr G Nasmyth attended for this item of business).

The Chair welcomed everyone to the meeting and asked that Committee's best wishes be passed on to John Cowdall.

The Committee received a report which provided Members with an update on key areas of the Trust.

Members were informed that the Trust had experienced a sustained period of pressure particularly in acute and emergency services where they were dealing with a higher volume of patients than previously. They were currently looking at the staffing structure in conjunction with other organisations. The Trust were presently on a permanent recruitment drive to reduce the number of locums and agency staff. The overseas recruitment campaign was proving beneficial.

A discussion took place regarding the Better Care Together Strategy and it was explained that this was clinically driven and was consistent with how out of hospital care needed to be delivered. Core teams had to be set up around locations and the core principal was to keep patients healthier longer in their own surroundings. The core themes would include:-

Single point of access
Referral support
Advice and guidance support

The Committee were informed that the financial results for April showed the Trust's finances were £247k worse than planned. The planned deficit was £2.417m, while the actual deficit was £2.664m. The main reasons were lower than planned income for day-case and elective work combined with a pay overspend, mainly due to the continuing use of agency staff. The Trust had a cash balance of £2.35m at the end of April. The first tranche (£1m) of Public Dividend Capital was planned to be received in June.

A question was raised regarding fines and the Committee were informed that they had amounted to just under £2m last year but explained that in terms of proportion of turnover this figure was standard in comparison to other Trusts.

The importance of regular engagement with the public was emphasised and the Committee were informed that a large proportion of local communities had been part of the Strategy through stakeholder events etc. The Trust informed Members that a concrete model would be available in early summer and acknowledged that further public engagement was important.

Particular concerns were raised in relation to rural tourist areas where a large proportion of the properties were either holiday or second homes. The Trust informed Members that rural community focus groups had been established to help highlight other similar issues.

A concern was raised regarding the cancer 62 day wait. It was explained that this was for referrals from GPs which included age-related cancer and agreed that decisions needed to be made as to whether the present pathways were still suitable.

The Committee raised concerns regarding the ambulance handover times at the Royal Lancaster Infirmary and was assured that measures were in place to rectify the figures.

It was highlighted that members of the public were unsure where to access services, therefore, publicity of access points was very important. Members were informed that it was anticipated that in each pathway development there would be a care communicator who would have access to patients records in order to be able to direct them accordingly.

The lack of facilities to pray at Furness General Hospital was raised and the Trust agreed to look into this.

The Chair stressed that it was key that out of hospital care was improved.

RESOLVED that

(1) the report be noted;

(2) a report be made to a future meeting.

13 COMMITTEE BRIEFING REPORT

The Senior Scrutiny Manager updated the Committee on developments in health scrutiny, the Committee's Work Programme and monitoring of actions following previous scrutiny recommendations not covered elsewhere on the Committee's agenda.

RESOLVED, that

(1) the report be noted;

(2) a single day review on Sight Loss Services be undertaken.

14 DATES OF FUTURE MEETINGS

It was noted that the next meeting of the Committee would be held on Wednesday 16 July 2014 at 10.00 am at County Offices, Kendal.

The meeting ended at 3.50 pm

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North West Ambulance Service NHS
NHS Trust

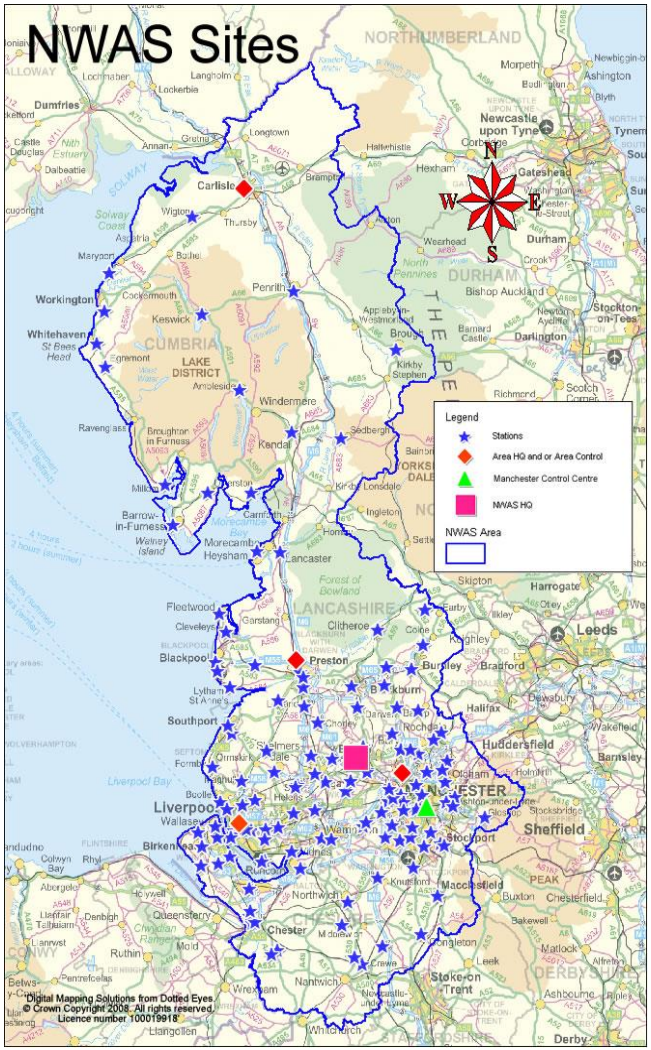
Delivering the right care, at the right time, in the right place

Cumbria Health Scrutiny Committee

Wednesday 16 July 2014

Salman Desai & Sarah Smith

NWAS Profile



- NWAS is geographically the largest NHS Ambulance Service
- Commissioned by 33 Clinical Commissioning Groups (CCGs) across the North West.
- The Trust employs over 4973 staff, and
- Operates from 127 locations

Key Facts:

- Population: 6.8 million
- NHS Trusts: 39 (27 of which are Foundation Trusts)
- 8 Mental Health Trusts
- 7 Specialist Trusts
- 23 acute trusts
- 46 Local Authorities

Delivering the right care, at the right time, in the right place

Call Categorisation – Background

- All calls go through our Advanced Medical Priority Despatch System (AMPDS)
- This determines the response required
- 6 Call Categories:
  - **Red 1** - Life-threatening requiring intervention and ambulance response
  - **Red 2** - Immediately life-threatening requiring ambulance response
  - **Green 1** - Serious but not life-threatening / Serious clinical need requiring ambulance response.
  - **Green 2** -Serious but not life-threatening / Less serious clinical need requiring ambulance response.
  - **Green 3** – Non-life threatening / Non-emergency - requiring telephone assessment/response
  - **Green 4** - Non-life threatening / Non-emergency - requiring telephone assessment

National Response Times

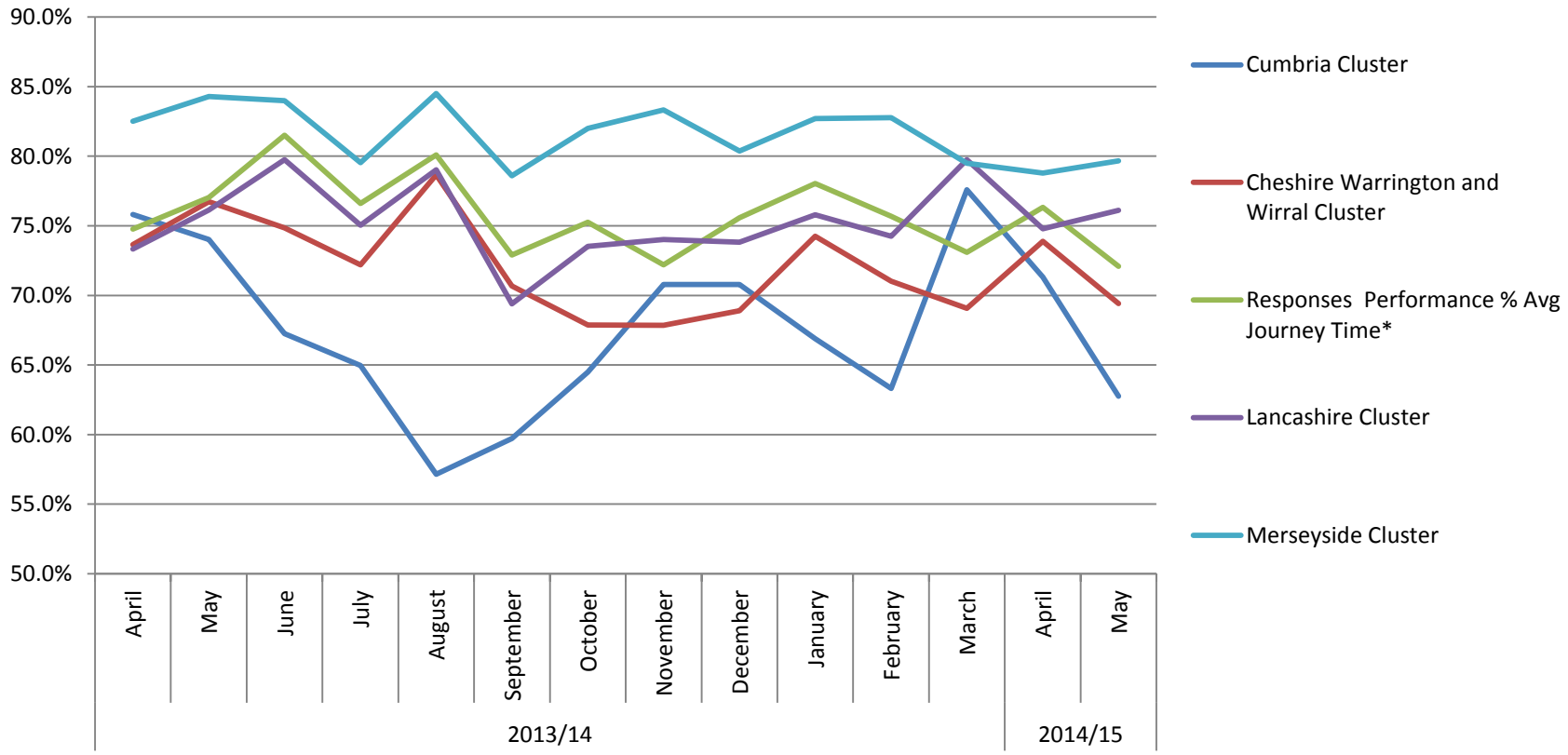
- Each category has a required response time
- Red Calls are measured and reported nationally
- **Red 1** 8 Mins 75% of calls & 95% within 19 mins
- **Red 2** 8 Mins 75% of calls & 95% within 19 mins
- **All Red calls** 95% within 19 mins
- **Green 1** 20 Mins
- **Green 2** 30 Mins
- **Green 3** 3 hours
- **Green 4** 4 hours

Performance 2013/14

	Red 1	Red 2	A19
NWAS	75.86%	77.43%	95.79%
Cumbria	67.72%	71.86%	89.69%

Comparative Performance for Red 1

Red 1 Performance - Cumbria vs NWAS Clusters



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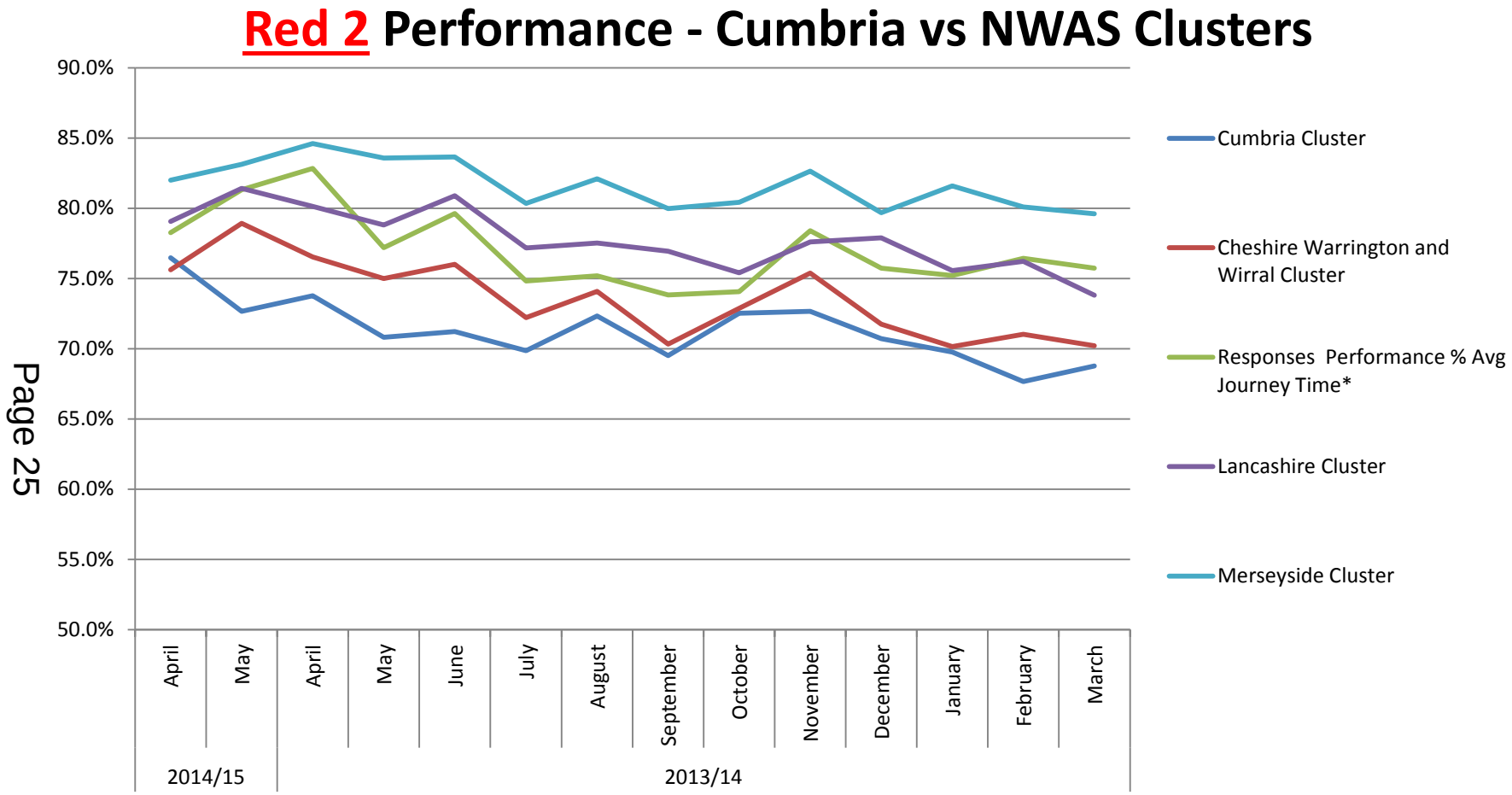
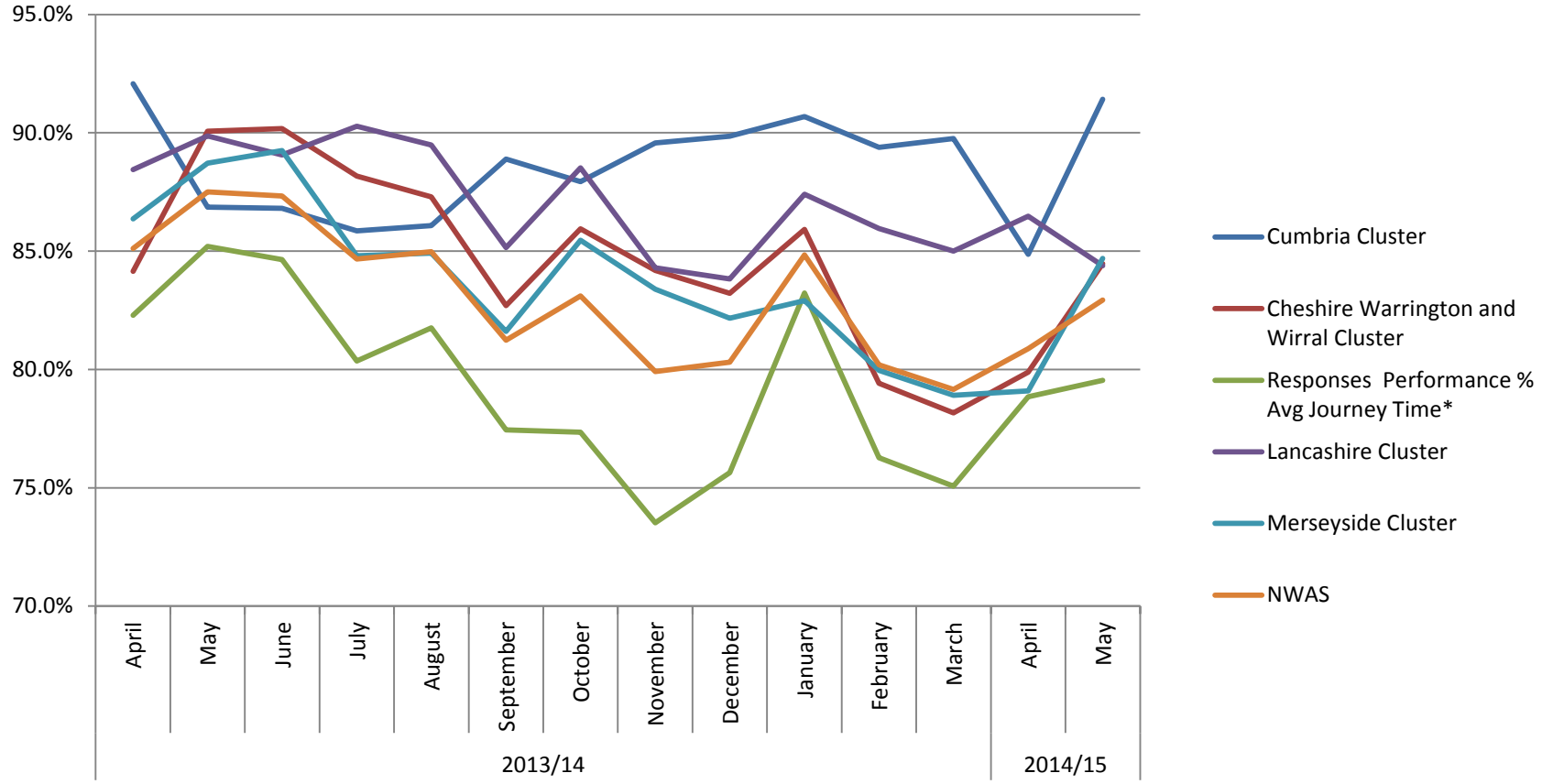
Comparative Performance for Red 2



