

Cambridge University Hospitals NHS Foundation Trust - Update

To: Adults and Health Committee

Meeting Date: 5 October 2022

From: Roland Sinker - Chief Executive Cambridge University Hospitals (CUH)

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: Health Scrutiny Report – Information Only

Recommendation: Adults and Health Committee is recommended to note the report.

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1. Background

- 1.1 This report provides the Committee with an update on issues and developments at Cambridge University Hospitals NHS Foundation Trust as at September 2022.

2. Main Issues

Introduction

- 2.1 This report provides an overview of the five areas of operational performance at Cambridge University Hospitals NHS Foundation Trust. The report also focuses on the three parts of the Trust's strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives.
- 2.2 The health and care system nationally, regionally and locally is under pressure, with challenges ahead in terms of waiting times, demand for services, uncertainty around Covid and other conditions including flu; and staffing pressures. As an update on one indicator, as at 9 September 2022, the Trust was caring for 23 patients with Covid including three in critical care.
- 2.3 In this context the Trust is advanced in planning to mobilise for the fourth time since February 2020. This involves applying the five lessons from our response to Covid 19 over the last two and a half years and includes: clarity around objectives for the next 12 months; supporting and empowering staff and aligning teams around Task Forces in areas from capacity delivery, to cost of living, to patient flow; identifying areas to de-prioritise for now; assurance and challenge through our governance processes; and resourcing. This planning process will conclude during September 2022.
- 2.4 The Trust continues to work on the 15 programmes in the refreshed strategy of looking after patients, supporting staff and building for the future. Timings for delivery of some elements of the strategy will change as the mobilisation plan above is finalised - some programmes taking longer; others being accelerated.
- 2.5 During the autumn the Trust is considering options for a Governance Review, in line with best practice corporate governance.

The five areas of operational performance

Quality

Areas of challenge

Staffing

- 2.6 The availability of nurses remains a challenge with specific areas of concern around critical care units, including the paediatric intensive care unit and the neonatal intensive care unit.

- 2.7 Vacancies within midwifery remains a concern with a current vacancy rate of 13%. However, a full establishment of midwives is projected from October 2022.
- 2.8 The impact of staffing levels on safety continues to be monitored via the incident reporting system and divisional governance. Key themes are monitored via the existing governance safety routes.

Complaints and Patient Advice and Liaison Service (PALS)

- 2.9 The Complaints and PALS teams remain under extreme pressure with increased complexity of contacts and high sickness and vacancy rates resulting in longer waits for responses. An external review has been undertaken and an improvement plan has been developed.

Never Events

- 2.10 Overall the Trust has recently reported an increasing number of Never Events. This provides evidence of a strong reporting culture, and reflects the ongoing work around improving together and 'just culture'. The Patient Safety Team are however monitoring this going forward.

Waits for care

- 2.11 The Trust continues to review waits for care, including waits in the emergency department and for elective care.

Areas of Success

- 2.12 The Trauma Audit & Research Network (TARN) have reported that Cambridge University Hospital (CUH) is a positive outlier in trauma outcomes.

Compliance visits

- 2.13 Radiology is accredited by the United Kingdom Accreditation Service (UKAS) and underwent a surveillance visit on the 7 and 8 June 2022. Subject to resolution of some areas of non-compliance the initial assessment recommended that accreditation be maintained.
- 2.14 Clinical engineering has accreditation with UKAS for undertaking preventative plan maintenance of anaesthetic and ventilators and the management of medical devices. This accreditation is still in development and CUH is one of only four hospitals currently accredited.
- 2.15 The HTA inspection report under the main theatres Human Application License (Cardiovascular vessels, Ophthalmology, Plastics & Orthopaedics) was received in July 2022. A corrective and preventative action plan has been provided to the HTA and all actions should be completed by October 2022.

