

Cambridge & Peterborough NHS Foundation Trust: Operational Board Report

To: Adults and Health Committee

Meeting Date:

From: Scott Haldane
Executive Director
Cambridge & Peterborough NHS Foundation Trust
(CPFT)

Electoral division(s): *[Democratic Services will complete this]*

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1. Background

1.1 CPFT have been invited to attend the Health and Scrutiny Committee to provide an update across a range of key lines of enquiry. The principal areas of review/request for an update for this session are:

- Referrals and waiting lists for CPFT services.
- Locality based treatment, using support to people with eating disorders as a case study. Committee members would welcome a site visit linked to the case study if possible, and would be guided by you on the number of councillors this might involve as they have no wish to disrupt service provision (this item is covered under the Referrals section).
- Suicide Prevention.
- CPFT finances.
- Priorities for the new leadership team.

1.2 The following sections of the paper provide an update on each of these issues in turn.

2. Referrals and Waiting Lists

2.1 CPFT routinely monitors its full range of health and wellbeing NHS metrics, which comprise national, commissioning and local indicators. In total the CPFT Integrated Performance Report (IPR) contains around 90 key performance indicators (KPIs).

2.2 CPFT mainly applies a “by exception” basis of reporting, meaning that it focuses on those KPIs/Metrics which Statistical Process Control (SPC) charts indicate are subject to “special cause variation” and therefore potentially require improvement action, particularly if they are off target.

2.3 Accordingly, this report highlights some recent areas of concern and welcomes discussion about how the Trust and partners can work together to ensure that our service users receive the best possible health and wellbeing services.

2.4 The data relates to the period ending November 2024; where December 2024 data is included, please note that there may be latency effects due to the time some data takes to be recorded on Trust systems.

2.5 Over recent months relative demand and capacity has been a continuous challenge for CPFT. Demand by itself is challenging for both physical and mental health services, so we monitor new referrals, as well as focusing on inpatient and community-based patient flow being maintained at optimal levels.

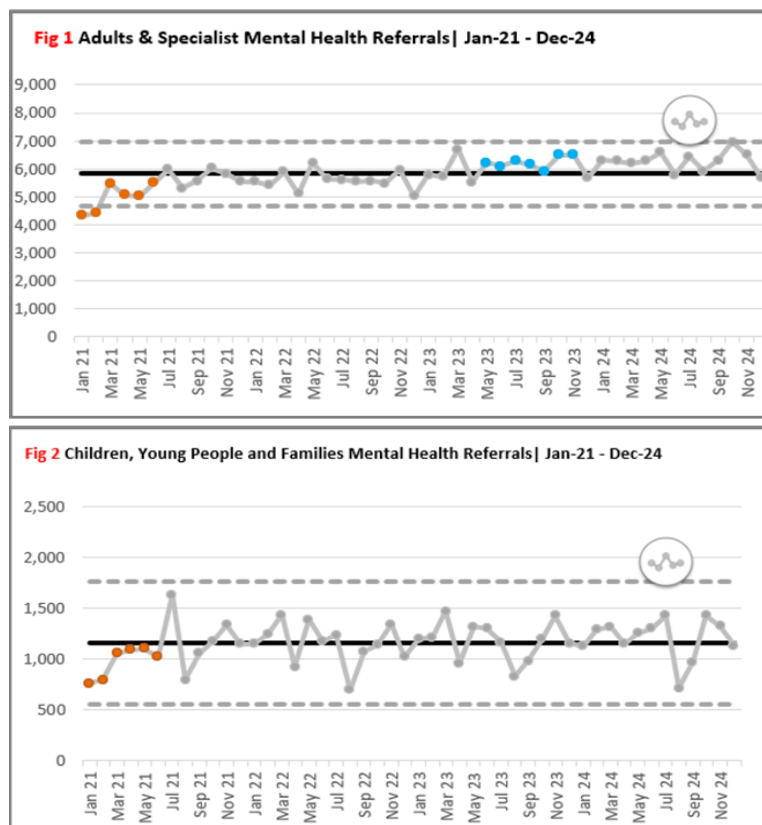
2.6 High Levels of demand over recent months have been compounded by challenges stemming from staff turnover and vacancies, resulting in intermittent high sickness levels, this tends to be heightened during the winter quarter when respiratory type illness peaks.