Comparative Performance for Green 1

Green 1 Performance - Cumbria vs NWAS Clusters



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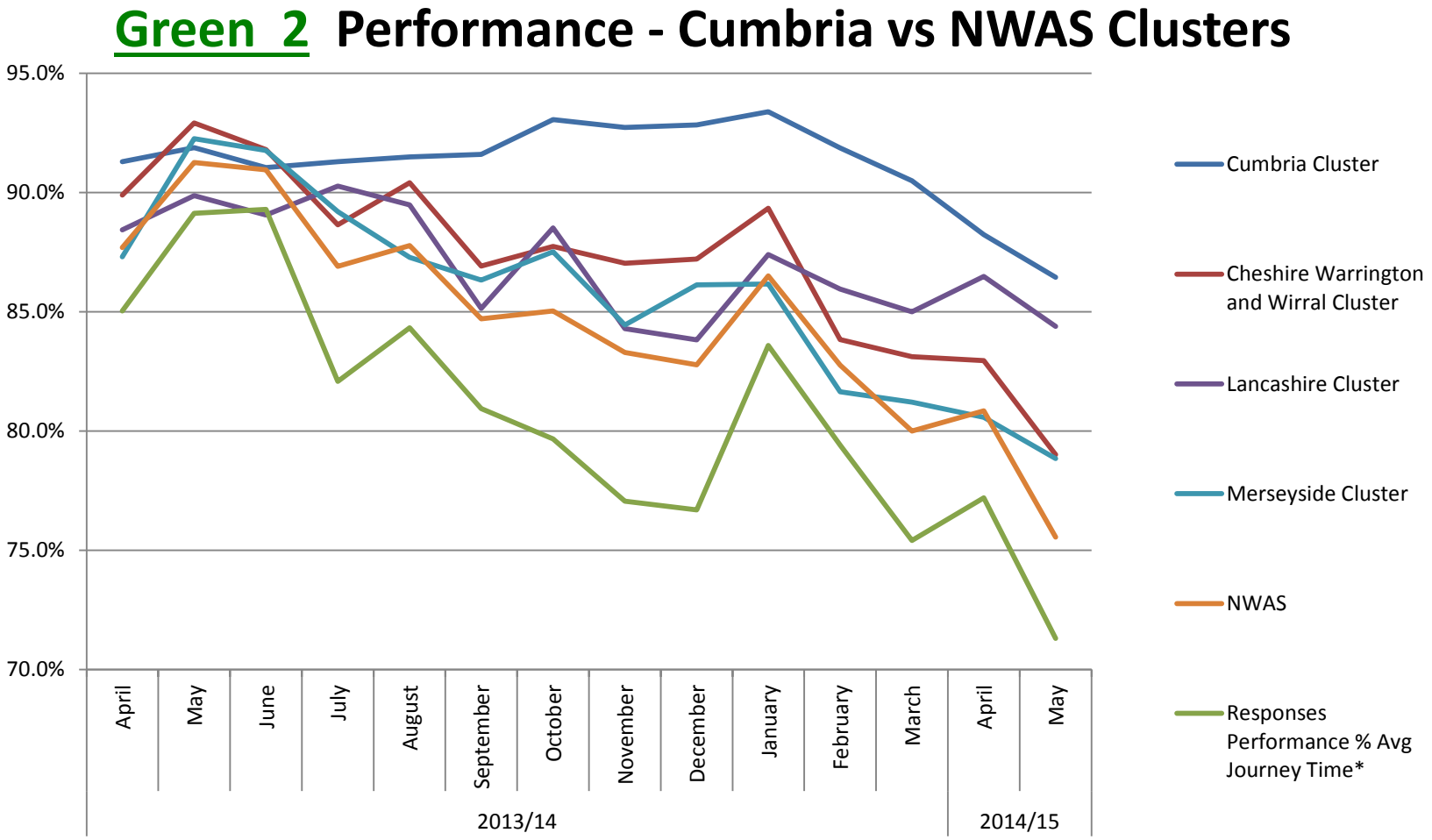
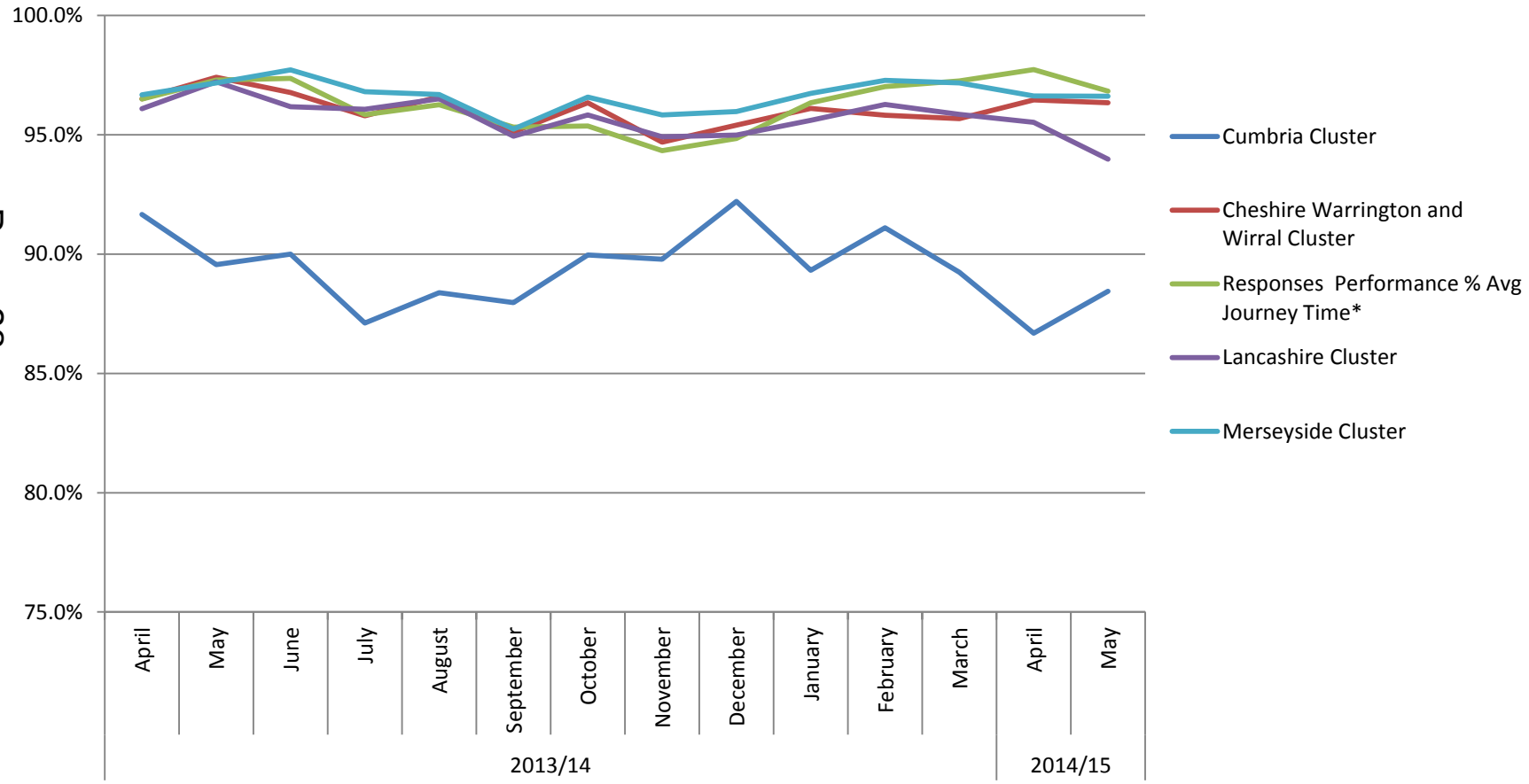
Comparative Performance for Green 2



Comparative Performance for Cat A

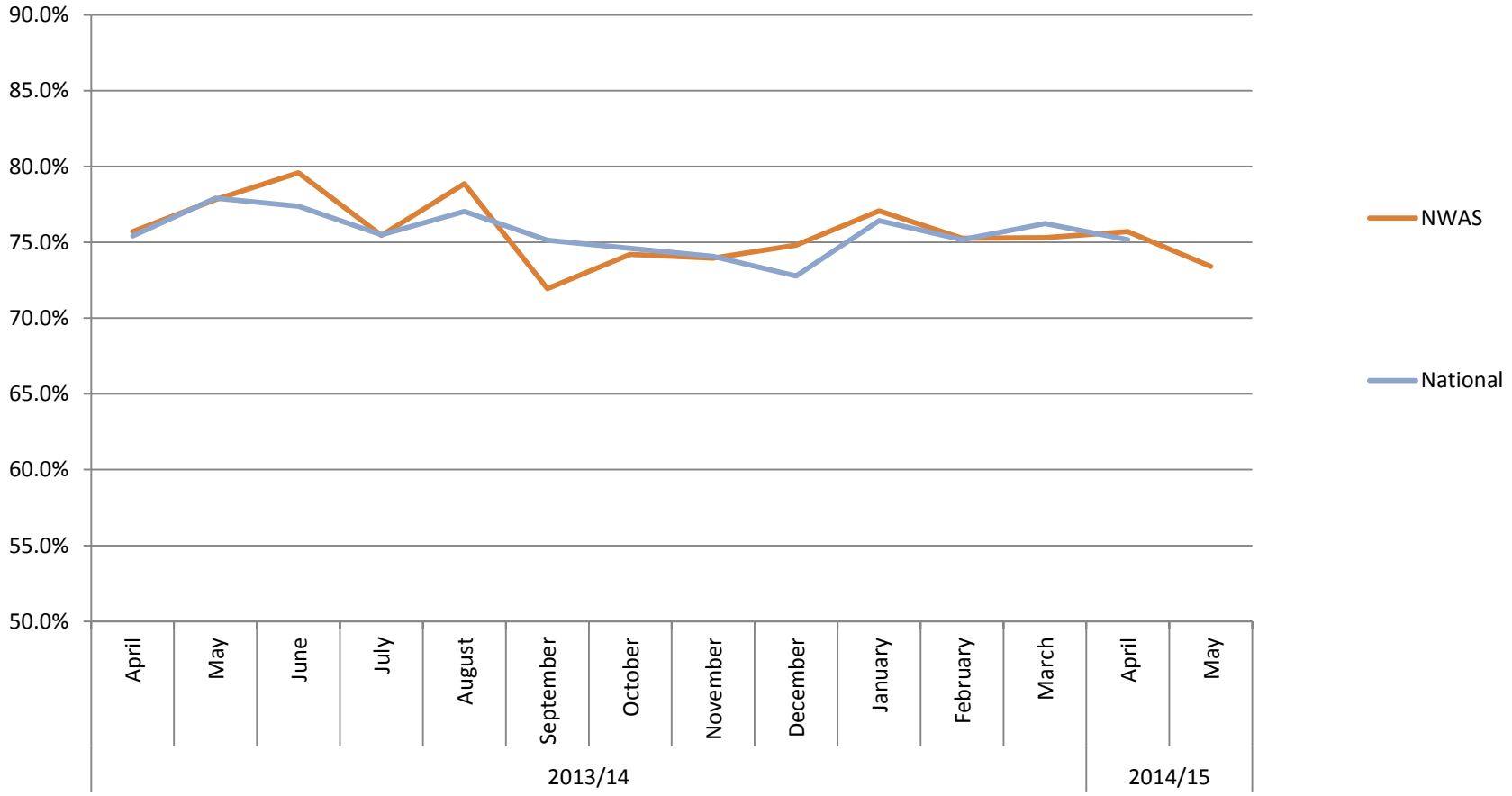
CAT A Performance - Cumbria vs NWAS Clusters



