SIX MONTH UPDATE ON CAMBRIDGE UNIVERSITY HOSPITALS FOUNDATION TRUST PROGRESS SINCE CARE QUALITY COMMISSION INSPECTION

To:	**HEALTH COMMITTEE**
Meeting Date:	**12th May 2016**
From:	**Roland Sinker – Chief Executive Officer – Cambridge University Hospitals Foundation Trust**
Electoral division(s):	**All**
Purpose:	**Cambridge University Hospital Foundation Trust to update the progress since Care Quality Commission Inspection**
Recommendation:	**To note and comment**

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1. BACKGROUND

The Care Quality Commission (CQC) inspected the Trust between 21 and 24 April 2015. The subsequent report was published on 22 September 2015 and rated the Trust 'inadequate' overall.

The CQC also recommended that the Trust be placed into special measures. Monitor agreed with this recommendation and, as a result, imposed two restrictions on our licence to improve our operational performance and governance undertakings.

The Trust was asked to produce an action plan to set out how and by when we would address the concerns raised, whilst at the same time reducing the amount of money we collectively spend each week. The CUH Improvement Plan is a detailed action plan that was submitted to our regulators on 14 October 2015. It is available on our website at http://www.cuh.org.uk/news/corporate-services-finance/trust-improvement-plan-published

2. THE CUH IMPROVEMENT PLAN

2.1 The CUH Improvement Plan is a single document bringing together the multiple plans to address every concern, alongside additional areas of improvement we have identified for ourselves. It supports a very robust process developed to identify actions and monitor achievements, and is updated on a regular basis to reflect progress and ensure it remains fit for purpose and reflects the Trust's priorities.

The plan sets out our thematic priority areas for improvement:

- Leadership and Accountability
- Strategy
- Quality Improvement
- Operational Capacity
- Financial Recovery

eHospital has been pulled out specifically as a key enabler in support of each of these themes.

We are working with our regulators (CQC and NHS Improvement) to ensure all the required actions are completed as quickly as possible and Stakeholder Assurance Meetings to discuss the Improvement Plan take place on a monthly basis.

Attendees include:
- NHS Improvement (formerly Monitor)
- CQC
- Cambridgeshire and Peterborough CCG (Clinical Commissioning Group)
- Bedfordshire CCG
- West Suffolk CCG
- Cambridgeshire County Council
- Peterborough City Council
- Health Education England
- NHS England – East

- NHS England Specialised Commissioning – M&E
- Healthwatch
- Anglia Ruskin University
- University of Cambridge
- Cambridgeshire Association to Commission Health (CATCH)

2.2 Stakeholder Assurance Meetings

At each meeting, the Trust summarises operational performance and progress and achievements to date against the actions in the Improvement Plan - see Appendix 1 for example slides detailing progress as of April 2016. Plans are only reported green when they are very near completion and subsequently blue when they are both completed and embedded.

3. PROGRESS

3.1 Since September 2015 we have worked hard to address many of the issues rightly identified by the CQC in their report, and have made significant progress. Whilst there are hundreds of examples, particular examples include:

- **We have recruited more midwives to improve the patient to staff ratio** – our target is 1:32 and in March it was 1:34;

- **The installation of the Anaesthetic Gas Scavenging System (AGSS) has now been completed.** The works involved installing this new system in the Midwife-Led Birthing Unit on level 1 and Rosie Delivery Unit on level 3. All of these rooms now have the system fully in operation and in use by   staff;

- We have worked hard to **reduce outpatient waiting times** and improve operational grip to maximise capacity. Additional technology is also being used to help with patient flow and clinic utilisation;

- **Medicines management** systems and processes to ensure all medicines are in date and stored at appropriate temperatures are embedded, and a Controlled Drugs Steering Group has been introduced to oversee   governance and ensure fit for purpose medicines storage and security;

- **Mandatory Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) training** is being rolled out for all clinical staff;

- **Regular checks for medical devices** have been embedded into local practice;

- The Trust declared its **compliance with the Health & Safety (Sharp Instruments in Healthcare) Regulations** 2013 to the HSE on 16 February 2016.