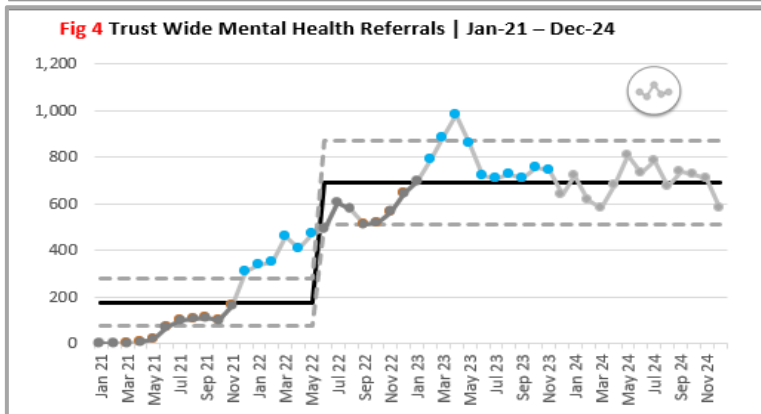
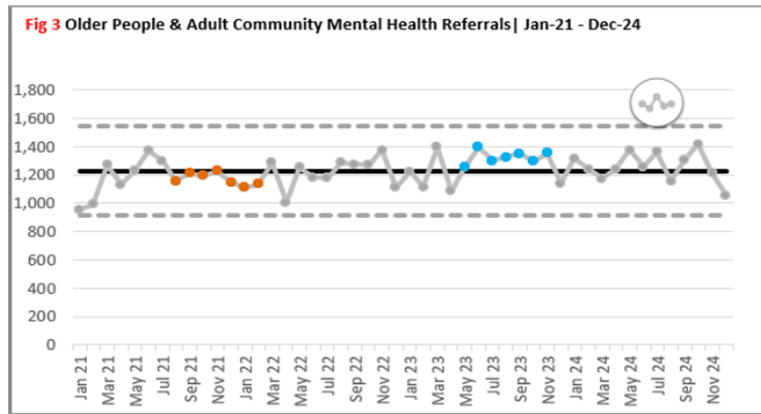
2.7 At a national level, new referrals for mental health conditions have seen a very substantial increase over the last 7 years; the national data between 2017 and 2024 shows a 47%

increase, from 3.5 to 5.2 million¹. Of note has been the increase in demand for ADHD, autism, and related conditions. These national trends have been reflected in referral patterns seen at CPFT.

2.8 Figures 1 to 4 below illustrate new referral numbers to CPFT by directorate between January 2021 and December 2024. We can see that Mental Health referrals for Adults Specialist Mental Health (ASMH) average over 6,200 per month; for Children, Young people and Families (CYPF) referrals average 1,100 per month, for Older People & Adult Community services (OPAC), average referrals per month are 1,275 and for Trust-wide services average referrals number 700. In total, CPFT receives 9,400 new Mental Health referrals per month.

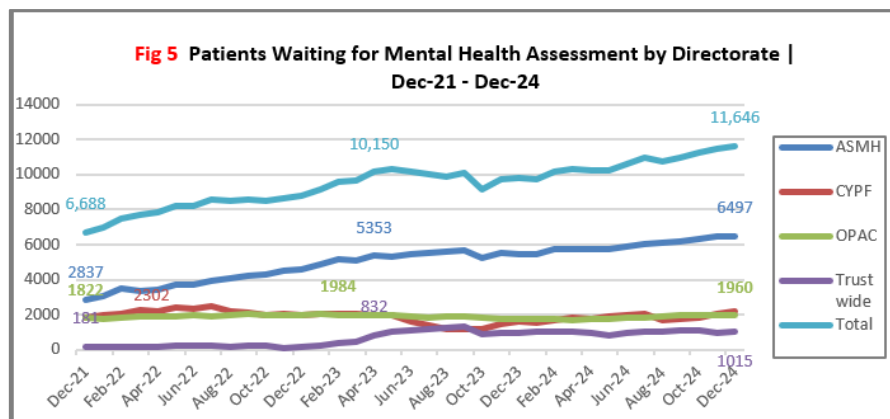
2.9 The increase in Mental Health referrals over the last few years has been a particular challenge for CPFT. The Trust is actively in discussions with commissioning and the Integrated Care Board ICB Colleagues on areas to review and address these increases. This work is also intended to ensure that the underpinning Service Specifications and related commissioning contracts reflect appropriate demand, as well as 'best practice' across the NHS.





Note: Figure 4 shows Trust wide teams; these teams work across directorates. The steep curve in the number of referrals reflects their different establishment dates over the period eg CPFT Safeguarding Adults team was created in November 21.