Delivering the right care, at the right time, in the right place

Comparative Performance for Red 1

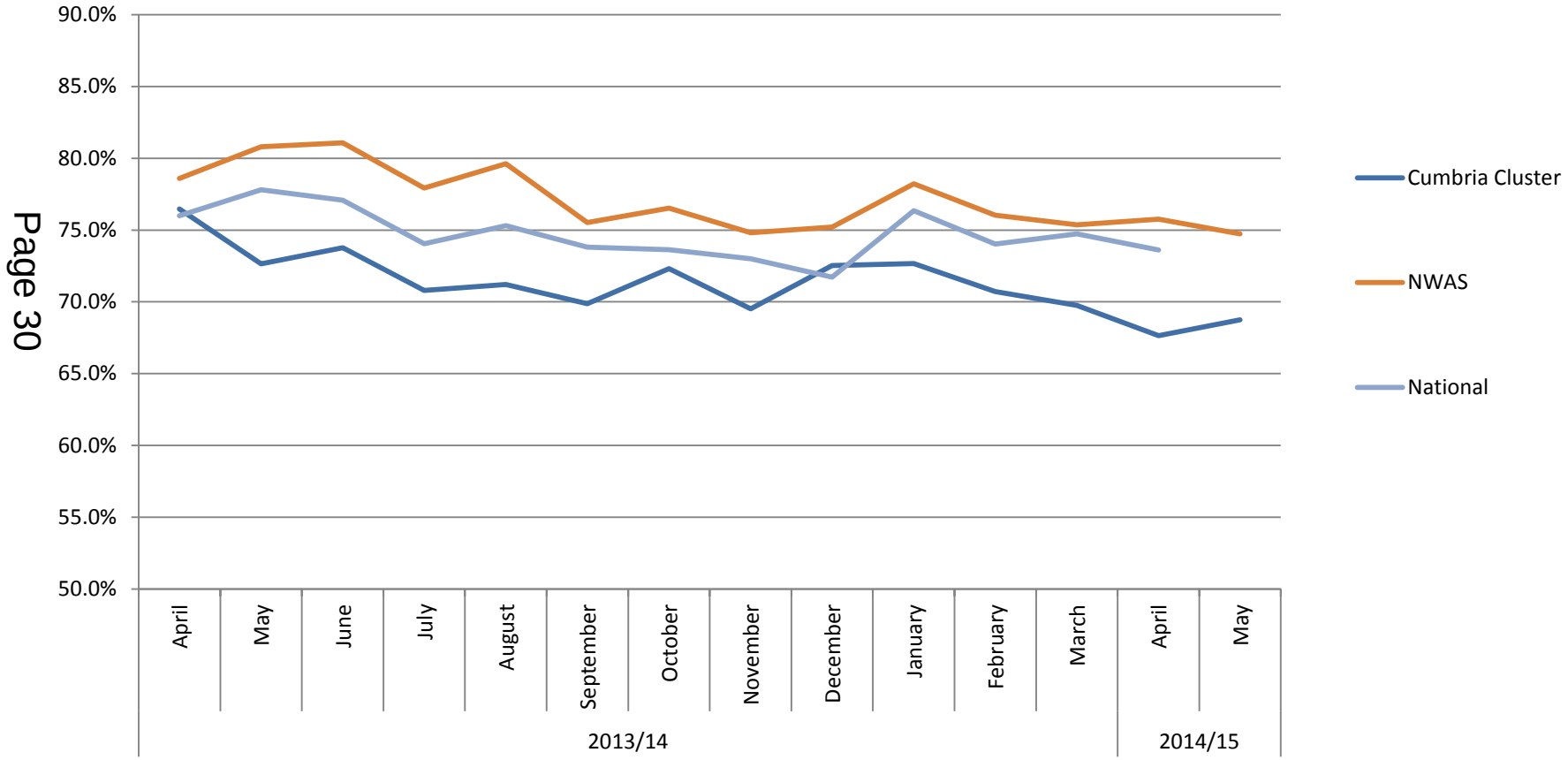
Red 1 Performance - NWAS v National



Delivering the right care, at the right time, in the right place

Comparative Performance for Red 2

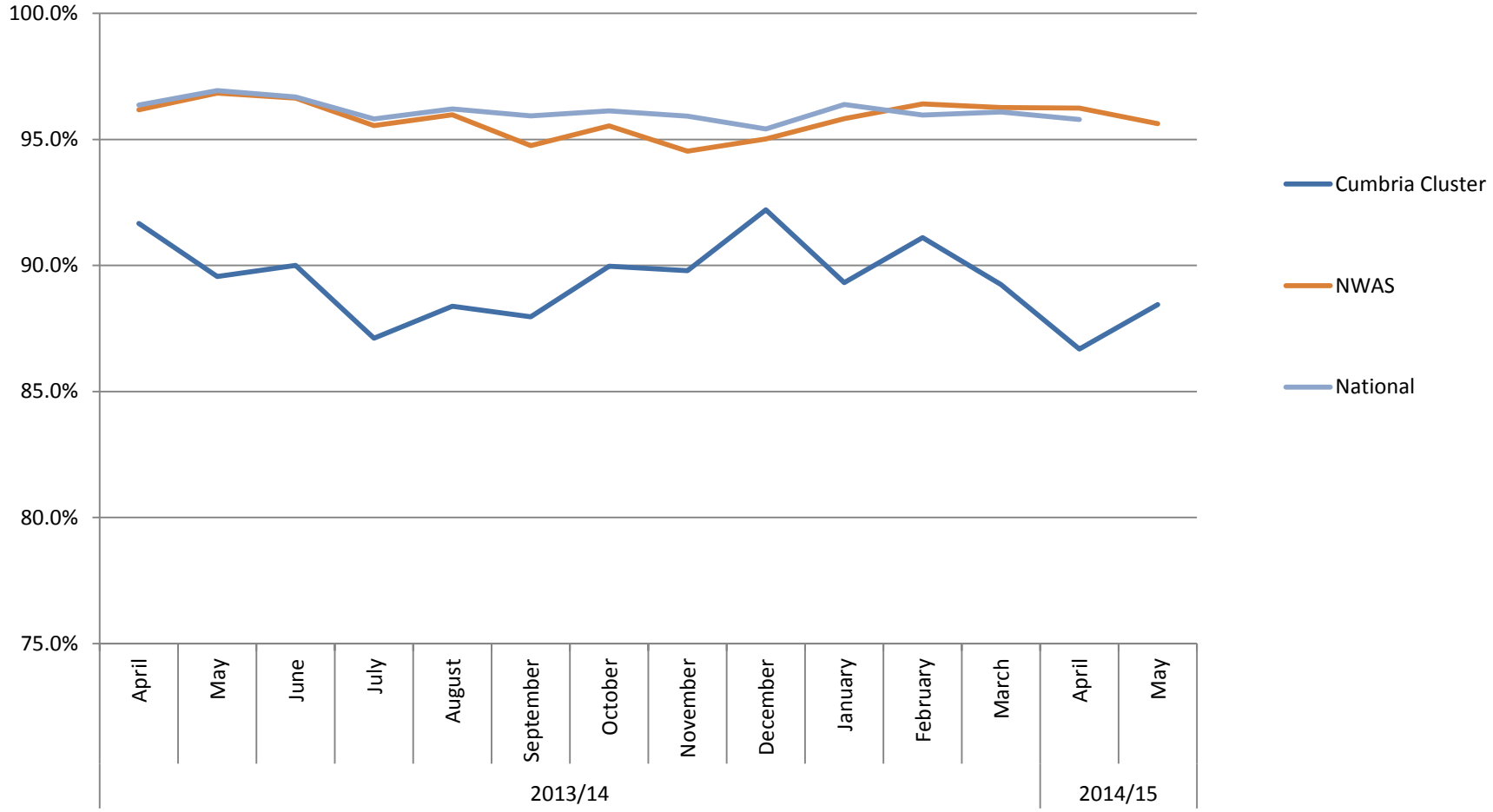
Red 2 Performance - Cumbria v NWAS & National



Delivering the right care, at the right time, in the right place

Comparative Performance for Cat A

CAT A Performance - Cumbria v NWAS & National



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R1 Responses 2013/14 - Comparison

Red 1	Cumbria	Cheshire	GM	Lancashire	Merseyside	NWAS
April	153	372	1145	615	492	2778
May	154	344	993	616	420	2528
June	174	338	892	578	431	2415
July	157	356	983	593	474	2570
August	161	356	914	610	413	2459
September	139	341	871	526	411	2292
October	138	330	958	612	350	2392
November	154	308	831	512	420	2227
December	154	389	1097	615	479	2736
January	157	330	956	504	399	2351
February	109	314	913	466	360	2163
March	125	333	974	474	439	2349
Total	**1775**	**4111**	**11527**	**6721**	**5088**	**29260**
Performance	**67.7%**	**72.2%**	**76.1%**	**75.3%**	**82.0%**	**75.9%**

Responses, Performance and Average Journey Times 2013/14

Red 1 – 2013/14

	Cumbria	Cheshire	GM	Lancashire	Merseyside	NWAS
Responses	1775	4111	11527	6721	5088	29260
Performance %	67.7	72.2	76.1	75.3	82.0	75.9
Av Journey* Times	05:11	04:32	04.19	04:24	03:55	04:22

Red 2 – 2013/14

	Cumbria	Cheshire	GM	Lancashire	Merseyside	NWAS
Responses	19761	53119	147174	74812	63795	359079
Performance %	71.9	74.0	77.1	78.1	81.9	77.4
Av Journey* Times	05:13	04:53	04:33	04:27	04:11	04:33

*** The journey time is based on how long the first appropriate emergency response takes to reach the scene of the incident once it is mobile.**

Delivering the right care, at the right time, in the right place

Performance Improvement Plan

- *Key themes:*
  - Explore options for alternative pathways within Cumbria
  - Use of GP Acute Visiting Service to avoid hospital admissions
  - Work with Primary Care colleagues on timings of admissions
  - Education for Health Care Professionals on booking ambulance transport

Complaints
County v Trust breakdown

CUMBRIA COMPLAINTS : 224 FOR 2013/14

Service	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
PES	8	4	5	9	7	5	6	9	5	4	9	13
PTS	19	8	8	18	9	9	7	7	9	8	21	17
Total	**27**	**12**	**13**	**27**	**16**	**14**	**13**	**16**	**14**	**12**	**30**	**30**

TRUST COMPLAINTS : 2080 FOR 2013/14

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Total
Cumbria and Lancashire (CAL)	72	47	49	68	47	69	74	62	51	60	86	79	**764**
Cheshire and Merseyside (CAM)	90	65	60	63	62	62	62	68	51	66	107	97	**853**
Greater Manchester (GM)	30	33	21	31	25	29	43	27	31	35	32	37	**374**
Trust Wide	0	1	0	0	0	0	0	0	0	0	0	0	**1**
111 Service Call Centres	0	0	0	0	0	0	0	9	21	26	19	13	**88**
Total	**192**	**146**	**130**	**162**	**134**	**160**	**179**	**166**	**154**	**187**	**244**	**226**	**2080**

COMPLIMENTS
(County v Trust Breakdown)

CUMBRIA COMPLIMENTS: 179 FOR 2013/14

Breakdown	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Total
Community First Responder	0	0	1	1	0	0	0	1	1	0	1	0	5
Paramedic Emergency Services Operations	17	15	17	18	18	8	22	17	11	7	12	5	166
Patient Transport Services Control	0	0	0	0	0	0	1	0	0	0	0	0	1
PTSCP	0	0	0	0	0	1	0	0	0	0	0	0	1
Patient Transport Services Operations	1	0	0	2	0	0	0	1	0	1	0	0	4
VCS	0	0	0	1	0	0	0	1	0	0	0	0	2

TRUST COMPLIMENTS: 1082 FOR 2013/14

	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Cheshire	9	5	6	18	20	6	14	13	7	16	11	10	135
Cumbria	18	15	18	22	18	9	23	20	12	8	13	5	181
Greater Manchester	18	14	19	20	13	14	15	13	16	21	25	17	205
Lancashire	32	23	27	30	26	20	31	26	27	35	36	29	342
Mersey	18	19	11	21	18	11	17	16	18	26	24	16	215
111 Service Call Centres	0	0	0	0	0	0	0	0	0	3	1	0	4
total	95	76	81	111	95	60	100	88	80	109	110	77	1082

Reduction in ambulance cover
CIP: Background and Context (1)

- NWAS like all other partners in the NHS and the public sector, is required to achieve cost savings. In our case, we need to achieve in 2014/15 circa £13.8m. Whereas most of this has been achieved through non-operational savings, a small portion has been identified to come from operations. In the case of Cumbria and Lancashire that figure is £600k. The Penrith reduction equates to a saving of £52k
- It is the intention of NWAS to remove some cover in Penrith which will see a reduction of 35 hours taken over seven days per week between the hours of 0200hrs and 0700hrs. This will result in a reduction of one paramedic post which will be achieved by a reduction in vacancies.
- For several years now NWAS has communicated its desire to change the service delivery model. This is described within the Trust's Long Term Financial Model (LTFM) and its Integrated Business Plan (IBP). These documents assist to describe the change in the emphasis for NWAS to develop its urgent care agenda.
- The objective is to reduce the numbers of patients who attend EDs and ensure patients receive the right care at the right time and in the right place. Through the initiatives of Hear and Treat, See and Treat and Treat and Convey we can ensure that those patients who need alternative care pathways can be signposted to them and those who really need to be in hospital can arrive there in a timely fashion. Our Red 1 – life-threatening calls only account for 38% of our overall activity.

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Reduction in ambulance cover
CIP: Background and Context (2)

The criteria for considering resources for removal were agreed as follows:

- Patients' needs must be foremost in the decision to reduce resources
- Vehicles should only be removed from multiple vehicle stations so that total cover is not diminished
- Use of Unit Hour Utilisation information must be reviewed
- Where possible, the sites to be considered should have vacancies to absorb displaced staff
- Political, and community feedback should be considered.
- Ensure that neighbouring sectors/areas changes will not adversely impact on each other
- Consider if new ways of resourcing can be implemented to minimise impact i.e. create UCS ambulances from IT ambulances.

Considering the above, Penrith provides the following cover:

- 1 x 24 hour emergency ambulance seven days per week
- 1 x Urgent Care Service ambulance (mixed hours to match demand 37.5 hours per week average)
- 1 x 24 hour Rapid response Vehicle (RRV) seven days per week
- Senior clinical support
- Operations Manager

Reduction in ambulance cover
CIP: Background and Context (3)

For Penrith, the midnight to 8am activity figures for the Penrith RV for the last two weeks in April are as follows:

20 April – 1 (Red 2)
21 April - 0
22 April - 0
23 April - 0
24 April – 1 (Red 2)
25 April - 0
26 April - 0
27 April – 2 (1x Green 2 & 1x Red 2)
28 April – 1 (Red 2)
29 April – 1 (Green 2)
30 April – 1 (Red 1)

The table shows the number of incidents responded to by the Carlisle ambulance between the hours of midnight to 7am in the Carlisle city council area for the month of April. Red 1 &2 being the most serious life-threatening calls. As you can see, the number of responses can differ from the number transported, this can be for a number of reasons, such as, the patient was not as seriously ill as thought and did not need hospital treatment, the patient refused to go to hospital or the patient made their own way to hospital.

Category	Responses	Transported
Red 1	5	5
Red 2	76	67
Red Total	81	72
Green 1	9	8
Green 2	62	49
Green 3	24	18
Green 4	21	19
Green Total	116	94
Grand Total	197	166

Community First Responders

Recruitment Process

- We follow the NHS Employment Check, which complies with the 6 core standards
  1. Identity
  2. Right to work
  3. Professional registration and qualifications
  4. Employment history and reference
  5. Criminal record and barring
  6. Work health assessments

Ongoing Support

- Local Team meetings and area support groups
- Team leader from within the local team
- Field Trainers from local Teams
- ¼ Team leader area meetings attended by area Resuscitation manager
- ¼ field trainer development and update days
- Regional forum meeting every 6 weeks lead by the trust assistant medical director attended by all NWAS community Resus Managers and area reps from CFRs which Cumbria have 3 positions held
- Dedicated NWAS Community First responder Website
- E learning modules
- Annual practical reassessments carried out by Paramedic or EMT 2
- Annual CPD plan
- On line discussion forum
- Monthly contact by Clinical lead
- Annual CFR conference
- ¼ Team CFR team brief
- Equipment distribution for replacement of consumables
- Latest Communications device to ensure the safety of CFRs whilst responding
- Dedicated CFR desk 24/7 responsibly for all issues whilst CFR is responding
- Welfare referral system
- Access to on call NWAS manager out of hours
- Support centre 24/7 for faults relating to new communications device

Update on Millom

- CCG led workshop to design new services for Millom – NWAS involved as a partner organisation
- NWAS Invited to join the Millom Alliance Group with CPFT, UHMBT and Waterloo House Surgery to become partners and lead on new service design for Millom
- Working Groups to provide clinical, estates, IT, finance, workforce and communication/engagement plans for steering group business case
- Business Case to be Produced by the end of July

Millom Project: NWAS' Involvement

- Membership of the Millom Alliance Steering Group
- NWAS Staff allocated to Clinical and Estates work streams
- Activity Data analysis completed and submitted for assessment and consideration
- Possible alternative clinical pathways being assessed for availability in the new model to reduce conveyance rates and treat patients closer to home
- Any new model to be considered in line with Better Care Together plans

Alston Agency Ambulance

- NWAS has worked closely with the CCG, local community and the Parish Council to a agree a safe and sustainable model for Alston Moor
- 24 applications received
- We have just completed the recruitment process
- The training will start in August/September
- The current Agency Ambulance will continue to operate until a retained ambulance is implemented

Urgent Care Desk

What is Urgent Care:

"Urgent and emergency care is the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly."

