

# **Health Committee 5 November 2015 – Cambridge University Hospitals NHS Foundation Trust**

Tracy Dowling, Chief Operating Officer

Jill Houghton, Director of Quality / Nurse Member

  
*Cambridgeshire and Peterborough  
Clinical Commissioning Group*

## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality the Process**

- Contractual Quality /Performance Requirements refreshed annually
- Quality and Performance Monitoring meetings held monthly
- Full engagement and leadership from local GPs
- Regular announced and unannounced visits
- Contractual mechanisms applied if required – contact notices issued; Remedial Action Plans agreed to address non delivery; may lead to financial consequence to offset losses for commissioner

  
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## **Cambridgeshire and Peterborough Clinical Commissioning Group - Commissioning for Quality the Process**

- Internal scrutiny in CCG through the Patient Experience and Quality Committee (sub committee of Governing Body)
- Regular reports and discussion at the CCG Governing Body in public
- Wider monthly stakeholder discussion and escalation through the NHS England Quality Surveillance Group which includes CCGs, Healthwatch, Public Health England, Health Education England, Local Authorities, Care Quality Commission (CQC), Trust Development Authority (TDA), Monitor
- Quality concern rating of regular, enhanced and request for Risk Summit
- Regulatory action can only be undertaken through CQC, TDA and Monitor

  
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## **Cambridgeshire and Peterborough Clinical Commissioning Group - CUHFT Concerns**

- C&P CCG and CUHFT have been regularly discussing growing concerns relating to national performance standards particularly after the introduction of the EPIC IT system (Oct 14)
- Contract Performance Notices have been issued and Remedial Action Plans developed to address the issues of waiting times and A&E performance
- Due to the extent of concern in July 2015 the CCG established an Oversight Group with full membership of commissioners, Monitor, Healthwatch, NHS England, LA and the CQC to provide support to the delivery of these programmes of work
- Nurse staffing was discussed in this (and other) fora

  
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# Cambridgeshire and Peterborough Clinical Commissioning Group - staffing pressures at CUHFT

- Trust-wide bed management meetings several times a day ensure safe staffing levels – use of bank and agency staff if essential – RGN vacancy rates fallen from 19% to 11% over the last year – more recruitment ongoing
- Intensive Care Unit – 2 beds are now closed and staffing levels reported to the CQC, CCG and Trust Board (post CQC Inspection) – these are within national guidelines to date
- Maternity services – CUHFT are below national maternity staffing guidelines although outcomes do not appear to have been compromised to date
- CUHFT is currently staffing maternity services to the establishment required to meet maternity standards with bank staff when possible although it is clear this is not sustainable



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## Extract from Cambridgeshire and Peterborough CCG Quality Dashboard 2015/16

Cambridgeshire and Peterborough CCG Quality Dashboard 2015/16

Final version – Feb 2015

REF	METRIC	INDICATOR	FREQUENCY	THRESHOLDS		
				RED	AMBER	GREEN
Domain:		Overall Quality				
1	Compliance with CQC regulations	Progress against action plans addressing all CQC concerns, including compliance with essential standards	Monthly	CQC non-compliance AND Action plan not in place, or not progressing to timescale	CQC non-compliance with action plan progressing to timescale	Compliant with CQC regulations OR Current CQC non-compliance, with action plan to address non-compliance signed off by CCG, and awaiting confirmation of compliance by CQC.
2	Provider quality dashboard	Provider quality dashboard, broken down by ward, clinical setting, department or service, used to identify hotspots and concerns, and benchmark against other providers where possible. Information from the dashboard to be made available via a single website covering the key aspects of patient safety and in a form accessible to patients and the public.	Monthly	No quality dashboard broken down by ward / department	Quality dashboard broken down by ward / department in place, but not analysed to identify hotspots and concerns OR No benchmarking against other providers in areas where data are available OR Information not accessible via website to patients and the public	Quality dashboard broken down by ward / department in place, and used to identify and act on hotspots and concerns. Dashboard used to benchmark against other providers where possible. Information accessible via website to patients and the public.
3a	Cost Improvement Programme (CIP)	Quality assurance of CIP programme	Jun-15	Quality impact assessments (QIAs) of CIP not provided OR QIAs do not give assurance that quality concerns relating to CIP have been addressed	QIAs give assurance that some but not all quality concerns relating to CIP have been addressed	QIAs give robust assurance that quality concerns relating to CIP have been addressed
3b		Quality issues highlighted by QIAs are regularly monitored during implementation of CIP	Quarterly	No details of review of quality issues highlighted by QIAs	Review of quality issues highlighted by QIAs but no action taken where quality has been affected	Review of quality issues highlighted by QIAs and action taken where quality has been affected

