

**KEY DEVELOPMENTS AT CUH FOLLOWING AN UNANNOUNCED CARE QUALITY
COMMISSION INSPECTION IN OCTOBER 2018 AND WELL-LED AND USE OF
RESOURCES INSPECTIONS IN NOVEMBER 2018**

To: **Health Committee**

Meeting Date: **11 July 2019**

From: **Cambridge University Hospitals NHS Foundation Trust
(CUH)**

Purpose: **The purpose of this report is to update the Committee with
respect to the outcome of the recent Care Quality
Commission inspection of CUH and ongoing actions.**

Recommendation: **The Committee is asked to note the contents of this
report, and the work being undertaken to address the
findings and deliver further improvement.**

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1. BACKGROUND

- 1.1 The Care Quality Commission (CQC) initiated a Provider Information Request (PIR) from Cambridge University Hospitals NHS Foundation Trust on 15 August 2018 and this was submitted on 6 September 2018 to the required deadline.
- 1.2 Between 30 October 2018 and 1 November 2018, the Trust underwent an unannounced inspection of four core services:
- Urgent and Emergency Care
 - Medical Care
 - End of Life Care
 - Surgery
- 1.3 This was followed by a Use of Resources assessment by NHS Improvement on 12 November 2018 and a CQC Well-Led Inspection between 27 and 29 November 2018.
- 1.4 Preliminary feedback was received from the CQC in a letter to the Chief Executive on 30 November 2018 which was copied to NHS Improvement.
- 1.5 The draft CQC report and evidence appendix was received by the Trust on 18 January 2019 and factual accuracy responses were returned on 30 January 2019, ahead of the required deadline. The evidence appendix has recently been introduced by the CQC and is published in parallel with the main report. It underpins the evidence gathered to support the report findings.
- 1.6 The final report was published on 26 February 2019.

2. CQC INSPECTION REPORT – SUMMARY OF FINDINGS

- 2.1 The overall rating of the Trust stayed the same as in the January 2017 inspection report. CUH is rated as good because:
- 'Safe' and 'effective' are good, 'caring' and 'well-led' are outstanding but 'responsive' remains as 'requires improvement'.
 - Three of the four core services inspected are good overall and one is outstanding (end of life care).
 - The CQC considered the current ratings of the four core services that were not inspected this time. While the Trust had improved, there remained a rating of requires improvement for 'responsive'.
 - Although the Trust is outstanding in the 'caring' and 'well-led' domains, the Trust was rated as good overall because the 'responsive' domain remained as a rating of requires improvement.
 - In addition, the Use of Resources inspection resulted in a 'Requires Improvement' rating, which was incorporated into the overall Trust rating for the first time under the new CQC methodology.

Ratings for Addenbrooke's and the Rosie Hospitals

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2019	Good ↔ Feb 2019	Outstanding ↑ Feb 2019	Requires improvement ↓ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019
Medical care (including older people's care)	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Surgery	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Critical care	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Maternity	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Services for children and young people	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Good ↔ Feb 2019	Good ↑ Feb 2019	Outstanding ↔ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Outstanding ↑ Feb 2019
Outpatients	Good Jan 2017	Not rated	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017
Overall*	Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding ↔ Feb 2019	Requires improvement ↔ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019

Ratings

Overall quality rating for this trust	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Requires improvement ●
Are services well-led?	Outstanding ☆

Our overall quality rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led. These ratings are based on what we found when we inspected, and other information available to us. You can find information about these ratings in our inspection report for this trust and in the related evidence appendix. (See www.cqc.org.uk/provider/RGT/reports)

Are resources used productively?	Requires improvement ●
Combined rating for quality and use of resources	Good ●

3. SUMMARY BY KEY LINE OF ENQUIRY (KLOE) DOMAIN

3.1 Are services safe? The rating of safe stayed the same.

However:

- Since the last inspection the Trust had made improvements to improve the safety of paediatric patients within the ED, but during the inspection the CQC identified that patients and relatives within the department could access the paediatric waiting and treatment area unchallenged by staff and that the area was not always supervised. Staff were not able to see the waiting areas and there was no closed-circuit television to observe the children and relatives.
- Observations were not always documented for patients with mental health conditions who required observation every 15 minutes within the emergency department.
- The Trust did not meet all the Royal College of Emergency Medicine standards, although they had action plans to improve compliance.
- Throughout the inspection of surgery, the CQC found that learning from incidents was not always shared between different divisions.

3.2 Are services effective? The rating of effective stayed the same.

However:

- The severe sepsis and septic shock audit 2016 to 2017 demonstrated that the emergency department did not meet the national standards, although, the ED had implemented actions and had shown some improvements in 2018.