What does the NWAS Urgent Care Desk do:

- Has an extended role in the delivery and coordination of Urgent Care services across the whole of the North West footprint
- To enhance the provision of telephone based clinical advice
- Increase the number of patients receiving safe care closer to home
- Ensure patients are conveyed using transport options that are commensurate with their clinical need

Paramedic Pathfinder Tool

- Paramedic Pathfinder (Trauma and Medical versions) is a clinically safe triage and evidence based process, which enable NWAS Paramedics to accurately assess an individual patients care needs, on scene.
- The Pathfinder Project Implementation Team have worked in collaboration with Care Commissioners and Providers, to develop and implement a range of care pathways and referral schemes, enable patients to receive appropriate care, in line with their immediate and specific health and care needs.

Assessment via Paramedic Pathfinder will generate 1 of 4 potential outcomes;

- Transportation to hospital or urgent care centre
- Referral to a GP Referral Scheme (or Acute Visiting Scheme)
- Referral to Community Healthcare (via the patients personal Care Plan or direct referral to a condition specific referral scheme, in their area)
- Access to self-care advice

Paramedic Pathfinder Update

- Current statistics show that since the implementation of Pathfinder as a mandatory process for Paramedics, non-conveyance rates have increased by 7%, which means that an additional 44,000 patients received appropriate safe care, closer to their home and have avoided an unnecessary trip to hospital

Community Care Pathways and Individual Care Plans

- Over 140 Community Care Pathways and Referral Schemes are in place, throughout the North West.
- Over 3,700 Community Care Plans have been created by community healthcare professionals and alerted to NWAS, to alert Ambulance Crews on route to the patient's home.

GP Referral & AVS Schemes

- Currently 24 GP Referral and AVS Schemes in place, covering over 80% of the NW population.
- Nearly 11,000 patients have been referred to GP schemes in their local area.
- A joint initiative between the North West Ambulance Service (NWAS) NHS Trust and Mastercall Healthcare won the NHS Alliance Acorn Awards 'best example of integrated primary care' category

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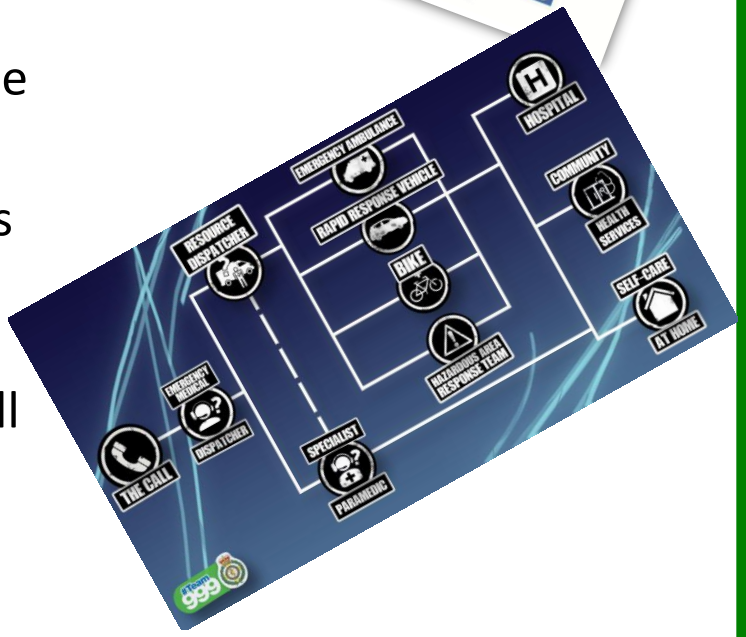
Communications and Engagement – #Team 999

- The #Team999 campaign launched last year to educate the public about what to expect from us when calling 999.
- Not all calls require an ambulance to be dispatched or a trip to hospital; some patients may receive care within the community and others could be given self-care advice over the phone.
- #Team999 highlights the various care options available to patients and is made up of seven representative members; who ultimately determine which route of care the patient will follow
- www.nwas.nhs.uk



Delivering the right care, at the right time, in the right place

NWAS – Going from Good2Great

Trust launches its five year business plan

We are about people. We are here to serve the community of the North West and provide care to those patients that need us by delivering the **Right Care**, at the **Right Time**, in the **Right Place.**

We are already a **good** organisation, with **good** staff and a **good** reputation… and we want to be even better. This is our five year plan to be **great**.

We want to ensure the **NHS culture of caring** underpins everything we do by:

- **Delivering safe care closer to home**
- **A great place to work**
- **Cause no harm**

Plan circulated to stakeholders

Dedicated website
www.good2great.nwas.nhs.uk

Feedback: g2g@nwas.nhs.uk

NHS Culture of Caring

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Delivering the right care, at the right time, in the right place

CUMBRIA HEALTH SCRUTINY COMMITTEE
Meeting date: 16 July 2014

UPDATE REPORT – CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST

This report has been prepared in the new format approved by the committee at its last meeting.

PATIENT EXPERIENCE

This section of the report summarises the complaints, compliments and feedback received by the Trust during the year 2013 and 2014.

Compliments

The Trust received and recorded 3,379 compliments compared with 1,947 in 2012/13, an increase of 76%.

Complaints handling

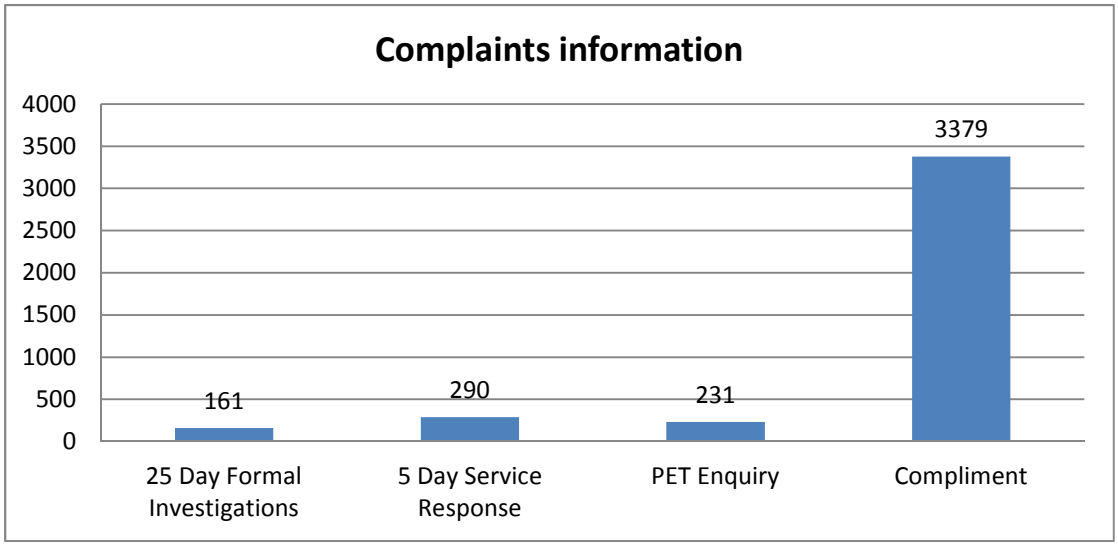
Complaints remain an important source of information about our patients' experience and the care we provide. We have fully investigated all complaints received, in line with Trust policy, and we have continued to improve the complaints process in the Trust.

We now place more focus on early resolution. We make immediate contact with the complainant and aim to complete the complaint process to their satisfaction within five working days. If the complaint cannot be completed within the five days it is moved to the formal process of 25 working days. If a complaint cannot be completed within the 25 days, we ensure the complainant knows why there is a delay and when we expect to respond.

We co-ordinate complaints involving more than one organisation in line with county joint complaints protocol. The agreed 'lead organisation' aims to provide one collective response to the complainant.

Learning lessons from complaints is a priority for the Trust. All recommendations following complaint investigations are actioned within the Corporate and Local Clinical Governance arrangements. All formal complaints and investigation reports, including recommendations, are approved by the Locality Manager, Head of Patient Experience and Director before the Chief Executive reviews and signs the final response.

Complaints information for 2013/14;



Formal complaints

The number of formal complaints received, including joint complaints with other organisations in the year 2013/14 was 161 compared with 146 the previous year which is an increase of 10%.

The number of five-day service complaints received in the year 2013/14 was 290 compared with 304 in 2012/13, a reduction of 5%. The total number of all complaints for 2013/14 is 451 compared with 450 in 2012/13.

Outcome of formal complaints

Of the 161 formal complaints received, 71 (44%) of the complaints were upheld compared with 95 (65%) upheld the previous year.

There were 19 (12%) complaints still under investigation at the end of the period.

The top three themes of all complaints received in 2013/14 and investigated are:

- Appointments
- Clinical treatment
- Communication and staff attitude.

Appointments

There have been themes arising from complaints about the Community Mental Health Teams relating to staffing, inability to obtain appointments and staff capacity issues.

Clinical treatment

Within clinical treatment complaints can reflect that services provided are not meeting client expectations. Out-of-hours service provision and working seamlessly with other organisations, including discharge and transfer of patients, is also a trend.

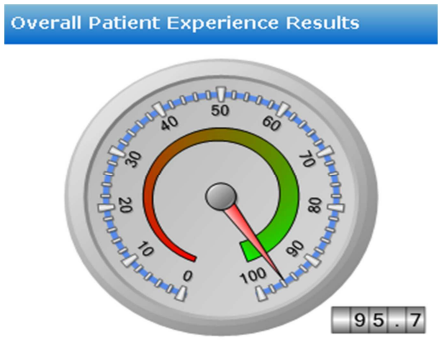
Communication and staff attitude

When clients cannot access services, or do not believe they are receiving the standard of services they believe they should, communications between staff and clients become strained. Excellent customer care and awareness of our communication impact on patients and carers are areas where further work should be carried out.

Time taken to respond to formal complaints

Number of days taken to respond to complaints	Formal complaints	%
≤ 25 working days	59	37%
≤ 35 working days	43	27%
≤ 45 working days	15	9%
≤ 55 working days	7	4%
≥ 55 working days	18	11%
Outstanding as at 31 March 2014	19	12%
	161	100%

Inpatient Discharge Feedback for May 2014, the overall patient experience for the month of May is 95.7%.



Overall patient experience feedback based on 177 responses.

The charts below highlight the overall results for the questionnaires completed by patients in the Trust's inpatient wards on discharge; there were 304 discharges and 177 questionnaires were completed giving a 58% return rate which is a decrease from 67% in April 2014.

The chart below shows the results have improved for all 15 questions and they are now all scoring above the 90% benchmark set by the Trust;

We would like you to think about your experience in the ward where you spent most of the time during your stay in hospital						
Question Text	**Jan 14**	**Feb 14**	**Mar 14**	**Apr 14**	**May 14**	**Benchmark**
1. How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	91	90	91	92	93	90
2. Over all, how satisfied were you with the standard of treatment you received from the service?	88	85	90	90	91	90
Total	89	87	90	91	92	90

Question Text	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Benchmark
3. When you were first admitted, did staff introduce themselves and were they friendly and welcoming?	100	99	100	97	99	90
4. When you were first admitted, were you given enough information about ward routines, meal times and visiting hours, call bell etc?	94	91	95	94	93	90
5. Did hospital staff ask you how you would like to be addressed e.g. by your first name or your second name?	92	93	92	92	96	90
6. If you were prescribed any new medication were you given clear information about the new medicine(s), including the purpose of the medicine and any side effects they might have?	94	78	92	86	90	90
7. Were you and any identified key people involved as much as you wanted to be in decisions about your care and treatment?	97	92	95	95	94	90
8. Were you and identified key people involved in planning your discharge e.g. family member, friend?	96	91	92	94	96	90
9. Were you given contact information should you be worried about your condition or treatment after leaving hospital?	91	96	93	93	92	90
10. When you had important questions to ask a member of staff were you able to talk to someone?	98	99	97	95	99	90
11. While you were staying in hospital did you ever share a sleeping area, e.g. a room or bay with patients of the opposite sex?	94	96	93	95	95	90
12. When the staff answered your questions, did you get answers that were easy for you to understand?	99	97	98	97	99	90
13. Before a member of staff carried out any treatment or care, did they ask you for your consent?	98	98	98	97	98	90
14. Did you feel that you were treated with privacy and dignity during your stay in hospital?	99	99	99	98	99	90
15. Do you feel that your cultural and spiritual needs were met?	98	94	99	99	99	90
Total	96	94	96	95	96	90

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Benchmark
Overall	95	93	95	94	96	90
Total Responses	220	214	231	251	186	-

QUALITY & REGULATION

The Trust regularly receives inspections from the CQC and Ofsted for the services provided. The outcomes from these inspections are usually positive.

The Trust has not participated in any special reviews or investigations by the Care Quality Commission during the 2013/14 year. Routine inspections of services have been carried out in line with usual CQC practice.

The CQC took enforcement action against Cumbria Partnership NHS Foundation Trust during 2013/14. This related to an initial unannounced inspection of the Ramsey Unit in Barrow on 10 October 2013. Following the concerns raised by the CQC the Trust was issued with two formal warning notices for Outcomes 4 and 13. The Trust immediately instigated a significant improvement plan to address these concerns. This plan was led and managed by senior clinicians, the ward manager and the locality senior management team. To follow up on the warning notices and compliance actions set following the initial inspection to Ramsey Unit, an unannounced re-inspection was conducted by the CQC on 11 December 2013. The inspection team reviewed the outcomes for which they had previously raised concerns. Following this re-inspection, Ramsey was found to be fully compliant with all CQC outcomes reviewed. The CQC also revisited the ward on 26 February 2014 to review Outcome 13 (staffing) and found that:

"There were enough qualified, skilled and experienced staff to meet people's needs. We found that staffing levels on the unit had been maintained to the higher ratios. The nurse in charge of the ward told us that staff numbers were monitored extremely closely to ensure that these corresponded with the assessed needs of the patients."

Regulatory inspections during 2013/14

The Trust received a number of inspection visits during 2013/14;

Kentmere Ward, Westmorland General Site, Kendal

On 8 May 2013, the CQC conducted an unannounced visit to Kentmere Ward on the Westmorland General site. The inspection, which covered four CQC outcome areas, was completed over a single day. The report identified that the unit was fully compliant with all four of the outcome areas inspected.

Dova Unit, Barrow

On 9 October 2013, the CQC conducted an unannounced inspection to the Dova Unit on the Furness General Site. The inspection report identified that the unit was fully compliant with two of the four outcomes that were reviewed – Outcomes 1 and 6. The inspection team had minor concerns about Outcomes 4 and 13. The CQC revisited the ward on 26 February 2014 and the CQC have indicated that there are no further concerns and that the ward is now fully compliant with all of the outcomes reviewed.

Brampton War Memorial Hospital

On 22 October 2013, the CQC conducted an unannounced visit to the inpatient ward to Brampton War Memorial Hospital. The inspection team looked at five outcomes. No concerns were raised during this inspection and the ward was found to be fully compliant with all outcomes reviewed.

Millom Community Hospital

On 22 October 2013, the CQC conducted an unannounced visit to the inpatient ward to Millom Hospital. No concerns were raised during this inspection and the ward was found to be fully compliant with all outcomes reviewed.

Ellerbeck Ward, Workington Community Hospital

On 22 October 2013, the CQC conducted an unannounced visit to the inpatient ward to Ellerbeck Ward on the Workington Community Hospital site. No concerns were raised during this inspection and the ward was found to be fully compliant with all outcomes reviewed.

Healthcare at Haverigg Prison

On 14 and 15 January 2014, the CQC conducted an announced inspection to the healthcare service at Haverigg Prison; the inspection lasted for two days and was part of a wider two-week prison inspection conducted by HM Chief Inspector of Prisons (HMCIP).

The inspection team has some concerns about some aspects of the services related to the space within the healthcare building to provide a range of services to patients/prisoners. It was acknowledged by the CQC that the Trust is dependent on the prison to provide them with adequate and suitable space to meet their requirements.

The Elms, Workington

This service has been registered with Ofsted since 2012. An Ofsted inspection was held on 26 September 2013. The overall effectiveness for this service was judged to be adequate.

