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1. Introduction

1.1 Statement from the Chief Executive

Delivering high-quality care for our patients 365 days a year is the reason for CUH’s existence, and this means ensuring that our patients feel safe and comfortable while they are here, and that the care they receive is right for them and not just what our clinicians think is right. This approach is summed up in the Trust’s values of Together – safe kind excellent. Since I joined, in November 2015, as CUH’s Chief Executive, I have witnessed many occasions when staff have demonstrated these values.

However, in September the Trust had received an inadequate rating from the CQC and been placed in special measures by Monitor. The CQC’s findings showed that the Trust didn’t have the robust systems and processes in place to support the management and delivery of high-quality care, and Monitor asked us to review our funding for services and staff.

This must have been very difficult for both staff and the Trust. One of the first things that struck me in my first few days was the high-quality of care, and compassionate care that our staff give to our patients every day, and this was very reassuring to see. I was also impressed that the organisation had responded quickly and positively to the immediate recommendations in the CQC report, such as fixing the problem of nitrous oxide monitoring in the Rosie Hospital.

Against the backdrop of these current challenges, CUH remains the hospital of choice for many patients, not just from Cambridgeshire but also from across the region and nationally. Addenbrooke’s and the Rosie hospitals continue to deliver excellent outcomes for patients with, for example, better five-year cancer survival rates than the England and European averages. Nearly all our patients experienced harm-free care here; this makes us one of the top five safest teaching hospitals and we have one of the lowest death-rates in the country. As well as this, 91% of our staff would recommend CUH as a place to receive treatment, a figure which is 20% higher than then national NHS acute average. These statistics are testament to the high-quality of care our staff deliver to patients every day.

Listening to CUH’s many stakeholders, including staff, patients and partners, about their experiences of our hospitals, was invaluable in allowing me to define three key areas to prioritise immediately: addressing the quality concerns identified by the CQC, taking some immediate actions to address the Trust’s financial position, and reducing the time patients wait for treatment at our hospitals.

I am pleased to report that there is very strong evidence of sustainable improvements on the quality issues. We have cut length-of-stay, reduced the numbers of cancelled operations and reduced the backlog in outpatients. We have employed more staff and, to date, we have met all cancer standards since October 2015. In December, working with partners, we achieved the target for waiting times in our emergency department.

There are a number of important areas which will take longer to resolve. For example addressing the culture of the organisation and the way we organise the Trust, and of course addressing the significant financial challenges facing the Trust, which will be a focus for the next three to five years.

We are pleased to be working with our partners within the Cambridgeshire and Peterborough health economy to improve the local healthcare system. This will feed into our comprehensive strategy, which will not only define the shape of our
services for the next five years, but will also map out how we plan to return to financial sustainability.

There has been progress, but there are also challenges, in the two major strategic projects integral to improving quality for patients in the long-term – eHospital and UnitingCare. As with any implementation of this scale, eHospital hasn’t been without its challenges. We have learnt important lessons which have helped us to develop, and from which the rest of the NHS will benefit as we all move towards the government’s ambition of a digital NHS.

Our long-term strategy will include how CUH will function in the health economy and ensure that we build on the effective models of care that UnitingCare developed, and also outline how we can make the most of the innovation and life-sciences that Cambridge is famous for.

In order to ensure the success of the implementation of the strategy, we will be continuing the dialogue with patients, staff and partners, and we thank them for their support and commitment.

My goal is for CUH to regain its position as one of the region’s leading healthcare organisations, delivering the best care to local people, as well as contributing to future treatments.

I look forward to working with our patients, staff and stakeholders as we continue our journey of improvement in this, our 250th Anniversary year.

Roland Sinker
Chief Executive Officer
25 May 2016

1.2 Cambridge University Hospitals in context

CUH is many things: a teaching hospital for a world-famous university; a centre for international research; a specialist centre for treatment and, most importantly to our patients, it provides district general hospital services for Cambridge and the surrounding area through our hospitals – Addenbrooke’s and the Rosie. These combined strengths offer our community the benefits of international research and care on their doorstep as we translate work from the laboratory directly into new treatments and therapies in clinics, theatres and wards.