3.3 Are services caring? The rating of caring stayed the same. It was outstanding because:

- The Trust had a strong, visible person-centred culture. Despite financial and staff challenges, staff were highly motivated and inspired to provide care that was kind and promoted the dignity of patients.
- Feedback from patients and relatives was overwhelmingly positive about the way staff provided care and treatment.
- Patients told the CQC that staff went that extra mile and their care and support exceeded their expectations.
- Staff of all levels introduced themselves and took time to interact in a considerate and sensitive manner. Staff spoke with patients in a respectful way.
- The CQC observed many examples of staff responding with kindness when patients required assistance or support.
- Patient's emotional and social needs were as important as their physical needs.
- Staff involved patients and those close to them in decisions about their care and treatment. The CQC observed staff involving patients and their relatives during assessments and when taking physiological observations on the wards.
- The Trust provided support to patients' relatives where appropriate by enabling open visiting where appropriate and having on-site accommodation available.

3.4 Are services responsive?

The rating of responsive stayed the same. It was rated as requires improvement because:

- The Trust did not meet all the Royal College of Emergency Medicine standards, although they had action plans to improve compliance.
- The Trust continued to experience challenges with delayed transfers of care (DTOC). Staff understood the challenges and were acting to address shortfalls, which were mainly affected by external pressures of care home availability and rehabilitation opportunities.
- Fast track discharge did not meet the NHS England recommended time of 48 hours and on some occasions, was much longer than this. The average time to discharge was eight days, which suggests that the Trust was performing worse than the last inspection, where the average time to discharge was 3.8 days for patients living in Cambridge and 4.7 days for patients living outside Cambridge.
- The service overall referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average.
- Between 2016 and 2018, the percentage of cancelled operations for elective procedures due to non-clinical reasons was higher than the England average in all quarters apart from the most recent one (April to June 2018).
- Overnight intensive recovery (OIR) was intended to only be a 22-hour stay before patients were transferred to the appropriate ward, but there were frequent delayed discharges from OIR and main recovery to wards and the intermediate dependency area.
- Although the Trust treated concerns and complaints seriously, they were not always investigated, responded to, and closed in a timely manner.

3.5 Are services well-led?

The rating of well-led improved. It was rated outstanding because:

- Well led for urgent and emergency services and end of life care was rated as outstanding.
- There was compassionate, inclusive and effective leadership at all levels. The leadership team had the right skills and abilities to run a service providing high-quality sustainable care. Leaders worked collaboratively across departments and were knowledgeable about risks and priorities for the quality and sustainability of their services.
- The Trust had a vision for what it wanted to achieve and workable plans to turn it into action. These had been developed with involvement from staff, patients and external stakeholders. All staff the CQC spoke with were aware of the Trust vision and could describe it to them. There was a systematic approach to monitoring, reviewing and tracking progress within the Trust.
- Comprehensive and successful leadership strategies were in place to ensure and sustain service delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service, and beyond.
- Managers across the Trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported feeling respected and valued.

- The Trust prioritised leadership development and succession planning to enable a culture that recognised the importance of having leaders with the right attitude, skills and abilities.
- Leaders consistently involved staff, considered public feedback and welcomed stakeholder challenge to further develop services. Staff were committed to seek and embed new ways of working which improved care and services for patients.
- The Trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish. There were effective structures, processes and systems of accountability in place to support the delivery of the strategy and good quality services.
- There were systems and processes to ensure risks were monitored and mitigated wherever possible, and performance was monitored. Risks on risk registers were known to the leadership teams and matched what the CQC found on inspection.

4. Areas for improvement by core service

- 4.1 The CQC found 15 areas that the Trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a regulatory requirement or to improve service quality.

Urgent and Emergency care

- Ensure patients and relatives within the department cannot access the paediatric waiting room and treatment area, and staff regularly observe the paediatric waiting area.
- Ensure medical staff attendance at mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) training is improved to meet the trust target.
- Ensure that the severe sepsis and septic shock audit continues to improve to meet the national standards.
- Ensure that patients' wait from time of arrival to receiving treatment should be no more than one hour (*for minor injury or illness*).
- Ensure that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED.

Surgery

- Encourage the learning from incidents across the service and between divisions, to help mitigate the risk of potentially avoidable incidents reoccurring.
- Continue working to improve referral to treatment time, flow through the service and reduce the number of cancelled operations.
- Ensure that escalation processes are known to staff when temperatures of medicines and flammable liquids are breached.
- Assess the arrangements for patients admitted to eye surgery in the morning when their scheduled surgery is in the afternoon.
- Continue working on the experience of the overnight intensive recovery area for patients and ensure there is mitigation in place when patients are required to stay there longer than one night.
- Ensure all patients are fully involved in their care and treatment by medical staff and ensure positive communication from medical staff.

