

UPDATE ON CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST – STRATEGIC IMPACT AND DIRECTION

To: Health and Wellbeing Board

Date: 17thMarch2016

From: Jill Houghton, Director of Quality, Safety and Patient Experience, Cambridgeshire and Peterborough Clinical Commissioning Group

1.0 PURPOSE

1.1 This paper outlines the Cambridge University Hospitals NHS Foundation Trust (The Trust; CUHFT) Improvement Plan for quality improvement. This Plan has been designed in order to address issues raised by the Care Quality Commission's (CQC's) Inspection Report, dated 22 September 2015.

2.0 BACKGROUND

2.1 The CQC carried out an announced inspection at CUHFT on 21-24 April and 7 May 2015. This was part of the regular inspection programme. The final report was presented at the Quality Summit in September 2015.

2.2 CUHFT achieved an overall rating of Inadequate. The CQC domain for Caring was rated as Outstanding. However, Effectiveness was rated as Required Improvement, with Safe, Responsive and Well-Led being rated as Inadequate.

2.3 Services for children and young people were rated as Good, with Maternity and Gynaecology, Outpatients, and diagnostic imaging Inadequate. Other services were rated as Requires Improvement.

2.4 The key findings of the CQC report were:

- There was a significant shortfall of staff in a number of areas, including critical care services and those caring for unwell patients. This often resulted in staff being moved from one area of a service to another to make up staff numbers. Although gaps left by staff moving were back-filled with bank or agency staff, this meant that services often had staff with an inappropriate skills mix and patients were being cared for by staff without training relating to their health needs. Despite this patients received excellent care.
- Pressure on surgical services meant routine operations were frequently cancelled and patients were waiting longer than the 18-week referral to treatment standard for operations. Pressure on the outpatients department meant long delays for some specialties and not all patients being followed up appropriately, particularly in ophthalmology and dermatology. There were some outstanding maternity services but significant pressures led to regular closures and a midwife to birth ratio worse than the recommended level.
- Disconnected governance arrangements meant that important messages from the clinical divisions were not highlighted at trust board level.

Introducing the new EPIC IT system for clinical records had affected CUHFT's ability to report, highlight and take action on data collected on the system. Although it was beginning to be embedded into practice, it was still having an impact on patient care and relationships with external professionals.

Medicines were not always prescribed correctly due to limitations of EPIC, although the CQC was assured this was being remedied.

- 2.5 The full CQC report can be accessed via: <http://www.cqc.org.uk/provider/RGT>

3.0 SUPPORTING PARAGRAPHS

- 3.1 CUHFT has developed an action plan – The Trust Improvement Plan – to address the issues raised by the CQC, in collaboration with the CCG and other stakeholders. This is being monitored by the CCG at the Clinical Quality Reviews with the Trust, and these meetings take place monthly. Scrutiny will continue to be provided at the CUHFT Quality and Safety Oversight Group which includes representation from CUHFT, Cambridgeshire and Peterborough CCG, Bedfordshire CCG, NHS England, Health Education England, Monitor, Public Health England and Healthwatch.
- 3.2 **Introduction to the Plan.** The Trust Improvement plan is set out to provide a single document that brings together the plurality of plans that have been put in place to improve the delivery and efficiency of services and supporting infrastructure at the Trust. It allows the Trust Board of Directors to drive delivery of the range of improvement activities in place, and can be used by the Trust Board of Directors, Internal workstream leads and external stakeholders to track progress in delivering the improvement that the Trust recognises is necessary to provide safe and excellent quality care for all our patients.
- 3.3 The undertakings agreed with Monitor as a result of the Trust being in breach of its licence across the trust include the need to provide or refresh a series of detailed plans (including but not limited to): a Quality Improvement Plan, a Financial Recovery Plan, the A&E Plan, the Cancer Plan and the RTT(Referral to Treatment) Plan and if deemed necessary a Governance Action Plan (together the 'plans'), which are under development. In totality these plans seek to address the financial, governance, and performance issues the Trust is facing, as well as the concerns raised in the CQC Quality report following their inspection of the Trust.
- 3.4 Supporting governance arrangements are in place to enable the Trust Board of Directors to:
- Be clear on the progress towards delivery of each plan
 - Be clear on the risks to successful delivery of the plans and the mitigations to those risks required; and
 - Hold individuals to account for delivery.
- 3.5 **Purpose.** The improvement plan is in place to enable clear understanding by the Trust of the progress the trust is making in delivering improvement across the whole of its portfolio, and by doing so provide assurance to its regulators and other external stakeholders that it is addressing the deficiencies that have led to it being in Breach of Licence and Special Measures as declared by Monitor on 22nd September 2015. It is an overarching document that summarises the detailed underpinning action plans in place to address discrete areas

of improvement and seeks to both ensure and assure that the interdependencies between plans are being managed effectively. The improvement plan is a dynamic document to be:

- Updated on a monthly basis to demonstrate progress being made against each action; and
- Refreshed on a quarterly basis to ensure it remains fit for purpose and is reflective of the improvement priorities of the Trust.