The past year has seen the organisation face significant challenges, both internal and external, as it seeks to understand, manage and adapt to the demands of the wider health economy in which it plays such a central role. In September 2015, following an investigation into the Trust’s finances and governance arrangements, and publication of a Care Quality Commission (CQC) report rating the Trust as ‘inadequate’, the Trust was placed in special measures by Monitor.

In response, the Trust has developed a comprehensive, and overarching improvement plan, to improve the delivery and efficiency of services and supporting infrastructure. The plan serves to bring together a number of subsidiary plans, each addressing a specific facet of our activity, and supported by a robust implementation and monitoring programme. The quality aspects of our plan are described in more detail later in this report.
We are also now in our second year of operating with a comprehensive electronic patient record system in the form of Epic, as part of a ten year eHospital programme. The period following deployment saw a number of significant challenges, but we are now entering a phase where Epic has become very much a part of daily life and, as we consolidate our position, we are settling to the task of ensuring that we realise the many benefits of the system.

Throughout this somewhat difficult time, the Trust has been consistently supported by the dedication and tenacity of its staff, who have always been willing to go the extra mile for an organisation which all believe can, and should, aspire to rank amongst the best.

**Our aim remains to …**

Provide high quality healthcare and a first-class service through collaboration with research, academic and healthcare colleagues, and by engagement with our patients, their families and carers, and the wider community. While we recognise the need to improve, and are taking all necessary steps to ensure that the required changes are made, we are proud of the rating by the Care Quality Commission of our staff as ‘outstanding’ in the quality domain of ‘Caring’.

### 1.3 2015/16 activity

During 2015/16 we treated more patients than ever before; the following table sets out key activity numbers.

**Table 01**

*Patients treated: comparison of 2014/15 and 2015/16*

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>Increase or decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits to outpatients</td>
<td>592,288</td>
<td>684,560</td>
<td>✓15.6%</td>
</tr>
<tr>
<td>Births</td>
<td>5,716</td>
<td>5,953</td>
<td>✓4.1%</td>
</tr>
<tr>
<td>Day cases</td>
<td>116,360</td>
<td>123,429</td>
<td>✓6.1%</td>
</tr>
<tr>
<td>Total inpatients</td>
<td>61,400</td>
<td>61,870</td>
<td>✓0.8%</td>
</tr>
<tr>
<td>- elective</td>
<td>12,361</td>
<td>10,890</td>
<td>✓11.9%</td>
</tr>
<tr>
<td>- emergency &gt; 85 years old</td>
<td>5,694</td>
<td>6,005</td>
<td>✓5.5%</td>
</tr>
<tr>
<td>- emergency &lt; 85 years old</td>
<td>35,628</td>
<td>37,453</td>
<td>✓5.1%</td>
</tr>
<tr>
<td>- maternity</td>
<td>7,717</td>
<td>7,522</td>
<td>✓2.5%</td>
</tr>
<tr>
<td>A&amp;E attendances</td>
<td>105,804</td>
<td>108,972</td>
<td>✓3.0%</td>
</tr>
<tr>
<td>Total</td>
<td>881,568</td>
<td>984,784</td>
<td>✓11.7%</td>
</tr>
</tbody>
</table>
The increase in the total number of patients seen has, and will, continue to challenge us in terms of having sufficient beds and staff to deliver the quality of care we aspire to provide. The number of patients with urgent and complex conditions has increased and, as can be seen from table 38, there has again been a significant increase in the number of patients aged 85 or older admitted as emergencies. This in turn has had a marked effect on our ability to deliver elective activity.

The discrepancy between the increase in number of births against a decrease in maternity admissions is likely to be due to the introduction of triage of pregnant women in labour in an outpatient setting, before admitting them. This will also account for some of the rise in outpatient attendances.

1.4 Working together to monitor quality

We are proud of the strong relationships we have with our stakeholders: the involvement of patients, the public, governors, our local Healthwatch, and health system partners is, and will continue to be, central to reflecting back both our success and areas in which we need to improve, and in determining how we provide care and develop services for the future.

Our governors are involved throughout the year in monitoring and scrutinising our performance, and discussing this in detail with the directors in a joint working group on quality and public engagement. There is also strong governor representation on our patient experience committee. The governors demonstrate their commitment to fulfilling their role as elected representatives of patients, public and staff through their direct activity in the community.