Review of health services in safeguarding and children looked after services across Cumbria

From Monday 2 December 2013 to Friday 6 December 2013 the CQC conducted a review of health services in safeguarding and children looked after across Cumbria. Four CQC inspectors conducted the review, which was co-ordinated by NHS Cumbria, the Clinical Commissioning Group (CCG), and involved NHS England area team, University Hospitals of Morecambe Bay NHS Trust (UHMB), North Cumbria University Hospital Trust (NCUHT) and Cumbria Partnership Foundation Trust (CPFT). A number of areas of good and positive practice were highlighted through this report, as were a number of areas for improvement. The CCG have led on the

development of an overarching action plan for children's services across the county. This has now been submitted and approved by the CQC. The Trust's children's services are working hard to address the issues raised through this inspection.

PERFORMANCE

Attached to this report is a detailed report of performance across the Trust's services and overall as at the end of May 2014.

FINANCE

This report provides a summary of the Trust's financial performance for the period to end of May 2014;

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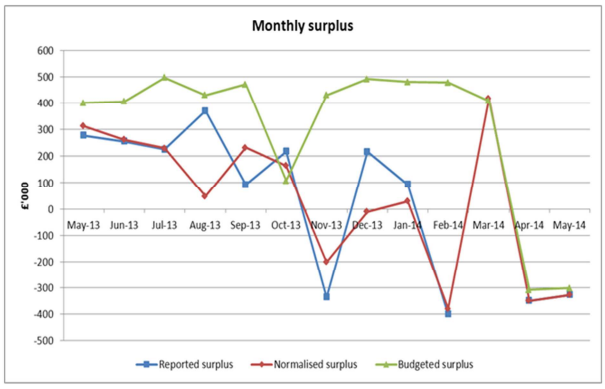
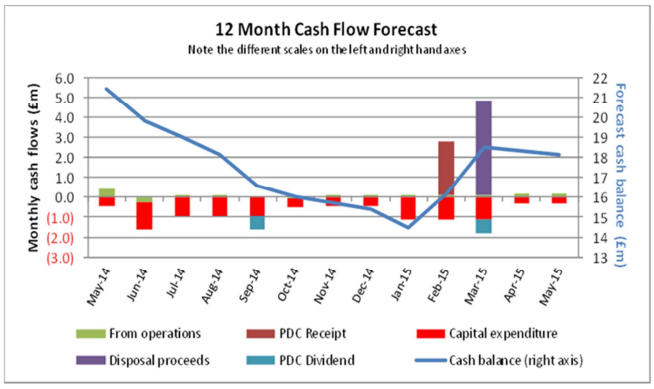
Executive summary





Income and expenditure summary

	Year to date			Full year		
	Budget £m	Actual £m	Variance £m	Budget £m	Forecast £m	Variance £m
Income	28.6	28.7	0.1	171.8	171.8	0.0
Pay	-21.0	-21.9	-0.9	-125.1	-125.1	0.0
Non pay	-6.3	-6.6	-0.3	-40.2	-40.2	0.0
Reserves & CIP	-0.9	0.0	0.9	-5.9	-5.9	0.0
EBITDA	**0.4**	**0.2**	**-0.2**	**0.6**	**0.6**	**0.0**
ITDA	-1.0	-0.9	0.1	-6.9	-6.9	0.0
Net surplus	**-0.6**	**-0.7**	**-0.1**	**-6.3**	**-6.3**	**0.0**
Exceptionals	0.0	0.0	0.0	0.0	0.0	0.0
Net surplus	**-0.6**	**-0.7**	**-0.1**	**-6.3**	**-6.3**	**0.0**

CSRR

KPI's (CSRR)	Year to date		Full year budget		Forecast outturn	
Indicator	Detail	Risk rating	Detail	Risk rating	Detail	Risk rating
Debt service cover	0.5	1	0.6	1	0.6	1
Liquidity	15	4	9	4	9	4
Overall risk rating		**3**		**3**		**3**

Capital expenditure

Capital expenditure in month £0.5m, year to date £0.6m (full year budget £9.7m); detailed budgets now profiled for full year.

The key issues are:

- Month 2 deficit of £0.3m, which is in line with budget
- Significant overspends, particularly on pay (ytd £1.0m), are offset by use of reserves; CIP achievement remains significantly below target
- The cashflow forecast indicates that the Trust will maintain adequate cash balances for the next 12 months; however, achievement of the target year end liquidity position is dependent on:

- achievement of income and expenditure budgets (including CIP)
- delivery of the IM&T strategy to ensure receipt of the second tranche of Technology Fund income
- asset disposals realised within year, in line with budgeted receipts

- The ***forecast*** year end position is a deficit of £6.3m.

Overall, the Trust has been able to deliver a small surplus in each of its previous years since being formed in 2007. However, increasing costs and decreasing income give a forward view that is much more challenging and the Trust will therefore be planning to reform how services are delivered to be more effective and efficient overall in future.

5 YEAR PLANS

The Trust continues to meet with and discuss future plans for services with the Alliance partners. Two public engagement processes have been commence; In South Cumbria the "Better Care Together" process has proved effective in bringing all parties together and the Trust is fully participating in this work. Similarly in North Cumbria the "Together for a Healthier Future" process is proving useful in developing plans for services.

The partners have all met to consider the overall Better Care Fund Plan for Cumbria. This session was useful in bringing provider organisations up to date with the BCF plan and provides a basis for the whole Alliance to take forward the plans together in future. The BCF plan has been approved by the county's Health and Wellbeing Board.

Overall, our forward 5 year plans have been prepared to align as much as possible to the overall commissioning strategy for Cumbria. In summary this strategy is to;

- Enable people to be fit and well for as long as possible.
- Enable people to be as independent as possible.
- Support people access services when and where they need them, as close to home as possible.
- Ensure our services meet the high standards expected of them in the context of contemporary and evidence based healthcare.

The Trust has summarised our forward plans in a single page as shown on the next page. We are developing detailed plans for all our services in line with the overall engagement processes listed above.

What we will achieve

People in our communities living happier, healthier and more hopeful lives.

How

Delivering quality and best value for our patients

Our Goals

1. Consistently delivering the highest possible quality of service we can achieve.
2. Realising the full potential of everyone we work with and talent of all our staff.
3. Transforming our services to improve them for the people we serve.

Our Priorities Now

Make real improvements in quality (experience, safety and outcomes) for our patients, carers and our staff.

Achieve the things that our commissioners and regulators expect us to as a valued statutory public service.

Introduce and embed more effective leadership and support for our services.

Positively change the way our organisation is run to place quality as our organising principle and to create a continuous learning culture.

Become more sustainable by designing future services with our partners and local communities that will transform care positively for patients.

How We Will Work Together For Patients

Care Groups

Children's and Family Services
Community Health Services
Mental Health Services
Specialised Services

→ **Improving Quality**
A Great Place to Work
Transforming Services

Improving Quality & A Great Place to Work

- ✓ Hearing the voice of the patient
- ✓ Developing a culture that supports quality
- ✓ A clear vision and shared values
- ✓ Aligned goals at every level
- ✓ Engagement for high quality care
- ✓ Learning, innovation and service improvement
- ✓ Teamwork, cooperation and integration
- ✓ Collective values-based leadership

Transforming Services

- ✓ Providing the most effective services possible (both in hospital and community settings).
- ✓ Modernising our services to enable people to be independent and in control of their own health and care.
- ✓ Adding value beyond direct health and care interventions.

Our shared values

We act with kindness
We are ambitious
We are fair
We show spirit

Living our values means;

- We never forget we are here for our patients.
- We never stop improving.
- We strive to bring about social equity.
- We are energetic, resourceful and determined.

Cumbria Partnership NHS

NHS Foundation Trust

Corporate Performance Report

Contents

Page 2 Improving Patient Safety

Page 5 Improving our services for the people we serve

Page 9 Realising the talent of our Staff

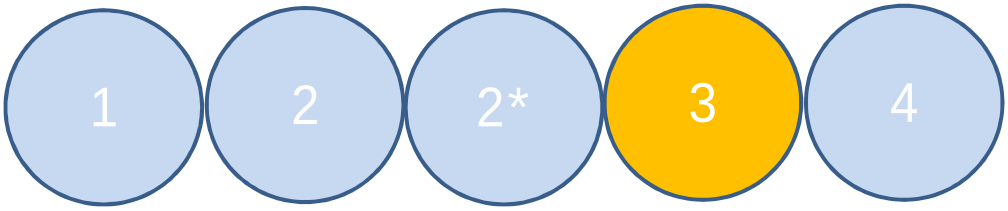
Page 11 Delivering the highest possible patient care

Page 13 Monitor Governance

Page 17 Actions

PROVIDER LICENCE:CURRENT MONITOR RATINGS

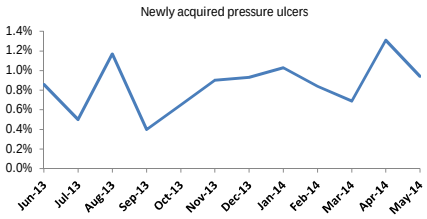
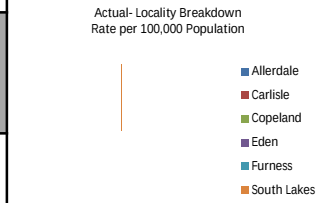
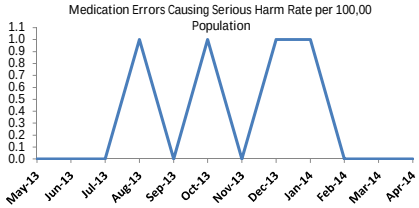
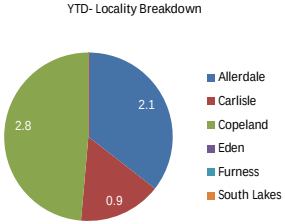
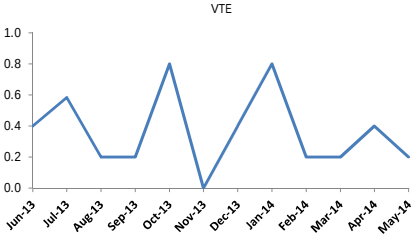
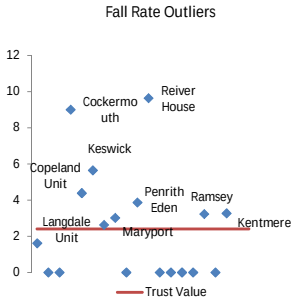
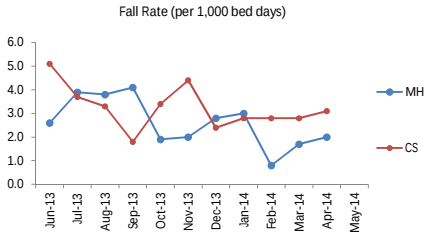
Monitor Continuity of Services Risk Rating



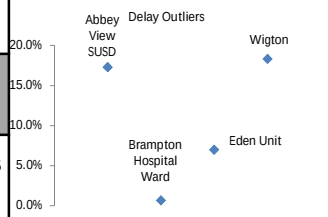
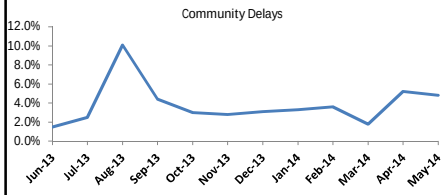
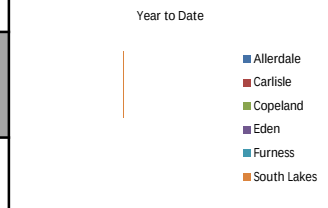
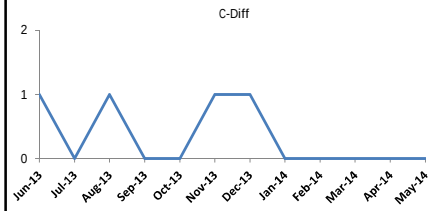
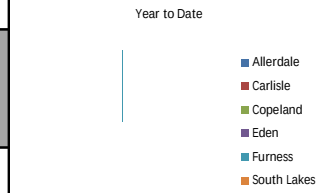
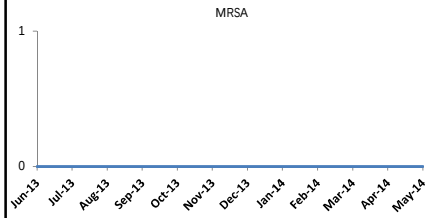
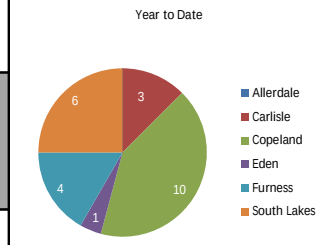
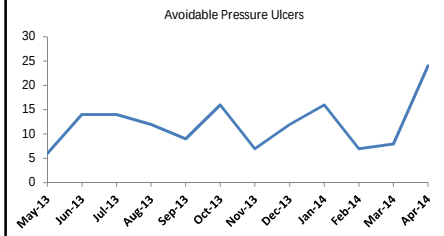
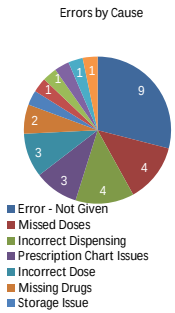
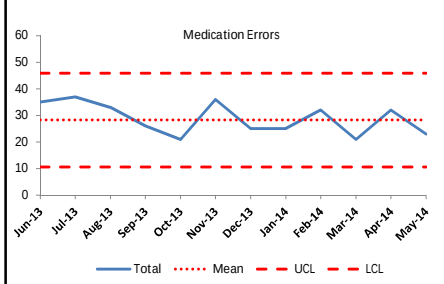
1 – Significant Risk
2 – Material Risk
2* - Level of Risk is Material but Stable
3 – Emerging or Minor Concern Potentially Requiring Scrutiny
4 – No Evident Concerns

Monitor governance rating	Red- Monitor has taken action, under the new licence for providers, to ensure that the trust deals with the continuing issues it faces.

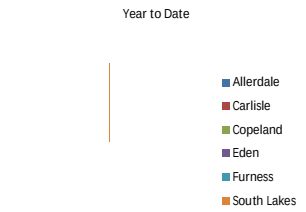
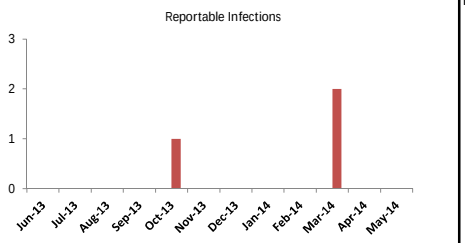
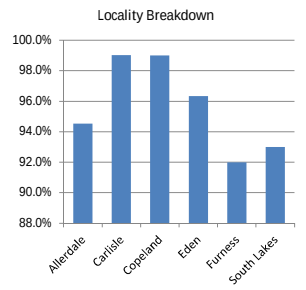
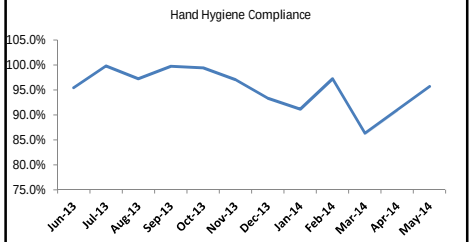
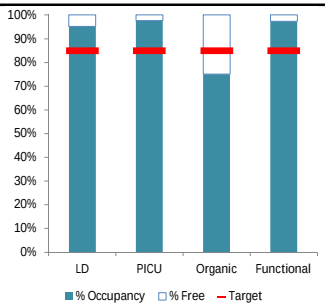
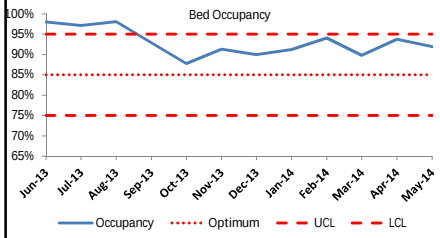
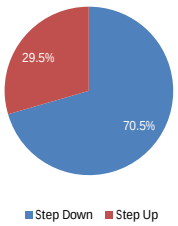
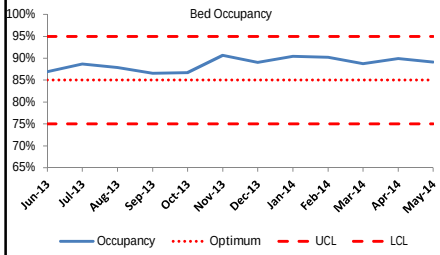
Improving Patient Safety