3.6 **Structure.** The Trust has identified five thematic priority areas for improvement over the next 12 months. For ease of use these have been colour coded within the Improvement Plan as follows:

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

3.7 E-hospital has been pulled out specifically as a key enabler in support of each of these themes.

3.8 The Trust Board of Directors actively agreed undertakings with Monitor and it is therefore the case that these encompass at a high level the areas of concern to be addressed by the Trust. This was signed off by The Trust and submitted to the Care Quality Commission on 7 October 2015.

3.9 In considering the actions specific to Quality Improvement, the Trust has mapped the five priorities within its existing quality strategy, which are mirrored in the Trust's current objectives at all levels of the organisation against the five domains (Well-led, Safe, Effective, Caring, Responsive) used by the CQC in determining the quality of the organisation through inspection. Whilst there are some differences in emphasis there is consensus – and the Trust is therefore confident that the actions being taken to improve quality will both address the concerns of the CQC and support delivery of the Trust's quality strategy.

3.10 Under each priority area the required actions are sub-divided into high-level workstreams which describe:

- The area of concern being addressed
- The action(s) required
- The target date for completion of the action
- The accountable executive sponsor
- The workstream lead responsible for implementing the action (where this is different)
- The RAG (Red, Amber, Green) rating and description of progress
- Key risks and mitigations
- The outcome sought by the action and measurable KPI(Key Performance Indicator)

3.11 Whilst relevant financial analysis is being undertaken, the plan also reflects whether there is likely to be a direct financial impact of the action being taken (e.g. cost of resources to deliver the change required). These financial impacts will be costed and the plan updated accordingly.

- 3.12 **Progress.** The Trust has been demonstrating and sharing progress against the Improvement Plan through regular Stakeholder Assurance meetings. Recruitment is under way for 9 extra midwives as well as 6 Midwifery Assistants, and the Trust has agreed to invest in recovering Referral to Treatment waiting times. The risks to recovery include: essential refurbishment of theatres which will affect theatre capacity, the junior doctor strike, difficulties in recruitment in certain specialities and increased pressure on the Emergency Department during January/February.
- 3.13 The Care Quality Commission is inspecting all the areas of the Trust previously rated as inadequate on 9 and 10 February 2016 and will subsequently report on any improvements made since the last inspection. For recent figures and an update on: A&E 4 Hour Performance, Cancer Standards, Diagnostics, and Referral to Treatment (18 weeks), please see Appendix 1. These are so far on a generally positive trajectory.

4.0 RECOMMENDATION/DECISION REQUIRED

- 4.1 The Board is asked to note the Trust's Improvement Plan for quality improvement, its progress to date, and continued commitment to addressing the issues raised by the CQC.

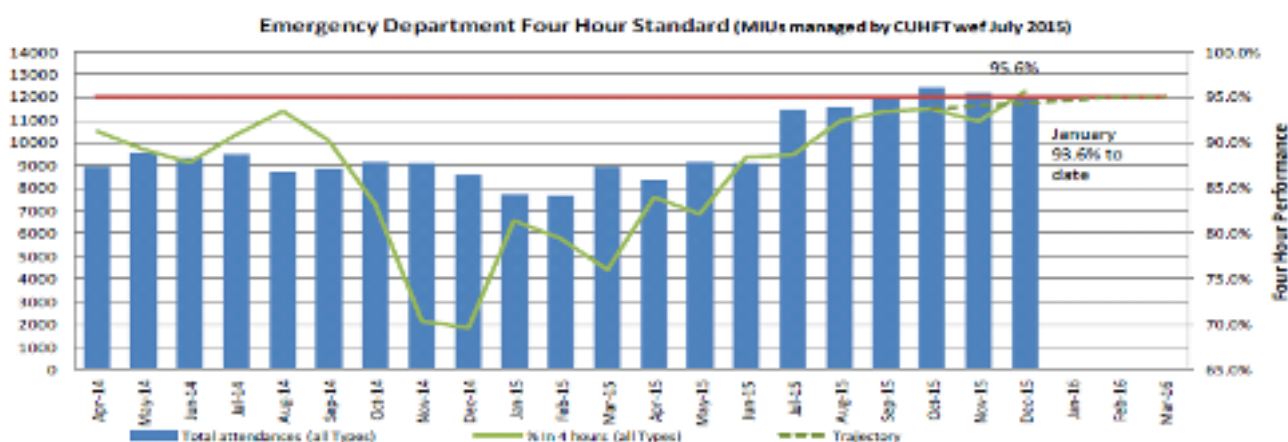
| Source Documents | Location |
|--|---|
| CQC Inspection Report of CUHFT, September 2015 | http://www.cqc.org.uk/provider/RGT |

Jill Houghton, Director of Quality, Safety and Patient Experience
17 February, 2016

APPENDIX 1 - A&E 4 Hour Performance, Cancer Standards, Diagnostics, and Referral To Treatment (18 weeks): CUHFT (Addenbrooke's) current position

1.1 A&E 4 Hour Performance

This performance measure was below the standard prior to the eHospital programme and as you can see from the chart below, performance has steadily improved (green line) over the 2015 calendar year culminating in achievement of the standard in December 2015.