- The service should continue to work on improving performance in the National Emergency Laparotomy Audit.

End of life care

- Review medical staffing of the specialist palliative care team against national guidance.
- Continue work to improve the fast track discharge process.
- Audit the percentage of patients that achieved their preferred place of death.

5. Outstanding practice by core service

5.1 The CQC found examples of outstanding practice:

Urgent and Emergency Care

- ED staff participated in outreach work in the community.
- A healthcare assistant (HCA) who took a 'no nonsense' attitude (practical and only interested in achieving) towards protecting patients and staff in the ED -They successfully introduced a programme called 'No Nonsense November' for annual fit testing of respirators and the HCA successfully negotiated the purchase of hoods as well as identifying safe storage.
- A paediatric HCA from the ED who coordinated an appeal for new toys for the children's emergency waiting room. The social media post was seen by BBC Cambridgeshire which highlighted fund raising within the department.

Medical Care (Including older people's services)

- Innovative practices to improve patient discharge, for example the Trust had implemented a project for patients to learn to administer their own intravenous (IV) antibiotics at home to reduce the amount of time patients had to remain in hospital.

Surgery

- The Trust had a positive focus on staff engagement.
- In the main surgery recovery was a 'listening ear' on the wall in response to patient feedback.
- There were frequent opportunities for staff to develop their competencies.

End of life care

- The bereavement care follow-up service offered grief intervention and support for relatives following the death of a loved one in hospital.
- The 'tiny feet' initiative provided free hand and foot clay imprints, of babies and children who had recently died.

6. Use of resources

6.1 The use of resources was rated as requires improvement. The Trust's deficit position had worsened and performance against the productivity metrics in assessment framework was varied. For the first time the use of resources rating was used to determine the overall Trust inspection rating under the new CQC methodology.

6.2 Use of resources - Outstanding practice

- The Trust's use of technology in its clinical and business processes to drive operational efficiency and better patient experience.

- The Trust's pharmacy staffing model which has helped reduce hospital admissions, facilitate prompt hospital discharge, and reduce medicine dispensing errors.
- Good use of the Purchasing Price Index Benchmark tool to secure good prices and drive down cost of purchases.
- The Trust has been recognised for its excellent engagement with the GIRFT programme in improving productivity.

6.3 Use of resources - Areas for improvement:

- The backlog maintenance and critical infrastructure risk is high and needs to be reduced so that patient safety does not become compromised in the future.
- The Delayed Transfers of Care (DTOC) rates remain high and the Trust should continue to work towards reducing them (in collaboration with system partners).
- There is a high proportion income generation CIPs which may not be sustainable in future years. This needs to be maintained at reasonable levels in future financial plans.
- Further work is required to understand and reduce the underlying deficit.
- Continued focus is required on areas where the Trust has made improvements, but performance is still below national medians, in particular overall staff retention.
- The Trust should continue working to reduce the cost of the eHospital system.

7. Requirement Notices

7.1 There were no regulatory breaches identified by the inspectors.

8. Factual accuracy

- 8.1 The factual accuracy progressed swiftly and reflected the quality of the PIR, data request returns and the communication with the CQC during the Well-led inspection.
- 8.2 The factual accuracy returns mainly reflected grammatical, typographical or minor clarifications to discussions reported by the CQC in the evidence appendix and main report.
- 8.3 The most significant response to the factual accuracy request was in relation to the requires improvement rating for 'responsive' under Urgent and Emergency care and Surgery, where additional information was submitted.
- 8.4 The factual accuracy process did not prompt any significant changes to the original draft report during its finalisation.

9. CQC feedback

9.1 The CQC has requested feedback on the inspection and this will be collated by the Compliance Team.

10. Conclusion and next steps

- 10.1 All recommendations for improvement are reviewed in line with Quality Steering Group processes, and work streams developed with relevant operational leads. These will be included in the Trust's Quality Improvement Plan that will be shared publicly through NHS Choices website and will be reviewed by the Trust's commissioners and regulators.
- 10.3 Progress against work streams is be monitored, with any deviations from progress escalated to the Trust's Management Executive. The Management Executive will also discuss ongoing improvement priorities for the next one to three years.
- 10.4 As this cycle of inspection comes to a close the CQC relationship manager will reconvene regular engagement sessions with Trust staff, and hold regular meetings with the Chief Nurse, as the executive lead for compliance. Insight reporting will resume and be shared monthly with the Management Executive.
- 10.5 The Compliance Team reviews and plans with operational leads a series of peer reviews with those core services that have not been inspected, utilising the new CQC methodology in readiness for potential further core service inspections during 2019.