Access to care

- 2.16 CUH continues to make good progress in terms of elective care, and is performing relatively well in access for cancer care. The Trust is very focussed on areas of concern in the emergency pathway, including long waits in the emergency department, flow within the hospital, and discharge of patients.
- 2.17 In July 2022 the Trust saw significant pressures on our emergency pathways, similar to other trusts within the region and nationally. Overall 14.0% of patients attending ED waited for 12hrs or more within the department and 14.4% of patients arriving by ambulance waited for more than 60mins for handover. These have both improved during August, with 12hr waits reducing to 12.4% of attendances and ambulance delays reducing significantly to 4.3%. Throughout this period our focus continues to be to streamline our emergency pathways where possible and delivering our elective recovery programme. Work is ongoing in relation to both physical capacity and out of hospital capacity to ensure the Trust is as well placed as it can be for them winter period.
- 2.18 **Emergency Department (ED).** Overall ED attendances were 11,673 in July 2022, which is 294 (2.6%) higher than July 2019. This equates to a rise in average daily attendances from 367 to 3377 over the same period. 1,636 patients had an ED journey time in excess of 12 hours, compared to 1 in July 2019. This represents 14% of all attendances and compares to regional and national levels of 9%.
- 2.19 **Referral to Treatment (RTT).** The total RTT waiting list size increased by 1,506 in July 2022 to 58,203. Our Month 3 planning submission had forecast growth to 55,160 so we are currently 5.5% higher than plan. Compared to pre-pandemic the waiting list has grown by 71%.
- 2.20 **Delayed discharges.** For July 2022 the Trust is reporting 6.8%, which is another consecutive increase of 0.4% from the previous month. There has been a larger increase in the number of overall lost bed days in comparison to previous months, but due to the overall monthly occupied bed state, the impact of DTOC % is lower. Within the 6.8%, 71% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further seven CCGs.
- 2.21 **Cancer.** In July 2022 two week wait suspected cancer referral demand had reached 124% compared to the baseline period in 2019. The number of patients waiting over 62 days was currently 134, with 61% of the breaches relating to CUH only pathways.
- 2.22 **Operations.** Elective theatre activity in July 2022 delivered an improved 87 % of the July 2019 baseline. Taking account of the loss of the A Block theatres from our capacity, this would bring the performance up to 98%.
- 2.23 **Diagnostics.** Total diagnostic activity in July 2022 delivered to 108.9% of the July 2019 baseline. Scheduled activity delivered 108% of baseline. Total activity was up by 1.4% and scheduled activity by 4% compared to the prior month. The total waiting list size reduced by 219 to 15,117. The volume of patients waiting over 6 weeks reduced by 336 this month.

- 2.24 **Outpatients.** Outpatients delivered 97.7% of its new patient pre-Covid baseline, a reduction of 2,380 attendances. Robust recovery plans are being developed for the biggest areas of concern.

Finance – Month 4

- 2.25 The Month 4 year to date position is a £3.9m surplus. The overall full year plan is to deliver a break-even financial position.
- 2.26 The following points should be noted in respect of the Trust's Month 4 financial performance:
- The Month 4 year to date surplus includes £4m of income receipts relating to a specific one-off transaction in Month 2. The surplus in the year to date is offset in later months leading to a full year planned breakeven position.
 - The Trust is currently delivering on its planned reduction in Covid related expenditure with year to date costs of £8.8m. This remains an area of risk for the Trust and the health system due to volatility of Covid rates in the community. Costs relating to Covid will remain under review.
 - The Trust has recognised Elective Recovery Fund (ERF) income of £4.1m year to date in line with plan. This funding remains at risk as the final process for qualifying for and calculating the value of ERF has not yet been published at the time of this report.
- 2.27 The Trust has received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) and Orthopaedic Theatre Scheme (14.9m) and additional funding for theatre equipment (£5.1m). Together with capital contributions from ACT, this would provide a total capital programme of at least £65.9m for the year.
- 2.28 The Trust has invested £7.6m of capital at Month 4, £5.3m below the planned figure of £12.9m. The Trust expects to recover this under performance by year-end and achieve the forecast plan of £65.9m of capital expenditure.

2022/23 CUH Financial Plan

- 2.29 The Trust plan for 2022/23 is to deliver a break-even position for the year.
- 2.30 It should be noted that the following key areas of risk still remain and have been included as part of the overall plan submission, to be monitored in year:
- 1) Inflation pressures above the (revised) funded level
 - 2) Covid costs exceeding budgeted levels (e.g. due to an increase in Covid rates)

3) Non receipt of forecast ERF income.

- 2.31 The Trust is continuing to review and mitigate these risks, alongside Cambridgeshire and Peterborough ICS colleagues on an ongoing basis.
- 2.32 The Trust continues work on a 5 year financial plan linked to the refreshed strategy; and to deliver the Cost Improvement Plan.

Workforce

- 2.33 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work, Resourcing, Ambition, Inclusion and Relationships. Given the challenges and pressures of the last two years, this five part strategy will look at the additional staff support mechanisms required across the Trust in the medium to long term. The CUH Annual Awards process continues to progress well with over 1,000 nominations being considered.

Good Work

- 2.34 The Trust have set out an ambition plan, focused on six initial priority areas under the Good Work agenda where progress has already been made.