Corporate Performance Report	Current Month	Trend	Detail
Newly acquired pressure ulcers **Description** This indicator draws on the percentage incidence of newly-acquired pressure ulcers in categories 2 (partial thickness – skin loss or blister), 3 (full thickness, fat visible) and 4 (full thickness, bone visible), based on data from the NHS Safety Thermometer. **Outcome** Prevalence of newly acquired pressure ulcer remains below 2% however, a prevalence of 1.3% in the most recent audit is the highest experienced since data collection began in January 2013.	0.9%		Pressure ulcer commentary is provided under Reduction in the Number of New Avoidable Pressure Ulcers below
Medication errors causing serious harm **Description** Patient safety incidents reported to the National Reporting and Learning Service (NRLS), where: degree of harm is recorded as severe harm/death; and incident type is 'medication' by the NHS foundation trust. The rate is per 100,000 population. **Outcome** So far in the year 2014/15 there have been 0 medication errors confirmed that caused serious harm.	0.0			
Incidence of healthcare-related venous thromboembolism (VTE) **Description** Rate of admissions with VTE (drawing on Hospital Episode Statistics data, using proposed VTE ICD codes for pulmonary embolism (1260, 1260) and deep vein thrombosis (I800-03, I808-09, I821-23, I828-29, O223, O229, O871, O87.0, O87.9). The rate is age standardised per 100,000 population. **Outcome** May saw only 1 case of VTE in our community inpatient wards.	0.2			
Falls resulting in harm within inpatient areas (rate per 1000 bed days) **Description** Measurement is the only way to know whether a change represents an improvement, although there are challenges in using reported falls as an outcome measure, the rate of harmful falls per thousand occupied bed days is the recommended outcome measure. **Outcome** The falls rate increased to 3.1 for for community services. Wigton had the highest falls rate of 9.6 per 1000 bed days. Mental health falls rate have increased for the second month in a row, Kentmere saw three highest falls rate overall with a rate of 3.3 per 1000 bed days.	2.7			

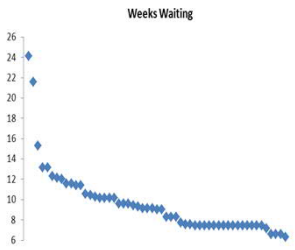
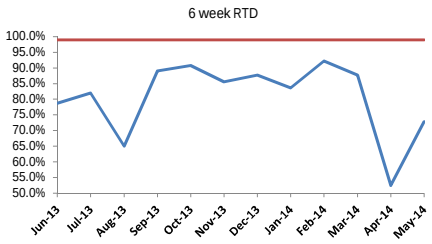
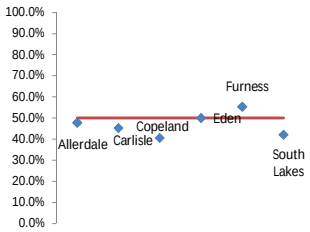
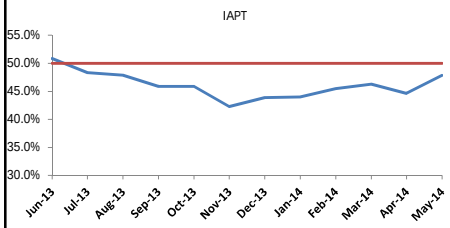
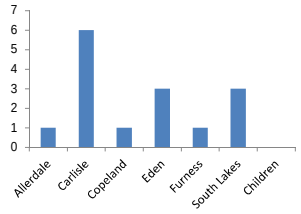
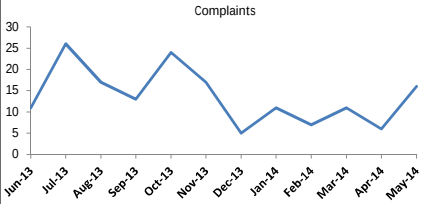
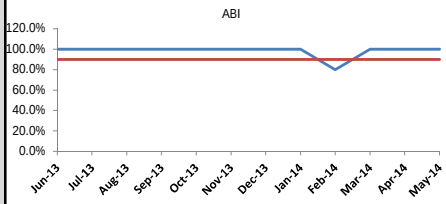
Improving Patient Safety

Corporate Performance Report	Current Month	Trend	Detail
% of Individuals who have had a delayed transfer- Community Services **Description** The Trust are required to ensure that delayed transfers of care or discharge is minimised and within the target level. **Outcome** Community delays are higher then any of the previous 7 months reported 5 wards experienced delays; Abbey View. Brampton, Eden Unit, Wigton and Workington.	4.8%			Last month in Furness the rate was higher 16% in May(20.5% last month) which was due to 7 patients being delayed at Abbey view – one dispute over a delay has resulted in a lessons learned exercise in the locality.
Clostridium difficile year on year reduction **Description** Tackling healthcare-associated infections, such as Clostridium difficile (C. difficile) is a key patient safety issue and is a priority for the Trust. This indicator measures the reduction in reported incidents. **Outcome** The last reported case of Cdiff was in December 13.	0			No cases reported since February
Meeting MRSA objective **Description** The MRSA objective applies to all NHS organisations to ensure patients receive clean safe care across the whole NHS. It requires the Trust to make the sustain their existing rate of reporting and strive for further reductions where possible. **Outcome** There have been no reported cases of MRSA in the previous 12 months.	0			No cases reported in the last 12 months
Reduction in the number of new avoidable pressure ulcers **Description** Pressure ulcers can be unpleasant, upsetting and challenging to treat. Therefore, healthcare professionals use a range of techniques that are designed to prevent pressure ulcers developing in the first place. Preventative treatment improves patient experience and reduces length of stay. **Outcome** The number of pressure ulcers reported is at its highest in 24 months.	24			Last month we reported 9 avoidable pressure ulcers. This has subsequently reduced to 6 after further information was received. During April there were 24 avoidable pressure ulcers reported. Further information is awaited on 7 of these. They occurred in Eden (1), Carlisle (3), South Lakes (6), Allerdale (0), Copeland (10) and Furness (4). A new pressure ulcer lead for District Nursing has started work in Copeland (a Senior Nurse / Advanced Practitioner) and has completed caseload reviews and is actively performance managing pressure ulcers which has led to an increase in reporting. The Keith Hurst audit identified Copeland as needing extra district nursing resource to address quality. Work is ongoing and this rise in pressure ulcer reporting was expected.
Number of reported medication errors **Description** **Outcome** The number of medication errors continues to fluctuate. The 3 most common causes for errors for the month of May were; Error- Not Given, Missed Doses and Incorrect Dispensing.	34			There were 12 medication errors reported in Mental Health Services. One was a new controlled drugs book started in error, one documentation error, one case of a patient misusing paracetamol, four cases of medication not given, one incorrect dose, one case of incorrect prescribing due to poor handwriting, two missed doses and one case of drugs misuse by a patient on home leave. There were 22 medication errors reported in Community Services. Six of these were medication errors in terms of what was given or not given at all, four cases of incorrect dispensing, two cases of incorrect doses, two cases of missed doses, two cases of missing drugs, three prescription chart issues, one stock discrepancy, one storage issue and one syringe driver issue.

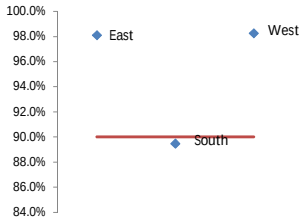
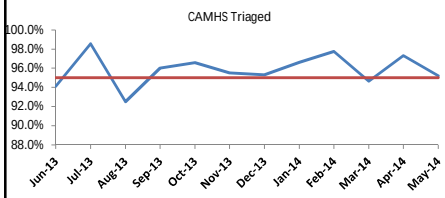
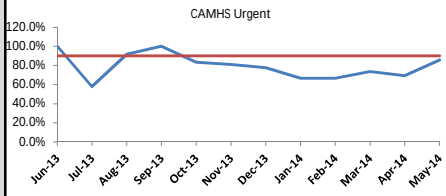
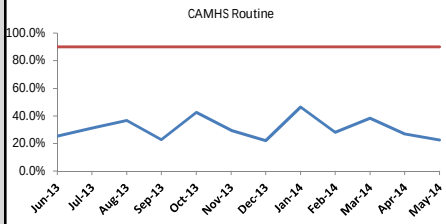
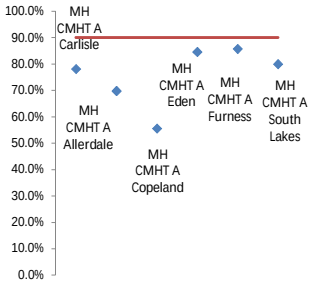
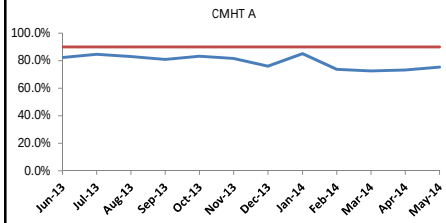
Improving Patient Safety

Corporate Performance Report	Current Month	Trend	Detail
Number of infections identified: Reportable (excludes C.Diff & MRSA) **Description** The number of reportable Health Care Acquired Infections patients have contracted whilst staying on our wards **0** **Outcome** There were no reportable infections in May 2014.			No cases in May
Hand Hygiene Compliance **Description** The purpose of this audit is to support inpatient areas in assessing the quality of hand hygiene technique performed by staff and in working with staff to improve their hand hygiene technique. **95.7%** **Outcome** The Target of 95% has been achieved for the first time since February 2014.			
Bed occupancy (excluding ward leave for MH) **Description** Bed occupancy rates reflect the ability of inpatient areas to provide safe efficient patient care. High occupancy levels negatively impact on the safe and efficient operation of a unit. **92.0%** **Outcome** Bed occupancy is high in 3 of the 4 categories of ward type. There were 25% of beds available in organic wards.			The graph shows the position for mental health and community wards. For mental health wards this varies between 10.1% for The Acorn Unit and 100% for the Kentmere Unit. The Ramsey Unit is at 61.3% with the other wards between 90% and 100%. There were ten service users referred out of county for MH Acute Care or PICU. Four of these were for Electroconvulsive Therapy (ECT), four were due to the lack of a bed in county, one was PICU (Psychiatric Intensive Care Unit) where there was no local bed and one was PICU with threats of violence. The protocol was followed in all cases.
Bed occupancy CS **Description** Bed occupancy rates reflect the ability of inpatient areas to provide safe efficient patient care. High occupancy levels negatively impact on the safe and efficient operation of a unit. **89.1%** **Outcome** Bed occupancy remains at around 90% and has done since November 13.			

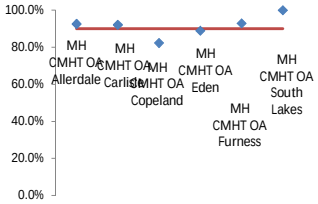
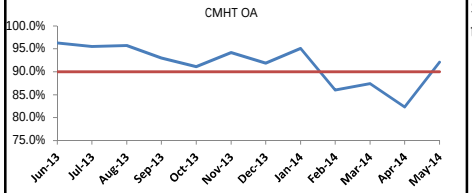
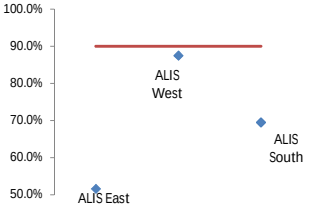
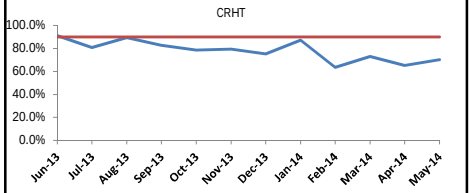
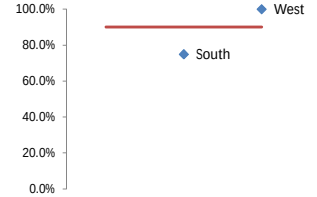
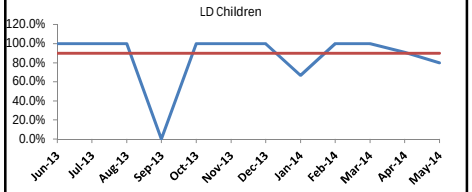
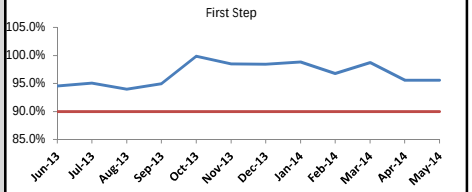
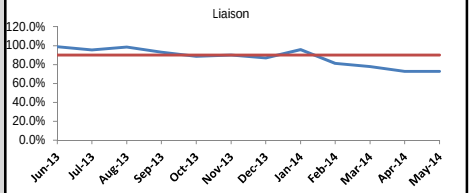
Improving our services for the people we serve

Corporate Performance Report	Current Month	Trend	Detail
6 Weeks referral to diagnostics **Description** Patients who are referred for a diagnostic test should wait no longer 6 weeks. **72.8%** **Outcome** The rate of patients who are waiting less than 6 weeks for a diagnosis has Improved follwing last month however still remians below target.			Performance has increased since last month. This reflects fewer meetings attended by the sole audiologist in the north and updating of systems. However in the next month pressure on the service will increase again as neither of the two successful applicants for the audiologist post accepted the position. The Trust is planning to discuss joint posts with the University Hospitals of Morecambe Bay NHS Foundation Trust. There is still no word from commissioners about funding the additional posts.
Improved access to psychological therapies **Description** The proportion of people with depression and/or anxiety disorders who complete treatment who are moving to recovery. **47.8%** **Outcome** Following from a decline in performance in Apri, May has seen performance return to the levels from the trend set between November and March			The recovery rate remains above the national average and has increased over the last 6 months however this may related to a previously observed seasonal trend (i.e. Trend of improved recovery rate across Q3 and 4 and subsequent worsening in Summer and Autumn). Much of this month's increase is explained by a significant rise in Copeland recovery rates. The county-wide proposed screening and assessment team has not yet commenced but is due to start June-Sept 2014 and this should make a difference several months post-introduction..
Complaints received by the Trust **Description** Complaints help the Trust understand patient experience and where patients feel they have not received appropriate or adequate care or treatment. This indicator monitors the number of complaints received by the Trust during the month. **16** **Outcome** The number of complaints received in May is the highest experienced since November 2013.			During May, the Trust received 16 complaints, these were Allerdale (1) Carlisle (6), Copeland (1) Eden (3) Furness (1), ALIS (1) and S Lakes (3). Trends in formal complaints are analysed by the Patient Experience Team with results shared amongst locality and trust management teams within the Trust.
Patient Access: Period between referral and initial assessment (working days/hours)- MH ABI **Description** 90% of all first valid contacts within 15 working days of referral. **100.0%** **Outcome** The acquired brain injury team have reported 100% compliance for the majority of the year and have recovered after a blip in performance in February.			