The CQC returned to the Trust on 09 and 10 February 2016 for a re-inspection of the core areas that were rated as 'inadequate' in September 2015:

- Outpatients and diagnostic imaging
- Maternity and gynaecology
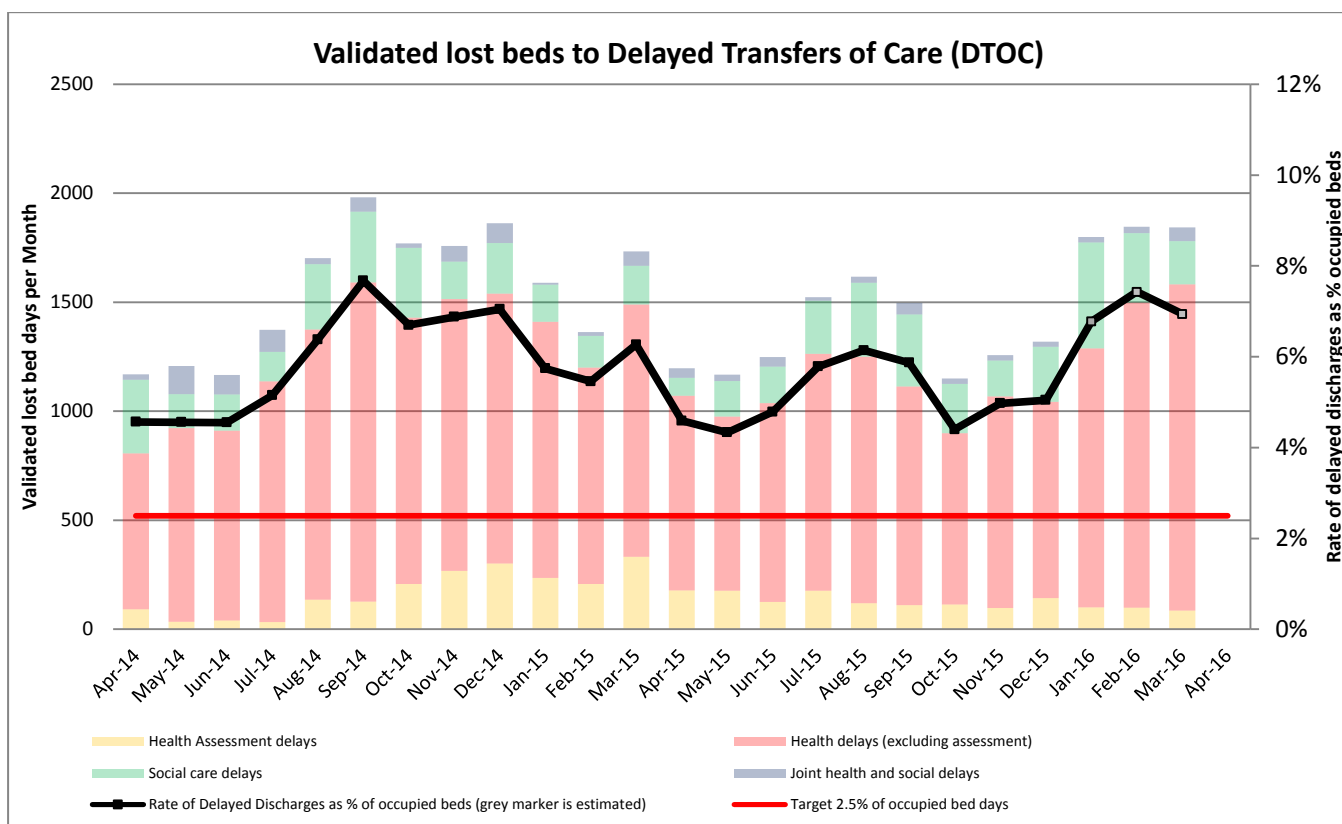- Responsiveness of surgery

The inspectors carried out a thorough assessment of these areas and we await the inspection report. It is likely that a full re-inspection by the CQC will take place in the autumn.

4. DELAYED TRANSFERS OF CARE (DTOC)

A Delayed Transfer of Care (DTOC) is defined as occurring when a patient is ready for transfer from a general hospital bed, but is still occupying such a bed. They occur because the safe provision of the next stage of care is not ready. This will either be care in the patient's own home, care in a community hospital or placement in a nursing or residential home.

The Trust has a discharge planning team of specialist nurses who work alongside the clinicians caring directly for the patient to establish in collaboration with social care the requirements once the patient leaves hospital. Depending on the requirements the need will either be funded by the CCG, the County Council or the patient themselves (self-funding). The CCG and CCC are responsible for the majority of funding and also sourcing of care once the assessment has been completed. CCC deliver the reablement service in patients' homes.

In the last quarter the Trust has seen a significant increase in delayed transfers of care shown as follows:

Validated lost beds to Delayed Transfers of Care (DTOC)

Legend:
- Health Assessment delays
- Health delays (excluding assessment)
- Social care delays
- Joint health and social delays
- Rate of Delayed Discharges as % of occupied beds (grey marker is estimated)
- Target 2.5% of occupied bed days

The majority of delays are due to the inability to place patients within suitable nursing and residential care or to start domiciliary care at home.