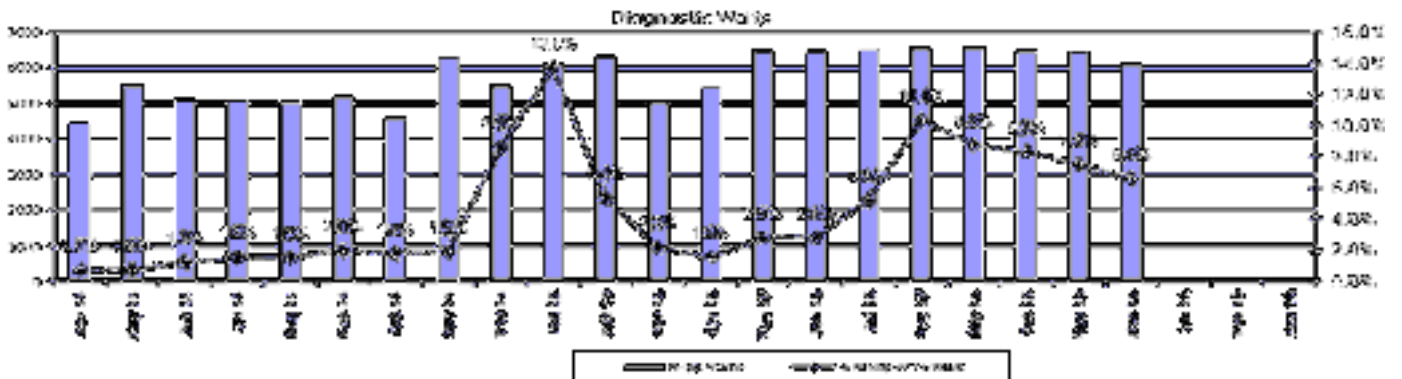
1.2 Cancer Standards

Cancer performance has improved dramatically across the Trust over the financial year, culminating in them achieving the required performance levels from October 2015 onwards. The data for December also shows achievement of the standards.

| Cancer Standards 15/16 | 15-16 Q1 | 15-16 Q2 | Oct-15 | Nov-15 |
|---|----------|----------|--------|--------|
| 2Wk Wait (93%) | 85.9% | 92.3% | 97.3% | 96.6% |
| 2wk Wait SBR (93%) | 88.2% | 93.5% | 98.8% | 97.1% |
| 31 Day FDT (96%) | 93.8% | 94.5% | 96.1% | 97.7% |
| 31 Day Subs (Anti Cancer) (98%) | 99.5% | 100.0% | 100.0% | 100.0% |
| 31 Day Subs (Other) (93%) | 100.0% | 100.0% | 100.0% | 100.0% |
| 31 Day Subs (Radiotherapy) (94%) | 98.1% | 97.3% | 98.8% | 98.4% |
| 31 Day Subs (Surgery) (94%) | 86.3% | 91.7% | 98.0% | 98.1% |
| 62 Day from Screening Referral (90%) | 93.5% | 82.5% | 92.6% | 100.0% |
| 62 Day from Urgent Referral (85%) | 74.9% | 77.4% | 83.5% | 81.1% |
| 62 Day from Urgent Referral with reallocations (85%) | 76.9% | 79.8% | 87.1% | 86.4% |
| 62 Day from Screening Referral with reallocations (90%) | 93.5% | 82.5% | 92.6% | 100.0% |
| 62 Day from Consultant Upgrade with reallocations (50% - CCG) | 64.3% | 100.0% | 100.0% | 80.0% |

1.3 Diagnostics

Diagnostics performance deteriorated in two main areas at the beginning of 2015/16; MRI and Neurophysiology. The chart below shows the gradual improvement since Aug 2015 as more MRI capacity has been brought on stream and further Neurophysiology consultants have been appointed. This is expected to be back within the 99% standard by the end of February 2016.



1.4 Referral To Treatment (18 weeks)

The Trust has invested £2.25m in recovery of this area and has agreed a recovery trajectory of March 2016. However issues with recruitment in key specialties namely Ophthalmology and Cardiology mean that this recovery date is unlikely. They have also had to close their Neurology theatres for maintenance.