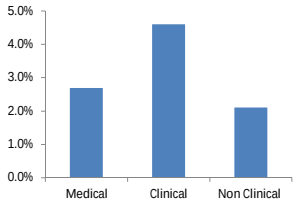
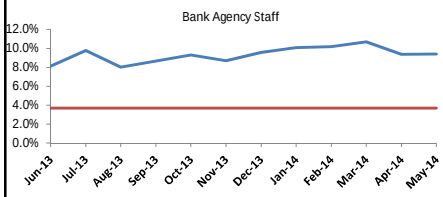
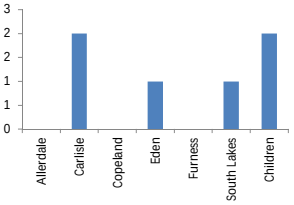
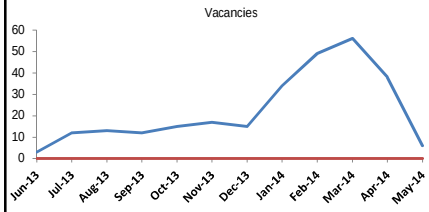
Improving our services for the people we serve

Corporate Performance Report	Current Month	Trend	Detail
Patient Access: Period between referral and initial assessment (working days/hours)- MH CAMHS Triaged **Description** 95% of all first valid contacts within 1 working day of referral. **95.2%** **Outcome** May saw a decline in performance however it remains above target.			
Patient Access: Period between referral and initial assessment (working days/hours)- MH CAMHS Urgent **Description** 90% of all first valid contacts within 10 working days of referral. **85.7%** **Outcome** This target was last achieved in September 2013 with performance declining through to January 2014. There was a improvement in May but continues to remain below target.			During May 2 children out of 14 referred as urgent were seen outside the 48 hour target. One child was offered an urgent appointment but telephone contact with the parent was unsuccessful – the other was referred as urgent and triaged by the service as routine.
Patient Access: Period between referral and initial assessment (working days/hours)- MH CAMHS Routine **Description** 90% of all first valid contacts within 25 working days of referral. **22.6%** **Outcome** Detail about actions to address performance are given in the details box on the right			The following actions are planned to tackle performance 1. Recruitment of a data quality specialist 2. Address recruitment and retention as well as management of sickness issues across all teams 3. Development of evidence based clinical pathways with associated care bundles 4. Consultant Psychiatrists in all teams involved in a review of all clinical caseloads to ensure optimum levels of intervention and length of stay 5. Work to address a refresh of a standardised county wide CAPA model, including a `blitz` of any waiting list caseloads. 6. Work to identify numbers of staff required for the demand made upon the service linked to item 4 above. 7. Work (supported by the data quality and information team) has already commenced to address a number of actions 8. The work to commission a county wide Primary Mental Health Provision at tier 2 (via the 3rd sector) is also underway; the expected completion of this work is January 2015, although an interim model is also being put in place. 9. Ensure effective transition into Adult Mental Health Services (where this is required)
Patient Access: Period between referral and initial assessment (working days/hours)- MH CMHTA **Description** 90% of all first valid contacts within 15 working days of referral. **75.3%** **Outcome** This indicator was last achieved in August 2012 and was the only occasion in 34 months of reporting. After improving in January 2014 the gap between the performance and target increased.			Continued action to improve performance with a standard operating procedure to be drawn up which will standardise waiting time management across the Trust. In addition the numbers on the waiting list are being checked to ensure that they agree with local records.

Improving our services for the people we serve

Corporate Performance Report	Current Month	Trend	Detail
Patient Access: Period between referral and initial assessment (working days/hours)- MH CMHT OA **Description** 90% of all first valid contacts within 15 working days of referral. **92.1%** **Outcome** May saw this indicator reach exceed its target for the first time since January 2014.			See commentary above - performance has recovered above target in May
Patient Access: Period between referral and initial assessment (working days/hours)- MH CRHT **Description** 90% of all first valid contacts within 4 hours of referral. **70.1%** **Outcome** Following achieving the target in June 2013 the performance trend has been on the decline with a slight recovery in January 2014.			
Patient Access: Period between referral and initial assessment (working days/hours)- MH LD Children **Description** 90% of all first valid contacts within 15 working days of referral. **80.0%** **Outcome** Performance has slipped below target and has declined for two months in a row.			
Patient Access: Period between referral and initial assessment (working days/hours)- MH First Step **Description** 90% of all first valid contacts within 15 working days of referral. **95.6%** **Outcome** The indicator continues to achieve target.			
Patient Access: Period between referral and initial assessment (working days/hours)- MH Liaison **Description** 90% of all first valid contacts within 1 working day of referral. **72.9%** **Outcome** Following being above or close to the target between May and January, February saw a decline in performance and this trend has continued through to April and May.			

Improving our services for the people we serve

Corporate Performance Report	Current Month	Trend	Detail
Cost of all bank/agency staff as a percentage of gross salary bill **Description** The proportion of the gross salary bill spent on bank and agency staff. **Outcome** May saw no change in Bank/Agency staffing from April , the figure still remains largely above target.	9.4% 		Spend on bank staff has reduced and the spend on Agency staff has increased with the overall spend on temporary workforce actually increasing slightly. Work is being undertaken in conjunction with Procurement to review and drive down the costs of agency staff.
Total number of vacancies in process of recruitment for 3 months or more **Description** Enables the Trust to monitor the effectiveness of its recruitment process and understand where clinical risks may occur due to staffing issues **Outcome** May saw the number of vacancies in process of recruitment for 3 months or more fall to its lowest since June 2013.	6 		

Realising the talent of our Staff

Corporate Performance Report	Current Month	Trend	Detail

% of Tier 1 Mandatory training completed in the last 12 months

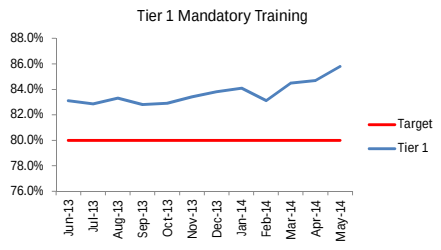
85.8%

Description
Mandatory training is designed to ensure that staff working within the Trust have the appropriate level of skill to undertake their role. The target is used to ensure that al least 80% of Trust staff complete mandatory training on an annual basis.

Outcome
Tier one mandatory training performance trend continues to improve despite a blip in February. Courses with outstanding training needs are listed to the right hand side.

Courses with outstanding training needs

Basic Life Support with Defibrillator	76.0%
First Aid	70.0%
Safeguarding Adults - Level 2	65.3%
Rapid Tranquilisation	58.5%
Immediate Life Support	53.7%
Medical Emergencies in Dentistry	24.7%



Compliance with Safeguarding Adults - Level 1

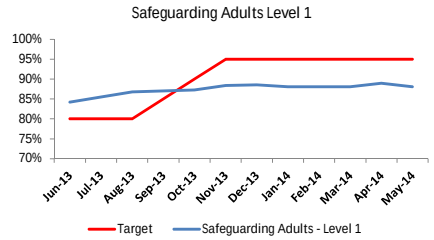
88.1%

Description
Monitoring mandatory training in safeguarding areas ensures that identified staff are fully aware of the work of the Adults Safeguarding Board, how to make referrals and promote the welfare of adults vulnerable to abuse.

Outcome
Since the target was increased to 95% in October 2013 it is yet to be met.

Services with levels equal or below 68% and more than 5 members of staff who require training

Team	%
Alston Wards	50.0%
Oakwood	52.6%
ALIS East	60.0%
Rowanwood	64.0%
Ruskin	65.6%
Kentmere Ward-	68.0%



Issues reported last month in safeguarding remain the additional challenge of one named nurse about to leave the organisation. Capacity within teams to release managers remains a key risk.

Compliance with Safeguarding Adults - Level 2

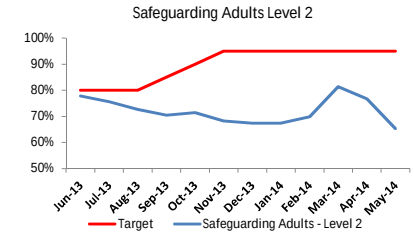
65.3%

Description
Monitoring mandatory training in safeguarding areas ensures that identified staff are fully aware of the work of the Adults Safeguarding Board, how to make referrals and promote the welfare of adults vulnerable to abuse.

Outcome
Following a promising increasing trend from January to March, a decrease in performance was experienced in April.

Teams with more than 1 staff member requiring Level 2 training

Eden Non Psychosis	
Eden Psychosis	



The lack of training provided by the County Council remains a key risk. Escalated to senior management in adult social care in the Council.

Compliance with Safeguarding Children for Child Focused Staff

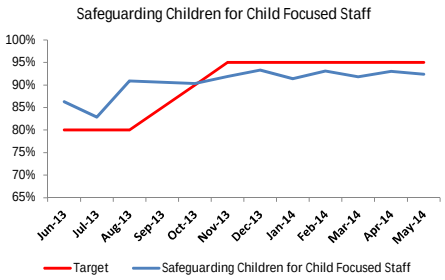
92.4%

Description
Monitoring mandatory training in safeguarding areas ensures that identified staff are fully aware of the work of the Children's Safeguarding Board, how to make referrals and promote the welfare of children vulnerable to abuse.

Outcome
Since the target was increased to 95% in October 2013 it is yet to be met. The trust remains close to achieving the target.

Services with levels below 80%

Team	%
Barrow Admin	0.0%
East Cumbria Family Planning (Paediatrics)	66.7%
Childrens Community Nursing	69.6%
South CAMHS	77.8%
Cumbria Paediatric Medical	77.8%
East Children's Administration	79.6%



Realising the talent of our Staff

Corporate Performance Report	Current Month	Trend	Detail

Compliance with Safeguarding Children for non Child Focused Staff

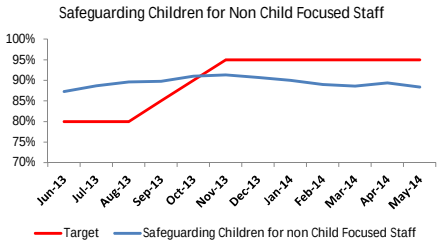
88.4%

Description
Monitoring mandatory training in safeguarding areas ensures that identified staff are fully aware of the work of the Children's Safeguarding Board, how to make referrals and promote the welfare of children vulnerable to abuse.

Outcome
Performance has remained close to 90% since August 2013. The target of 95% is yet to be reached.

Services with levels below 70% and 5 or more members of staff who require training

Team	%
Alston Wards	50.0%
Rowanwood	60.0%
ALIS East	68.0%
Ramsey Unit	68.8%
Step Up Step Down Carlisle	71.4%
Ruskin	71.9%



% sickness rate against total staff (wte)

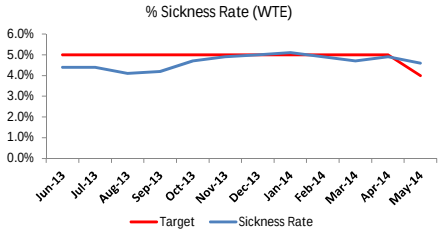
4.9%

Description
The number of working days lost to sickness as a proportion of all of the working days that the Trust pays for.

Outcome
The target has now been moved to 4% and as a result is now failing.

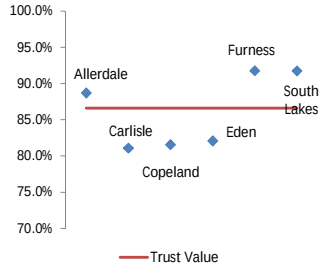
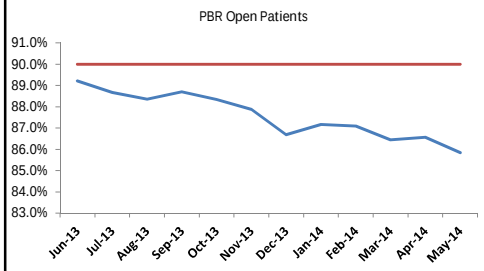
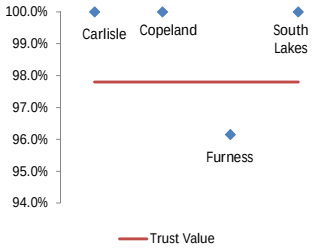
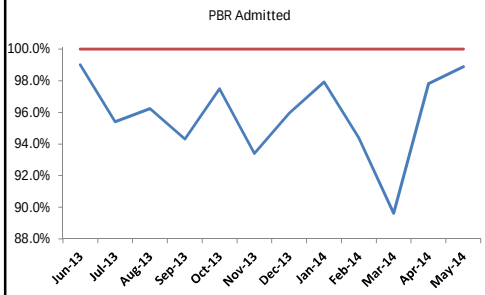
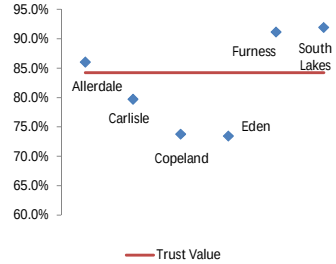
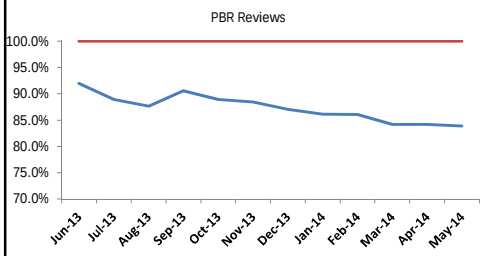
Services with highest level of absence

Learning Centre	**35.6%**
Rosehill Domestics	**43.0%**
Brampton Catering	**43.0%**
Brampton Hospital Domestics	**54.5%**
Childrens New Developments	**64.5%**
Liasion Sisters	**100.0%**
Keswick Hospital Administration	**100.0%**

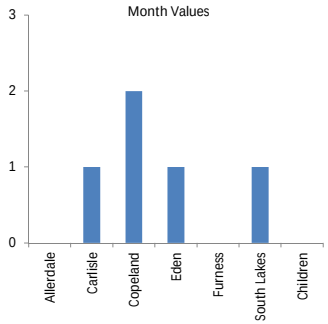
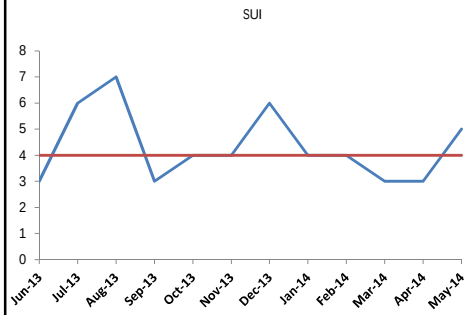
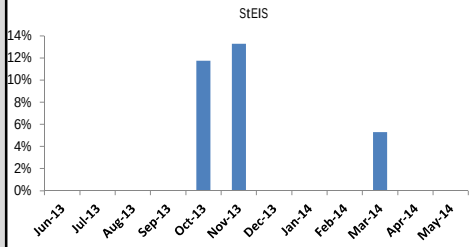
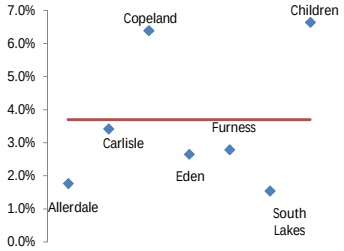
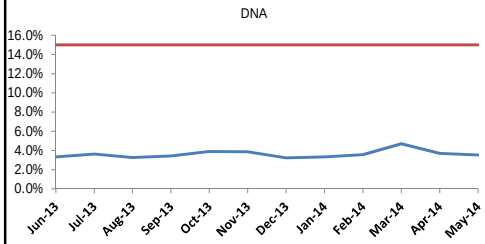


The absence percentage for May remains significantly above the 4% target and has increased on the previous month. The HR team continue to work with managers at a local level on plans they have developed. Work to create senior operational ownership and action regarding absence. An overall Trust plan will be shared with the Executive team during June, a significant part of which focusses on creating ownership and action within the Executive Team.