The focus areas are:

- Accommodation
 - Travel and transport – commuting to and from work
 - Nourishment and hydration
 - Spaces
 - Hybrid working
 - Market forces – cost of living and working in Cambridge
- 2.35 The lack of availability and affordability of accommodation for staff continues to be concerning, limiting our ability to recruit overseas and we are seeing “relocation” as the main reason cited for those leaving the trust. An accommodation support officer is now in post and we are already seeing the benefits of this role. The Trust also progressing a number of initiatives to secure additional accommodation stock, including the conversion of office space to flats (in the onside residences).
- 2.36 There has been significant investment in travel support with the introduction of subsidised onsite parking costs, funded park and ride travel and other public transport subsidies.
- 2.37 The national increase in the cost of living is concerning for staff and we have seen an increase in the number of individuals accessing support. In response we are refreshing our financial support and benefits pages with information, advice and signposting for staff experiencing financial hardship.

Resourcing

- 2.38 38 nurses, three midwives and 39 healthcare support workers all new to CUH joined the Trust in July 2022 and we have 133 nurses waiting to commence work. The Trust will be undertaking a recruitment campaign in the Philippines at the beginning of October 2022 with the aim of recruiting a further 100 nurses for this financial year. We continue to work on increasing the accommodation stock available to staff and are delighted with the positive impact the new accommodation support officer is having; feedback has been incredibly positive regarding this new service.
- 2.39 In June 2022 CUH recommenced a programme of face to face recruitment events, including attendance at the Cambridge Country show and a weekend Healthcare support worker one stop shop (where applicants can find out about the role, be interviewed and offered a job in one day). Whilst the resourcing teams have run events remotely throughout the pandemic it has been fantastic to work directly with people and, when onsite, introduce them to our campus. Further events are planned for October and December, working in collaboration with Royal Papworth Hospital (RPH).
- 2.40 Retention remains a key focus with increased attrition seen across all staff groups. A full review of the reasons for attrition has been undertaken and a strategy is being developed with representative of different staff groups.

Ambition

- 2.41 CUH has developed a Talent Management Strategy and toolkit to help teams identify talent (diverse skills and capabilities) available, to meet current and future service delivery.

Inclusion

- 2.42 The new programme lead for anti-racism commenced in July 2022; this is a new role that will closely work with the EDI team and staff networks, as well as system partners, to progress our work on anti-racism.
- 2.43 On 8 July 2022 the Trust marked EID with a small edible for staff. This is part of a wider initiative to raise awareness and celebrate a wider range of religious festivals, events and celebrations important to our colleagues. Our next event is a Diwali celebration in October 2022 where colleagues will be invited to attend a lunchtime event onsite.
- 2.44 The Trust Stonewall action plan has been developed and launched, very much led by the LGBT staff network. A number of actions, including workforce policy changes and amendments to recruitment processes have already been completed.

Relationships

- 2.45 In July 2022 the Trust was delighted to host a staff BBQ on the campus and invite our RPH colleagues. The BBQ, as well as clement weather, allowed staff from both hospitals to sit and enjoy a meal together.

Improvement and Transformation

- 2.46 The Trust continues to work with its improvement partner, the Institute for Healthcare Improvement (IHI), on embedding a culture of sustainable continuous improvement.
- 2.47 In relation to the Trusts work with the IHI on building improvement capability and capacity across our 11,000 staff, wave two of the improvement coach programme commenced on 22 June 2022, with 38 participants, including a number of applicants from system partners (two from Royal Papworth Hospital and a further two from the South Integrated Care Partnership). Applications for wave two of the improvement programme for teams closed on 15 August 2022, with applications sought from teams wanting to focus on what makes a good day for them, or deteriorating patients.
- 2.48 The Significant improvement work is ongoing in Urgent and Emergency Care, Outpatients and Virtual Wards. As one example, in Virtual Wards:

Virtual ward (VW)

- Design of the virtual ward pathway and supporting infrastructure is being completed at pace. This will be tested from October 2022, initially with small numbers of patients, to ensure that the model is reliable and safe. Through rapid cycle testing, the emphasis will be on early learning and adaptation, before larger scale implementation of the model. The aim is to achieve an average occupancy of 30 patients per day during October – November 2022, increasing to an average occupancy of 60 patients per day from December 2022.
 - There will be a core VW team dedicated to managing patients through frequent contact, remote monitoring and visits. The VW team will be supported by the relevant specialist team's input when necessary.
 - A workforce plan has been developed and recruitment is underway, with the aim of staff being in place by October 2022.
 - Effective communication with our system partners and working together to design safe, effective pathways is crucial, to ensure there are robust handover processes in place.
- 2.49 The improvement and transformation team continues to work with colleagues from across the organisation, to ensure that productivity and efficiency schemes for 2022/23 are identified to meet an overall requirement of £62m, which will deliver an end-of-year break-even position. As at 11 August 2022, there remains an unidentified gap in supporting schemes of £26k and work is ongoing to ensure that this gap is further reduced, along with increasing the number of schemes that are recurrent.