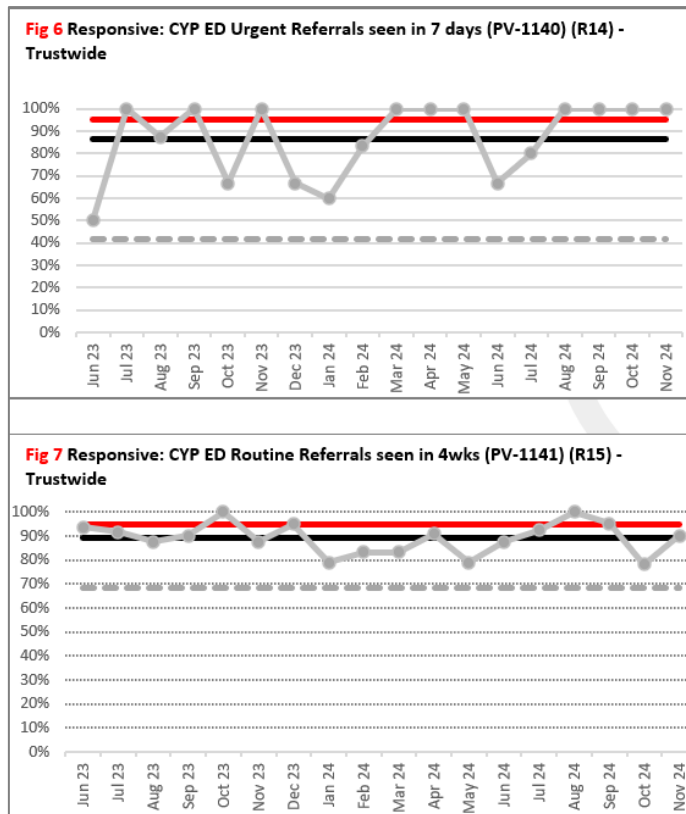
- 2.10 In addition to Mental Health services, Older People And Adult Community services (OPAC) receives an average of 14,500 referrals and CYPF over 1,300, for Physical Health services.
- 2.11 Given the substantial increase in demand for Mental Health services, CPFT has seen its waiting-list for assessment grow considerably over the period; the total waiting-list has risen from just under 6,700 in December 2021 to just over 11,600 at December 2024 (Fig 5). This rise has been seen across all Directorates, although a disproportionately high level is accounted for by increases for ADHD and Autism services.



- 2.12 Throughout this period, CPFT has striven to ensure that patients are prioritised according to “clinical need” and are assisted to “wait well”. Regionally, CPFT has a below average

number of patients waiting for mental health assessment and a below average number of long-waiters.

- 2.13 The Trust continuously monitors waiting lists, holding multi-disciplinary meetings to maintain momentum and ensure that waiting list management is embedded.
- 2.14 Along with increased referrals for ADHD and Autism services, CPFT has also experienced substantial increases for Eating Disorder services, both in CYPF and ASMH services, again in line with national trends². Average referrals for patients with an eating disorder for CYPF have risen to 20 patients per month; for ASMH the average number is 118 per month.
- 2.15 In order to monitor and ensure that Eating Disorder patients are prioritised according to clinical need, CPFT is subject to 2 KPIs which are reported to Board monthly: *Proportion of Urgent Eating Disorder referrals seen within 7 days*, and the *Proportion of Routine Eating Disorder referrals seen within 4 weeks* (see Fig 6 & Fig 7 below).
- 2.16 Given the increased volumes, both KPIs provide CPFT with significant challenge to meet the 95% targets on a consistent basis. Over the past 18 months, the target for Urgent Referrals has been achieved for 10 months; for Routine, it has been met for 5 months.
- 2.17 Reasons for non-achievement of targets are reported every month and in the context of referrals for eating-disorders, poor quality initial referral information and difficulties contacting patients to confirm appointments are frequent reasons for failure to hit the timescales.
- 2.18 Based on the request from the Scrutiny Committee to better understand locality-based treatment for people with eating disorders as a case study, the Trust would be very happy to support and host a service/site visit linked to such a case study. It would be helpful if we could explore this request and the sense of objective at the meeting itself.



Note: In Fig 6 and Fig 7, the upper solid line (red) denotes the 95% target.