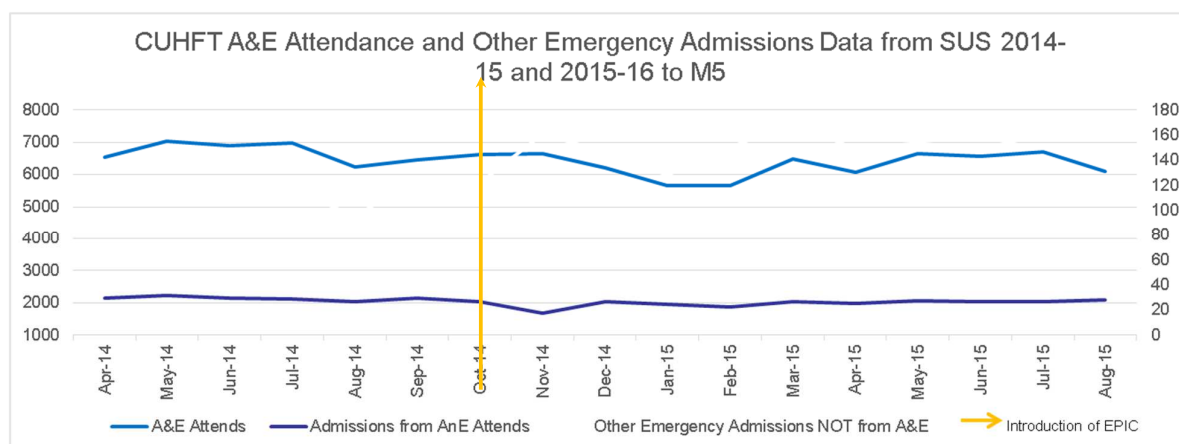


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# Cambridge University Hospitals NHS Foundation Trust (CUHFT)

## Demand: A&E Attendances and Emergency Admissions

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
A&E Attends	6525	7039	6894	6965	6242	6465	6621	6661	6220	5654	5659	6488	6067	6635	6567	6692	6088
Admissions from AnE Attends	2144	2221	2155	2116	2043	2144	2027	1688	2032	1943	1874	2037	1995	2072	2044	2047	2105
Other Emergency Admissions NOT from A&E	105	121	105	118	95	126	122	161	147	128	150	170	149	154	149	161	156



## Performance Recovery and Winter Planning

### System Wide Performance Recovery Plan and re-evaluation of schemes to ensure winter resilience

Delivering Care Closer to the Patient's Home	More effective hospital pathways and processes
<ul style="list-style-type: none"> <li>One Call</li> <li>Joint Emergency Teams</li> <li>Neighbourhood Teams</li> <li>Support for Care Homes</li> <li>Alternatives to ED</li> </ul>	<ul style="list-style-type: none"> <li>Improving hospital discharge processes</li> <li>Access to diagnostics</li> <li>More effective processes at ED</li> <li>Enhanced support for frail and elderly patients</li> </ul>

# Improvement and Innovation

**Emergency Care Improvement Programme** – Extensive support for the Cambridge System and CUHFT from the Emergency Care Intensive Support Team (ECIST) to undertake a diagnosis of challenges in the system / individual organisations, and identify further actions to improve performance.

**Urgent Care Vanguard** – Cambridgeshire and Peterborough selected as one of eight new urgent care vanguards across the country. Over the next three years, all partner organisations across the CCG (including Hospitals, Local authorities, Community services providers, etc.) will develop and implement a new way of delivering emergency services closer to home and reduce hospital attendances and admissions. The task is to develop a system that is safe, sustainable and provides high quality care across all services.

  
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