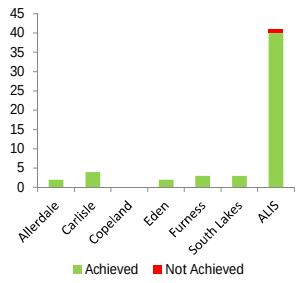
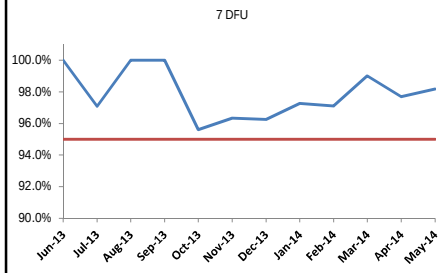
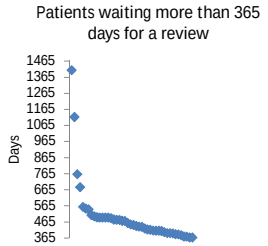
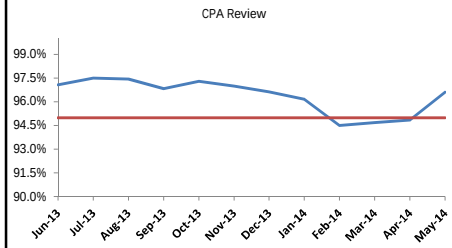
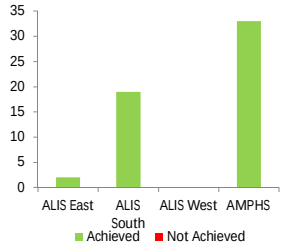
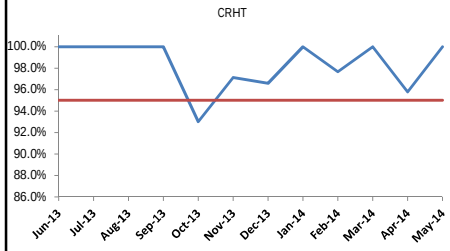
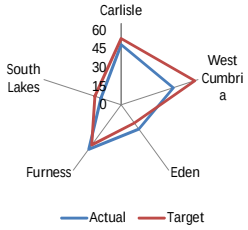
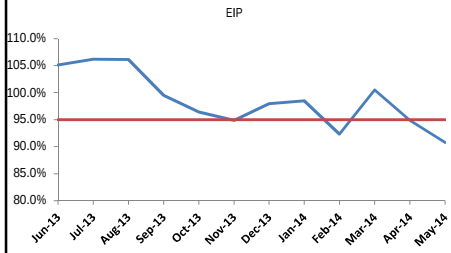
Delivering the highest possible patient care

Corporate Performance Report	Current Month	Trend	Detail
PbR- Percentage of Open Patients Clustered (open longer than 3 weeks) **Description** National requirement to allocate all MH adult & older adult service users to clusters **85.8%** **Outcome** The trend has been declining since June 2013 and the target was last met in November 2012.			The ongoing CMHT improvement work involves the PbR and clinical pathway leads in several elements and as a result some of the issues that affect these performance measure will be addressed. These include understanding of the pathways and their implementation. Another part of the work should help reduce some of the variations that currently occur within the various teams. Due to current restructuring it is challenging to address these issues. Work also ongoing on the MH Quality and safety dashboard which will in time should support an improvement in these performance measures
PbR- Percentage of Patients Clustered within 3 days of admission **Description** National requirement to allocate all MH adult & older adult service users to clusters **98.9%** **Outcome** Performance has fluctuated however the trend from June to march was downwards. The target was last met in February 2013.			
PbR- Percentage of Reviews Undertaken Within the Maximum Review Period **Description** Patients whose wait since last cluster review is within the maximum review period for the cluster. **83.9%** **Outcome** Performance has been declining at a steady rate since September 2013.			

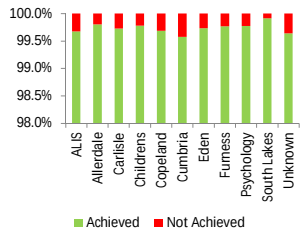
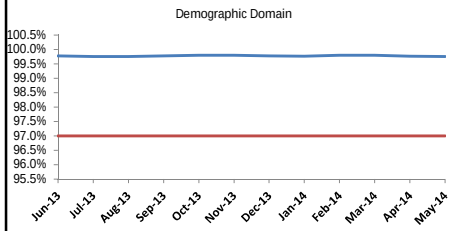
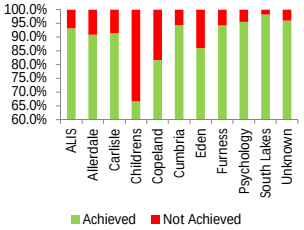
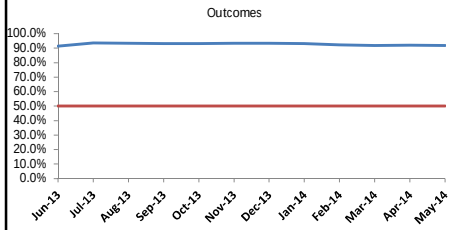
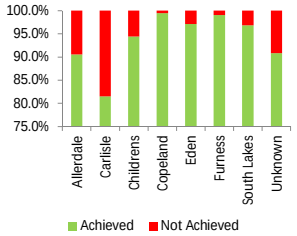
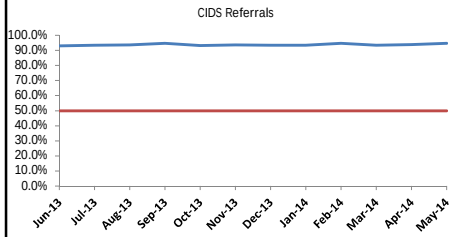
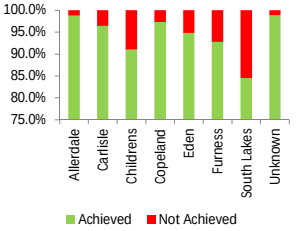
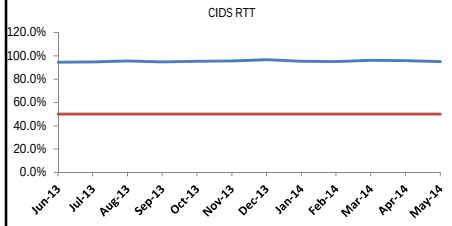
Delivering the highest possible patient care

Corporate Performance Report	Current Month	Trend	Detail
Serious Untoward Incidents reported to the CCG **Description** A serious untoward incident (SUI) is an incident or accident where a patient, member of staff or member of the public suffers serious injury, major harm or unexpected death or risk of serious injury, on either premises where health care is provided, or whilst in receipt of health care, or where actions of health service staff are likely to cause significant public concern. This indicator states the number of SUIs that have occurred in the month. **Outcome** The number of SUIs reported to the CCG is now above the target of 4. **5**			There were five SUIs reported to the CCG in May. These occurred in Copeland (2), Carlisle (1), Eden (1) and South Lakes (1).
% of StEIS Reportable Investigations Completed Within 45 Days **Description** To provide assurance of the Trust's ability to adhere to guidelines set out by the NPSA whilst monitoring the effectiveness of local policies and procedures. **Outcome** See Detail **0.0%**			During May 2014, there were 7 StEIS reportable SUI reports ('applicable' SUI reports) approved; 6 applicable SUI reports were approved by the Director's SUI Panel and 1 by the Locality (as authorised by the Director of Nursing and Quality in light of the date of the associated Inquest). The 7 applicable SUI reports were all approved outside (52,71,73,87,94,101,202) the 45 working day target from the date reported onto StEIS.
% of appointments which resulted in a Did Not Attend (DNA) **Description** To improve patient experience and reduce the clinical risk to patients who DNA and therefore do not receive the care they need. **Outcome** The DNA rate for community services remains below the target of 15%. **3.5%**			

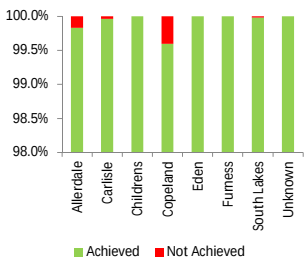
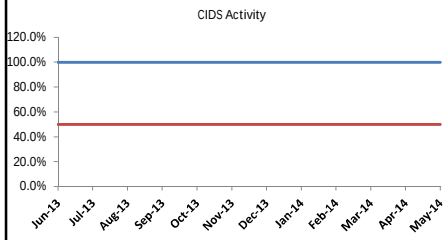
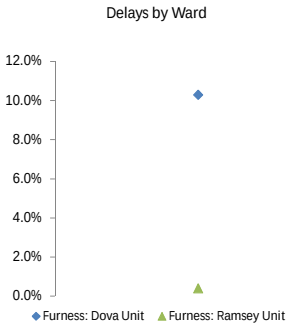
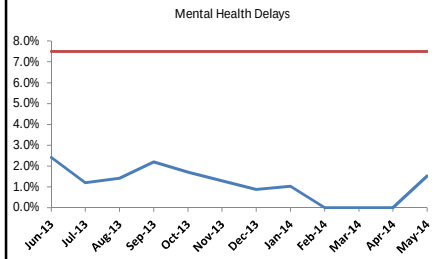
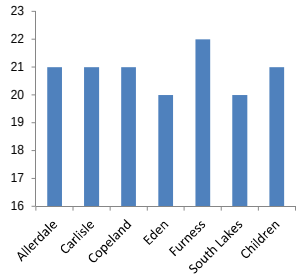
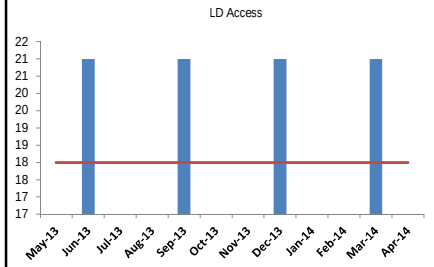
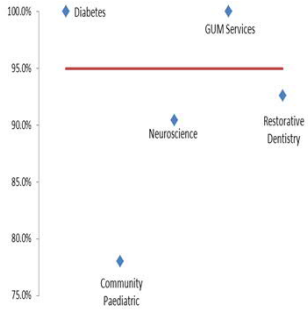
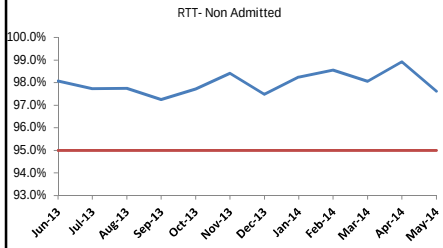
Monitor Governance

Corporate Performance Report	Current Month	Trend	Detail
% of People followed up within 7 days of discharge **Description** All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care, must be followed up within seven days of discharge'. All efforts need to be made to follow up with the patient. It is the responsibility of the trust that discharged the patient to provide follow up patient treatment. **98.2%** **Outcome** Performance remains above the target of 95%.			During May there was 1 patient not followed up within 7 days. This patient was discharged from Oakwood to Eden Valley Hospice for palliative care. A conscious decision not to follow up was made in order not to intrude. The patient remains in the hospice.
% of people on CPA who have received a care review in the last 12 months **Description** All patients who are on CPA should have a review completed in the previous 365 days. **96.6%** **Outcome** Following failing to meet standards for three consecutive months the target has now been met for May.			Performance has recovered above target in May at 96.6%. All localities are now performing above 90% with Eden locality improving from 83% last month to 90.5% in May with the locality CMHT recovery plan on track.
Admissions to inpatient services had access to crisis teams **Description** Measuring the number of admissions to mental health in patient units where the crisis resolution teams were involved in the assessment prior to admission and the decision to admit. **100.0%** **Outcome** Performance remains above the target of 95%.			
Proportion of people who are receiving Early Intervention services against target of 195 **Description** Meeting the commitment to support the identification of new psychosis cases in young people by early intervention teams. **90.8%** **Outcome** EIP performance continues to fluctuate. The figure reported to monitor is those on caseload at the end of each quarter.			Last month we predicted performance of 85% (166/195) for May. Actual performance exceeded this at 177/195 (90.8%) This means the Trust has failed the target for May by 8 people. The figure at the end of June is the one which is reported to Monitor for the full quarter. Latest predictions show that the Trust is likely to fail the target in June – actions to recover performance include regular liaison meetings with CAMHS staff to identify suitable referrals. In addition a marketing campaign to highlight the service to schools, GPs and colleges is planned to ensure the service is treating as many people as need the help the Trust can offer.

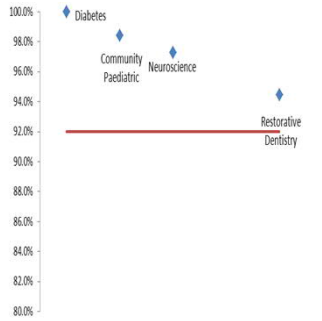
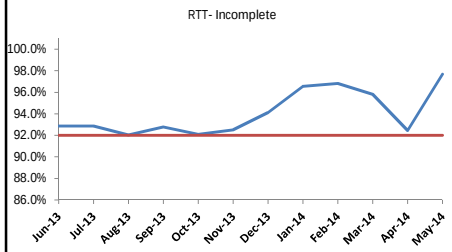
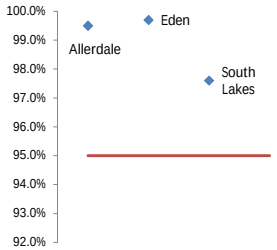
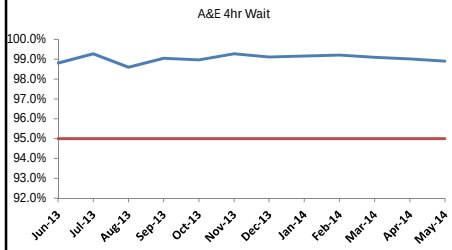
Monitor Governance

Corporate Performance Report	Current Month	Trend	Detail
% dataset complete: demographic domain **Description** To provide assurance that data recorded about a patient within the electronic record system is complete against NHS number, Date of birth, post code, gender, registered GP practice code, and Commissioner Organisation code **Outcome** Performance remains above the target of 95% **99.8%**			
Data completeness: outcomes **Description** Outcomes for patients on care programme approach against a number of measures reported through the Mental Health Minimum Data Set. **Outcome** Performance remains above the target of 50% **91.8%**			
CIDS: Referrals **Description** Community Information Data Set (CIDS) standard is to provide national definitions for secondary uses data available from community healthcare providers in England. It is intended to reflect the key information captured from any patient in receipt of or referred to a community healthcare service. **Outcome** Performance remains above the target of 50% **94.7%**			
CIDS: RTT **Description** Community Information Data Set (CIDS) standard is to provide national definitions for secondary uses data available from community healthcare providers in England. It is intended to reflect the key information captured from any patient in receipt of or referred to a community healthcare service. **Outcome** Performance remains above the target of 50% **95.0%**			

Monitor Governance

Corporate Performance Report	Current Month	Trend	Detail
CIDS: Activity **Description** Community Information Data Set (CIDS) standard is to provide national definitions for secondary uses data available from community healthcare providers in England. It is intended to reflect the key information captured from any patient in receipt of or referred to a community healthcare service. **Outcome** Performance remains above the target of 50% **99.9%**			
% of Individuals who have had a delayed transfer- Mental Health **Description** The Trust are required to ensure that delayed transfers of care or discharge is minimised and within the target level set by Monitor. **Outcome** For the third consecutive month there have been no delayed transfers of care reported. **1.5%**			
Access to healthcare for people with a learning disability **Description** To demonstrate that people with a learning disability are able to access health services and that the trust is meeting their health needs and providing support to families and carers based on the recommendations set out in Healthcare for all (2008). **Outcome** This is reported on a quarterly basis and the last 4 Audits have produced a score of 21 for the trust. **21**			
Referral to treatment for non-admitted patients **Description** Referral to treatment waiting times equal to or less than 18 weeks for consultant-led out patient referrals measured against a target of 95%. **Outcome** Performance remains above target, however 2 services have failed to reach 95%. A **97.6%**			There were 31 patients seen outside 18 weeks in May (15 in April). These were Community Paediatric (11 – 5 last month), Neuroscience (18 – 8 last month) and Restorative Dentistry (2 – same as last month)

Monitor Governance

Corporate Performance Report	Current Month	Trend	Detail
Referral to treatment for incomplete pathways **Description** The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period. The percentage of incomplete pathways within 18 weeks should equal or exceed 92%. **97.7%** **Outcome** Performance has declined for the third month in a row with 2 services failing to reach the target of 92%. Actions to address performance are outlined in the details box.			Improvement in performance noted. There were 27 patients still waiting over 18 weeks at the end of March (94 last month). These were Children's Services (4 – 19 last month), Restorative Dentistry (3 – 4 last month), and Neuroscience (20 – 71 last month).
A&E: Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge **Description** The total time between arriving in an accident and emergency facility (including minor injuries) and departing, being transferred to another facility or being admitted into hospital. **98.9%** **Outcome** The trust continues to meet the 4 hour A & E wait target.			

Actions

Corporate Performance Report

Safeguarding Capacity within clinical teams to release staff for training remains a key risk Safeguarding team affected by staffing issues Level 2 training provided by the County is still a gap	DoQN	Frontline staff need to be released to attend training Proposals to be developed to enable the recruitment of a pool of clinical trainers to support the delivery of the training programme	30/07/2014
Early Intervention Psychosis Compliance 4.2% below target	COO	Liaison meetings set up with CAMHS and marketing campaign with GPs, schools, colleges	30/06/2014
CAMHS routine - 158 children not seen in time in May	COO	Improvement plan in place which focusses on data Quality and CAPA model - further actions to be developed which will be monitored through the Childrens & Families Care Group and the Operational Management Group.	

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