We continue to work closely with our commissioning GPs, Cambridgeshire and Suffolk Healthwatch, and other stakeholders. Trust representatives regularly attend meetings of these bodies, participating in discussions where we can influence plans and respond to concerns which are important to the community’s health.

The number of patients whose discharge is delayed while awaiting social or health care provision in the community remains a serious concern, not only for the welfare of those individuals, but also for the function of the health system as a whole. Working rapidly to achieve a more integrated system of care remains a priority, and we are particularly disappointed by the failure of the UnitingCare Partnership* so early in its life.

*UnitingCare Partnership (UCP) was a partnership between CUH and Cambridgeshire and Peterborough NHS Foundation Trust. UCP successfully bid for a five year contract with Cambridgeshire and Peterborough CCG to provide older people’s healthcare and adult community services across Cambridgeshire and Peterborough from 1st April 2015. The arrangement was terminated at the end of 2015, as it was deemed not financially sustainable.

1.5 Data and terms used in this report

Unless stated otherwise, the data presented in this report is the latest available at 31 March 2016.

For an explanation of terms and abbreviations please see the glossary set out in Annex 7.
2. Quality at the heart of our improvement plan

2.1 Our CQC inspection and improvement plan

Our CQC inspection in April 2015

Cambridge University Hospitals NHS Foundation Trust (CUH) was placed in special measures by Monitor on 22nd September 2015, following an investigation into the Trust’s finances and governance arrangements, and publication of a Care Quality Commission (CQC) report rating the Trust as ‘Inadequate’.

The overall ratings for each quality domain assessed by the inspection were:

Figure 01
CQC overall rating of CUH following inspection in April 2015

<table>
<thead>
<tr>
<th>Overall rating for this trust</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services at this trust safe?</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Are services at this trust effective?</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Are services at this trust caring?</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Are services at this trust responsive?</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Are services at this trust well-led?</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>

Figure 02
CQC rating of core services following inspection in April 2015

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Medical care</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Inadequate</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Critical care</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Outstanding</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Maternity and gynaecology</td>
<td>Inadequate</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Services for children and young people</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Outstanding</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Inadequate</td>
<td>Not rated</td>
<td>Good</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Overall</td>
<td>Inadequate</td>
<td>Requires improvement</td>
<td>Outstanding</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>
Key findings of concern were:

- there was a significant shortfall of staff in a number of areas, including critical care services but, 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 target 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
- introduction of the new Epic IT system for clinical records had affected the Trust'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 we were assured this was being remedied

However, the inspection also found:

- caring staff who did everything they could for patients in their care
- effective and robust multidisciplinary working across the Trust
- the emergency department and major trauma centre were efficient and effective

The full report can be accessed on the CQC web site: http://www.cqc.org.uk/provider/RGT or on request from the Trust (see section 4.6.10).

**Our improvement plan**

Following the inspection, the Trust acted quickly to address the concerns raised, and developed a comprehensive improvement plan as a single document, bringing together multiple plans to improve the delivery and efficiency of services and supporting infrastructure at the Trust. These plans 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.

The improvement plan sets out our five thematic priority areas for improvement over the 12 months from October 2015:

- leadership and accountability
- strategy
- quality improvement
- operational capacity
- financial recovery

The use of an overarching plan, set out as a single and dynamic document, 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.

**Monitoring and assuring the plan delivery**

The Trust Board of Directors is accountable for delivery of the totality of the Improvement Plan, with day-to-day responsibility sitting with the Trust Chief Executive. The Trust is using best practice tools supported by a single Trust-wide programme management office (PMO) to support teams in developing fully costed plans, with detailed milestones, key performance indicators and timelines, assessed for quality impact and risks.

Supporting governance arrangements ensure that the Trust Board reviews progress on a monthly basis, following scrutiny by the Board’s Quality Committee and Management Executive. A fortnightly Delivery Quality Board monitors the progress of each plan, risks to successful delivery and required mitigations.

Monitor asked the Trust to consider how it provides stakeholders with external assurance over the delivery of the improvement plan, and a programme of assurance has been developed for each of the five themes and their subsidiary workstreams. The first external assurance visits for the initial quality improvement workstreams took place in January 2016.