- 2.19 Given the consistently high levels of demand for resources, another key area of focus for CPFT is ensuring optimised inpatient flow, so that the use of inpatient beds is as efficient as possible. Over time, we have seen increased average length of stay (LOS) in CPFT beds, in line with national trends and can be partially explained by the increased acuity levels of presenting patients but has also been impacted by changes that were introduced during the pandemic.
- 2.20 These issues place premium focus on the need to ensure the patients who are “clinically ready for discharge” i.e. no longer require inpatient care are discharged on the correct pathway without delay.
- 2.21 This represents another key area of challenge for CPFT; over recent time patients ready and delayed per month have averaged 25 for physical health and 14 for mental health.
- 2.22 Reasons for delays include availability of suitable onward accommodation, predominantly with Social Care and we are engaging with our Local Authority colleagues to improve escalation and progress.
- 2.23 Most services are seeing sustained increase in demand and in some cases acuity, we are actively engaging with the ICB, and utilising the local Mental Health and Learning Disability Partnership (MHLDA), part of the governance architecture of the Integrated Care System, to help highlight the demand and therefore the resource that will be required to maintain the

services that only CPFT can deliver as the principal secondary care Provider for Community and Mental Health Services.

- 2.24 Understanding and using population health data to ensure that we are addressing the needs of our population is vital going forward and we need system support and engagement to ensure that mental health and community services are given the same parity and access to resource as acute Trust activity. This point also relates to the engagement work with the ICB and Commissioners as set out in paragraph 2.9 above.

3. Suicide Prevention

- 3.1 A number of initiatives are supporting and contributing to CPFT's focus on suicide prevention:
- 3.2 In line with national practise, CPFT have adopted the **Patient Safety Incident Response Framework (PSIRF)**, a new NHS-wide approach to creating effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. Suicides are now investigated using PSIRF which replaces the previous Serious Incident Framework. PSIRF promotes a systems-based approach with a strong focus on learning and on the meaningful involvement of families/carers and staff. CPFT staff have been very positive about this approach to date, in particular the collaborative element.
- 3.3 CPFT are a participant in NHSEs **Culture of Care Programme**. This programme aims to improve the culture of inpatient Mental Health, Learning Disability and Autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. This works supports suicide prevention. Aligned to this, CPFT have been focussing on improvement work using the National Confidential Inquiry into Suicide and Safety in Mental Health (NCIHS) 'Safer Services' toolkit.
- 3.4 **'Learning from Deaths' (LfD)** is a national framework to help standardise and improve how NHS Providers identify, report, investigate and learn from deaths. A huge amount of work has taken place in CPFT in the past 12-18 months to improve our processes in relation to LfDs. Investment has been made in expanding our team and there has been a significant focus on embedding learning. A number of new learning events have been established including 'Lessons in Practice', 'LfDs - in-depth case reviews' and '7-minute briefings'.

4 CPFT Finances

- 4.1 As with all NHS bodies, the financial performance of the organisation is regularly reported through the Trust Board meeting in Public and its associated Board Sub-Committees. An update is also shared with the Trust's Council of Governors, as well as being consolidated at Integrated Care Board level as part of regular updates of all System partners that make up the Integrated Care System.
- 4.2 The attached slide deck (Appendix 1) summarises the Trust's financial performance through to the end of November (Month 8). As can be seen from the attached, CPFT reported a YTD deficit of £7.23m against a planned deficit of £4.07m, showing a £3.16m

adverse variance. In Month 8 the Trust reported a £1.03m deficit against a planned surplus of £0.67m, £1.71m adverse.

- 4.3 Underpinning the financial performance are a number of assumptions, risks and dependencies that are currently the subject of ongoing discussions with Commissioners and within the Trust. A further verbal update will be provided at the meeting.

5. Priorities for the new Leadership Team

- 5.1 Steve Grange took up post as the Trust's new CEO on 1st October 2024. Over the course of the last 3 months, Steve has been very active in assimilating his new organisation, the services that CPFT delivers, the incredible staff that are employed through the Trust, and shaping views on how we should be performing moving forward.
- 5.2 In addition, the Trust has also been involved in a Well Led Governance Review, being supported by Grant Thornton. CPFT are also about to be involved in a further review in consort with CQC looking at the Well Led domain within their Current Assessment Framework.
- 5.3 All of the above will provide a context for refreshing the Trust's governance 'architecture', a backdrop for a reset of the Trust's Strategic direction and, by association, the roles and responsibilities of the core Leadership Team. Steve Grange will provide a further update at the meeting.

Notes

¹ [NHS England data for mental Health New Referrals 2027 - 2024](#)

² [Mental Health of Children and Young People in England, 2023](#)