Strategy update

Strategy refresh

- 2.50 After ten months of engagement with staff, patients and partners, the Trust launched its refreshed strategy in July 2022, reaffirming our three core priorities and outlining 15 commitments aligned to these priorities which will provide our focus for the next three years.
- 2.51 The core priorities and associated commitments are:
- Improving patient care: integrated care; emergency care; planned care; health inequalities; quality, safety and improvement;
 - Supporting our staff: resourcing; ambition; good work; inclusion; relationships;
 - Building for the future: specialised services; research and life sciences; new hospitals and the estate; climate change; digital.
- 2.52 The communication and engagement plan across the Trust and with partners is now underway, supported by a range of materials including videos and documents which are available on the strategy pages of the CUH website.
- 2.53 Progress on many of these commitments are reported elsewhere in this update paper; further elements are included below. A detailed plan, focusing on delivery over the next five years, is being developed. Some areas of update include the following:

Improving patient care

Integrated Care

- 2.54 The Trust continues to work with partners across our 'place', in the South of Cambridgeshire, to improve care for patients in and outside of hospital. Work is ongoing to identify opportunities to increase the value we get from every pound invested in our community, social and health care system, to help people to stay healthy and well at home for longer, to address demand for elective care and reduce waiting times, to improve the growing health inequalities, to provide safe and high quality emergency care, and to return our system to financial balance.
- 2.55 We have established a new Joint Strategic Board for the South Place, co-chaired across CUH, primary care and local government, to oversee the next phase of work. This will include the next stage of developing integrated neighbourhoods rooted in primary care and continued integration of clinical pathways between primary and secondary care.
- 2.56 As host organisation for the South ICP, the Trust has recently supported reforms in how the South ICP operates and makes decisions. These reforms responded to issues raised through an independent listening exercise undertaken across all partners in the South ICP. It will provide a focus on delivering across four areas – service redesign, finances and commissioning, urgent and emergency care and organisational

development. Delivery boards are being established in each of these areas to provide a means for partner organisations to come together and deliver projects.

- 2.57 NHSE has formally acknowledged the Cambridgeshire and Peterborough Integrated Care System's final operational plan for 2022/23 which focuses on elective care, cancer care, emergency care and system resilience, mental health and learning disability, finance and workforce. NHSE has accepted the plan being developed in the context of a changing external environment as a result of Covid and the impact of wider economic factors on the cost of delivery, and has noted key elements of the submission that require ongoing review and follow-up actions.

Health inequalities

- 2.58 The Trust has formed a Steering Group for improving equality, diversity and inclusion across our staff and patients, which is a core element of our new strategy. Over the coming months the group will assess our current performance in these areas, identify opportunities to do more over the coming years, and secure the skilled resources needed to seize these opportunities.

Supporting our staff

- 2.59 The Trust has implemented a wide programme of work focusing on wellbeing and support of our staff.

Building for the future

New hospitals and the estate

- 2.60 The focus of Addenbrooke's 3 remains on the delivery of projects within phases one and two of our four phase programme. An important element of Addenbrooke's 3 is incorporating the views of patients and carers into the design of our future hospitals and the services within them. Healthwatch has recently completed a piece of work to capture experiences from patients who have had an urgent attendance or admission. This piece of work has provided valuable feedback that is being used to inform how services can be improved both now, within our current facilities, and in the future development of the acute hospital.
- 2.61 Phase one is focused on addressing our highest risk areas. The Trust, as a core part of its strategy, has invested in its physical estate to create additional capacity and address specific risks relating to operating in an old estate, including in respect of fire safety and statutory compliance. This has included the addition of 115 beds (across three surge units), all of which are expected to be available for use in the 2022/23 financial year. In addition, over the last 12-18 months, the Trust has been developing its plans for elective recovery. This has centred on the development of three additional theatres, utilising the available bed capacity in the 40-bedded surge unit, to create a ring-fenced surgical facility for elective orthopaedics. The remaining 75 beds (across two units) create long-term additional ward capacity (as opposed to Covid surge capacity) to support operational pressures, for example medically fit patients awaiting discharge, and decant

capacity to allow statutory works to be undertaken. Final timings for delivery of U-block are currently being worked through.