The following table shows the reasons for delay in March 2016 by validated lost Bed Days according to national definitions. Of the delays 1334 bed days (72%) are due to awaiting placement either at home, in a residential or nursing home, or community hospital.

Reason for delay	Validated bed days lost March 2016			
	Attriibutable to NHS	Attributable to Social Care	Attributable to Both	total
Completion of Assessment	85	0	14	99
Public Funding	80	0	0	80
Other non acute NHS care (including intermediate care, rehabilitation etc.)	520			520
Residential Home	0	38		38
Nursing Home	170	48	0	218
Care package in own home	445	113	0	558
Community Equipment/adaptions	0	0	49	49
Patient or family choice	257	0		257
Disputes	0	0		0
Housing - patients not covered by NHS and Community Care Act	25			25

The Cambridge and Peterborough Health System through the Urgent and Emergency Care Vanguard is planning to achieve the target of 2.5% of   occupied bed days lost to delayed transfers of care. This involves the creation of an intermediate care service, length of stay efficiencies within community services and provision of new home packages of care. Within CUH there has been a continued focussed on timely completion of assessments on the wards led by the senior nurses.

5. **eHOSPITAL**

After a challenging start, we continue to move forward and the system is now starting to become embedded and business as usual. Our focus now is on ensuring that change requests are completed in a timely manner.
82 per cent of the total eHospital Improvement Plan milestones have now been completed.

Given that the NHS is working towards being paperless by 2020, we receive a number of visitors including Professor Robert Wachter, who visited at the beginning of April as part of his review of computer systems across the NHS, commissioned by the Department of Health. CUH was selected as one of the hospitals to host an onsite visit and the team looked at ED, ICU and a number of ward areas. They also met with the eHospital team and a number of clinicians from various areas in the Trust.

Earlier this month, the Trust was also awarded with an international accolade for digital maturity – Stage 6 of the international Electronic Medical Record Adoption Model (EMRAM). CUH is the first Trust in the UK to receive EMRAM Stage 6 status from the Healthcare Information Management Systems Society within a year of go live, for the effective use of technology in providing high quality patient care.

This puts us among an elite group of leading hospitals and medical centres in both the US and Europe that use EPR systems as a tool to help clinicians provide high quality patient care.

The latest module of Epic implementation was launched on 26 April – the patient portal, MyChart. MyChart enables patients to be more informed and involved in their care, and access certain parts of their medical information held in Epic. Patients will also be able to view upcoming appointments, cancel appointments if necessary and complete pre-visit questionnaires.

6. LEADERSHIP AND GOVERNANCE

Roland Sinker has been in post as substantive Chief Executive Officer (CEO) at the Trust since November 2015. In addition the Trust appointed an interim Finance Director and a Board advisor.

The Trust regulators requested that the Executive team is strengthened and following a competitive process, the Trust has engaged a recruitment consultant to undertake a search and assist with the recruitment of a substantive Chief Finance Officer and a substantive Chief Operating Officer.

A need was also identified around commercial activity and a Commercial Director will also be recruited, as well as a Director of Estates and Facilities.

The Trust has worked hard to connect leadership with rest of the organisation since it was highlighted as a criticism in the CQC report. As part of the Improvement Plan, the Trust outlined a commitment to 'Improve communication between front line staff and senior management, including board visibility' and a range of activities have been introduced to address this:

- A review of internal corporate communications mechanisms;

- Immediate additional mechanisms to improve Board to Ward communications – a weekly Chief Executive's brief, 'The 08.27;'

- Weekly drop-in sessions for all staff to speak directly with the executive team;

- Ongoing departmental visits by executive directors and non-executive directors to operational areas of the hospital;

- A dedicated email account: **yourviews@addenbrookes.nhs.uk** for comments from staff to inform corporate decision making.

Source Documents	Location
Care Quality Commission Inspection Report of Cambridge University Hospitals NHS Foundation Trust	http://www.cqc.org.uk/provider/RGT
CUH Improvement Plan	www.cuh.org.uk/news/corporate-services-finance/trust-improvement-plan-published

Cambridge University Hospitals **NHS**
NHS Foundation Trust

Quality Improvement: delivery status (1 of 2)

eHospital

Q2.1 eHospital
All outstanding actions are in plans, but if pace of work requires accelerating there may be additional costs. 82% of the total milestones have been completed to date.

Well-led

Q3.1 Quality Governance Review Scoping review started in Jan 16 with Executive Director of Assurance from Oxford University Hospitals NHS FT; outcome awaited. Quality Committee revised work plan being reviewed. External review preparation underway.