We publish our improvement plan on our website ([www.cuh.org.uk](http://www.cuh.org.uk)) every month, and monthly stakeholder assurance meetings are held with a range of key organisations, including the CQC, the Cambridgeshire & Peterborough Clinical Commissioning Group and Healthwatch Cambridgeshire.

**Progress to date**

Our inspection report contained a number of recommendations which fell into two categories: 15 ‘must do’ and a further 12 ‘should do’ actions. All were incorporated into the improvement plan, together with a number of broader and more strategic pieces of work.

These actions have either been implemented or, where they involve longer term development, are on track. Examples of the former include risk assessing and prioritising patients waiting for outpatient appointments, ensuring that the process for completing 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) assessments is clear and effective, and ensuring that levels of environmental nitrous oxide in the delivery suites are properly monitored. A number of areas of concern were directly or indirectly associated with the integration of our new Epic electronic patient record, and more information on progress with this can be found in section 4.6.6. Overall progress can be followed in the monthly report, available online.

A second CQC inspection was carried out in February 2016, focusing on the core services of surgery, maternity and gynaecology, and outpatient and diagnostic services. At the time of writing, we are awaiting the final inspection report, but we are confident that this will evidence the significant improvements already delivered by our actions in these, as well as in other, areas.
2.2 Duty of candour

The Trust’s values of ‘Together: safe, kind and excellent’ include a commitment to being honest and open with patients, carers and relatives when things go wrong. Over the past year, we have worked to reinforce a culture where apologising, investigating and feeding back to patients is normal practice.

The Trust has created a new policy and procedure, aligned to national guidance, setting out how staff at CUH will live up to our aspiration and duty to be open and honest. This is designed to ensure that any apology is made in a way that is appropriate and takes into account the needs and circumstances of patients, carers, and relatives, and that staff are supported and can be confident in apologising when things go wrong. Embedding this into practice has been supported and reinforced by awareness campaigns for staff, patients and their carers or relatives.

When an incident occurs, patients will receive a verbal apology, and where the harm is identified as moderate or above*, a written apology will also be made together with an offer to provide feedback once the incident has been investigated. The patient safety team and patient advice and liaison service (PALS) are jointly responsible for this process and work closely together, supported by the relevant clinical teams.

In October 2015, we introduced a new IT system for safety reporting, which also captures duty of candour information. The system allows the Trust not only to monitor the process and identify any cases that may have inadvertently been overlooked, but the relevant data fields act as a prompt for staff reporting an incident, reminding them of the need to apologise when things go wrong.

By the end of April 2016, the Trust’s complaints information will be integrated into this system, followed later in the year by our claims data. For the first time, all information will be held centrally on one system, assisting the duty of candour process and allowing us to monitor and assure our compliance. As an example, the system allows us to confirm that, between 1st October 2015 and 31st March 2016, advisory letters were sent to all patients as required.

*Moderate or above harm is defined as: lasting short-term up to one year and/or a moderate increase in treatment, permanent or long term harm, death directly related to the incident.

2.3 Sign up to safety – our safety improvement plan

Our safety and effectiveness improvement plan forms part of our overall Improvement Plan, and is also the basis of our national ‘Sign up to Safety’ pledges. It is described in detail in section 4.6.5, below.

2.4 Focus on staff

Our priorities for improvement in 2016/17 – set out below – explain our focus this year on advancing the skills and wellbeing of our staff, and ensuring that they are well led, as prerequisites for delivering safe and effective care to our patients. We also describe how we intend to measure our success in achieving this.

Although not set out specifically as measures last year, we have included in section 4.6.8 information on our staff survey results for indicators KF19 and KF27, relating to staff behaviours to each other, and perceived equality of opportunity. We also include a short narrative on our action plan in respect of each of these indicators, and KF19 is included in our measures for 2016/17.
2.5 Priorities for quality improvement in 2016/17

Our vision and objectives

The Trust is now entering the third year of its five-year quality strategy, which was launched in January 2014. The strategy document is available on the CUH website, or on request, (see section 4.6.10).