- 2.62 Phase two (up to 2025) covers development of the Cambridge Cancer Research Hospital (CCRH) and Cambridge Children's Hospital (CCH).
- 2.63 The CCRH project team has been supplemented with a full time New Hospitals Programme (NHP) 'Delivery Partner'. This demonstrates the UK Government's ongoing commitment to support CUH in its delivery of the CCRH. The project team are producing the Outline Business Case (OBC) for submission in autumn 2022. The project has received approval to seek a construction partner and a number of design reviews have been held recently with key stakeholders to begin that process. The construction partner will support us throughout the remainder of the design, and then take responsibility for construction of the new hospital which will be a seven-storey 26,000m² facility at the heart of the Cambridge Biomedical Campus, next to Addenbrooke's Hospital.
- 2.64 Cambridge Children's Hospital (CCH) is also working towards submitting its OBC to regulators in autumn 2022. The Trust is continuing to work closely with the national NHP team to secure its position in an early cohort of the programme. The project's fundraising campaign has maintained its good progress.

Specialised Services

- 2.65 The Trust is working with six other trusts across the East of England, and the NHSE East of England team, to support the Specialised Provider Collaborative (EoE SPC).
- 2.66 Over the last three months, the EoE SPC has identified some key opportunities through conversations with stakeholders across the region, including clinical leads. From the long list of opportunities identified, we have now created a draft set of priorities for 2022/23, based on our vision and objectives.
- 2.67 The CEOs of the EoE SPC members met in July 2022, and confirmed our overarching priorities, as well as agreeing the need for further engagement across the region and to refine our governance structure. The EoE SPC members jointly responded to the Advisory Committee on Resource Allocation's (ACRA) proposed methodology to set target allocations for specialised services.
- 2.68 Going forward, we will confirm our priorities for 2022/23 and further develop the objectives and scope of these areas of work with relevant leads. We will also continue engagement across the region, and particularly to work with ICBs as they prepare to take on specialised commissioning responsibilities from April 2023.

Research and life sciences

- 2.69 The Trust continues to work with industry partners in life sciences to explore opportunities to enhance our world-leading infrastructure to serve patients and power growth. We have participated in a range of events with local, regional and national

partners to promote the next stage of development for the Cambridge Biomedical Campus and wider life sciences ecosystem.

- 2.70 The Trust also continues to work with a range of partners on the Biomedical Research Centre, the Clinical Research Facilities and the regional Clinical Research Network.

Sustainability

- 2.71 Our new Trust Strategy affirms our commitment to tackle the climate emergency, with the first phase of a new ten-year programme of focused CUH activity in the form of 'Our Action 50 Green Plan (Phase 1: 2022-24)'. Organisational engagement with this comprehensive plan is well underway: over 200 staff have joined the Green Champions network, 25 teams have signed up to the Think Green Impact programme and a reach of almost 4,000 has been achieved on CUH Facebook. This will be stepped up further in November with a strong profile-raising campaign as part of a rolling 'drumbeat' for staff, patient and partner involvement.

- 2.72 Several of the Green Plan's direct carbon saving and waste reduction actions are already delivering real results, of particular note: work on cutting piped nitrous oxide losses has already provided approximately half of the 2024 target for direct carbon-equivalent emissions; the construction programme for the Babraham Park and Ride solar panel array has begun and, by this time next year, should be reducing the Trust's electricity carbon footprint by 400t per annum; and the default purchase option for all A4 copier and printer paper has now switched to 100% recycled content.

- 2.73 Progress continues to be made on the Genomics service:

Genomic Laboratory Hub (GLH) operating model

- The latest operational plan has been agreed by CUH, University Hospitals Leicester and Nottingham University Hospital and shared with NHSE following the latest assurance visits.
- Workforce recruitment remains a challenge with often very few, or no, eligible applicants for the advertised roles.

Delivering a high quality testing service

- A data quality improvement plan for the East GLH is in progress. Plans to reduce turnaround times include increased automation, increased staffing in all areas of the lab, and implementation of EPIC Beaker genomics module as our LIMS.
- The GLH is unable to process whole genome sequencing requests or perform interpretation and reporting at the pace required for activity forecast. A recovery action plan was currently under review at GLH.

3. Source documents guidance

3.1 None