Q3.2 Culture & Climate
A 3-5 year programme is being developed which will include learning from others and the identification of the necessary resources.

Safe

Q4.3 Mandatory Training New Learning & Management System live Jan 2016. Mandatory training content has been reviewed by the subject matter experts to ensure it is fit for purpose.

Q4.4.1 Environment (short-term) Nitrous Oxide works complete; final testing underway. Recruitment approved for Estates Operations / Maintenance. Plan nearing completion with a small number of actions delayed due to contractor availability.

Q4.4.2 Environment (longer term) Statutory and Mandatory Compliance framework in use and site wide risk assessments have been completed. Plan being scoped.

Q4.5 Equipment
Equipment maintenance data regularly presented at Divisional board. Resuscitation equipment checks continues to be monitored via Nursing Metrics.

Q4.6 Medicines storage, security & handling Nursing dashboard for completion of daily checks embedded. Improved audit results quarter on quarter, April audit outcome awaited. All actions complete, awaiting internal review.

Q4.7 Nursing Staffing Implementation of software to improve oversight of staff moves and staffing levels in relation to patient acuity and dependency – roll out of software in Apr 16 and expected to be fully implemented by end Dec 16.

Q4.8 Health & Safety An action plan has been developed for the implementation of a health and safety management system. Recruitment to H&S team underway.

Q4.9 Maternity CTG Monitoring: funding approved to install centralised monitoring for 47 beds. Action plan in place to ensure compliance with Neonatal Early Warning Scores (NEWS); this is audited weekly in all clinical areas and results presented at the monthly Divisional Quality Committee.

Caring

Q6.1 Staff Engagement Focus in Quarter 4 has been on, through a variety of interventions, improving the visibility of Executive Directors and the opportunity for staff to raise concerns and ask them questions. This continues in the new financial year.

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Quality Improvement: delivery status (2 of 2)

Effective

Q5.1 Evidence-based care An analysis of serious incidents and associated guidelines is planned to ensure these guidelines are embedded in practice.

Q5.2 National Audit Data All Healthcare Quality Improvement Partnership (HQIP) audits are monitored by the Clinical Audit Committee and risks escalated to Quality Committee. 9 of 49 audits at risk - currently being reviewed and action plans in place.

Q5.3 Length of Stay Flow has continued to deteriorate; surge in emergency activity, increase in DTOCs, and a rise in delayed acute hospital repatriations. Support from Emergency Care Improvement Programme continues.

Q5.4 The Mental Capacity Act 91.63% of staff had completed the online training at the end of March 16 since Nov 15 roll-out (target = 90%). Audit of staff knowledge to be conducted.

Responsive

Q7.1 Outpatients Risk stratification of patients on referral pathways undertaken at speciality level. Plans underway to reduce waiting times. Operational grip work with PwC nearing completion. Netcall project plan developed.

Q7.2 Separation of Children & Adults Bid for WellChild Nurse funding unsuccessful. Meeting held with NHSE and CCG on 01/04/16 to discuss significant paediatric capacity constraints.

Q7.3 Delayed Transfers of Care (DTOC) Pilot of home for assessment scheme has been highly utilised, however there is now significant pressure on the limited number of packages available; this has been raised with the CCG.

Q7.4 End of life care –Mortuary Following repair of existing facilities , capacity increased from 87 to 108 spaces. Discussions in progress with Papworth Hospital and workstreams set up to plan for future of service.

Q7.5 End of life care –UFTO/DNACPR Case for 7/7 specialist palliative care team submitted to CCG Sept 15. Review of all handover sheets in progress. Long-term plan being discussed.

Q7.6 Pharmacy 7 days Recruitment process completed. Weekend service to Critical Care commenced 2nd April 2016

Q7.7 Physio 7 days Physiotherapy service within critical care areas already provided 7 days per week between 8:30 hours and 16:30, with on call out-of-hours. CQC content, subject to confirmation by inspection.

Q7.8 Termination of pregnancies Works completed. Multi-disciplinary review of current guideline for the ToP policy for foetal abnormality & admission criteria signed-off. Awaiting CCG assurance.

Q7.9 Pain assessment process Pain assessment scores are now available in Epic but some modifications needed. Action plan developed to address issues.

Q7.10 Histopathology Daily escalation process in place for cases that will breach turnaround time KPIs. Scoping of off site offices to provide additional reporting space for consultants, admin and juniors is underway.

Q7.11 Critical Care ICNARC data submitted & monitored. All night time discharges from Critical Care reported as an incident. 3x daily reviews of patient acuity & staffing levels embedded.

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