The five key quality objectives outlined in our quality strategy remain unchanged, and continue to form the core of our overall organisational objectives. As they are closely aligned to the five quality domains employed by the Care Quality Commission, our directors have decided to retain this framework pending a systematic review in the latter part of 2016. However, within each key objective our focus and priorities for 2016/17 will be informed by the findings of our CQC inspection and the associated elements of our improvement plan.

Our aim remains that all patients treated at CUH will receive safe, high quality care, which meets their personal needs, that our hospitals should compare well with the best in the world, and that we will develop a strong academic base for the improvement of quality.

Priorities for 2016/17

Safety as the first priority

Of all our objectives, preventing avoidable harm to patients, visitors and staff, will always be our priority.

However, these objectives are interdependent, and none more so than safety, which relies on a ‘whole system’ approach, encompassing people, processes and environment. This means that not only must we take direct steps to improve, monitor and maintain standards of safety, but we must ensure that these are part of an integrated programme which includes all aspects of our quality system.

Focus on our staff

In recognition of the need for a systems approach to delivering our objectives, in the coming year, our people will be our primary focus. It is, after all, our staff who design and operate the systems for delivering care, create and participate in our processes, and select and use the equipment and all aspects of the environment in which that care is delivered.

In addition to knowledge and skill, systematic safety is built on good relationships – respecting and valuing each other are preconditions not only for the attitudes and behaviours necessary to work together safely and effectively, but also for the design and operation of safe systems. Look closely at any failure – or success – of safety, and you will see that these are dependent on the strength of relationships and teamwork. To reinforce these, during 2016-17 and beyond, the Trust is embarking on a substantial organisational development programme.

Our aim will be to ensure that working at Cambridge University Hospitals will be enjoyable and rewarding – that staff are well led, respected, valued and developed, so that they will have the skills, motivation, and opportunity to deliver the best health care.
Action on safety
We must strive to become a truly safe organisation, with not only a good evidence-based record of preventing avoidable harm to patients, staff and visitors, but also the constant vigilance, willingness to challenge assumptions, and deference to expertise (rather than to rank or status) which are characteristic of high reliability organisations.

We must ensure that we build robust safety governance processes, so that safety risk is managed effectively. Our investigation processes will be developed and improved; we must frequently and openly discuss our mistakes, disseminate learning from them, and build the operational mechanisms into our daily practices which allow implementation of change in response.

Care that delivers
CUH has an excellent record for the quality and outcomes of its care, particularly in respect of the numerous and wide ranging specialist disciplines. We will continue to develop the ways in which we monitor and improve the effectiveness of care, ensuring that we deliver to the same high standard, whether it be for more common or rarer specialist conditions.

Our academic base
We remain committed to our vision of becoming one of the best academic healthcare organisations in the world. We want to be able to measure ourselves against the best, both nationally and internationally.

As a major teaching hospital, placed at the centre of an expanding biomedical campus, in a city hosting a world-class university, CUH has an almost unique potential for building an academic base. However, we also recognize the scale and complexity of the challenges which we currently face and, while not losing sight of our aspirations, we must temper them with a healthy dose of realism.

We will continue to work towards the establishment of a safety and quality academic unit at CUH, and to prepare our organisation to meet the requirements for external accreditation – for example by Joint Commissioning International (JCI), or an equivalent programme. We will also seek to benchmark our performance against other leading medical institutions, and to look beyond national boundaries to international standards of leading clinical practice, by working to gain membership of Dr Foster global comparators. However, we accept that we are now unlikely to achieve these goals within the (admittedly demanding) timescales originally set out in our quality strategy, and will review these aspects of our programme again later in the year.

How will we measure our success?
Our success will be measured in both qualitative and quantitative terms. Both are important to assess our progress against the objectives we have set ourselves. The narrative contained in following pages outlines our key areas of focus to address the main areas of concern in our CQC inspection report, supported by measures which include a selection of the most relevant performance indicators within our improvement plan. Note that although there will be measures and targets for most objectives contained in the narrative, not all will be included here.

The measures we are using may include national quality indicators proposed by our regulators and NHS England, national standards and targets (for example on
waiting times), local indicators or CQUIN (Commissioning for Quality and Innovation) targets agreed with Commissioners, or indicators chosen by CUH. Additionally, as a simple test of whether we have improved quality, we will continually ask whether – at CUH – the right thing to do is always the easiest thing to do.

**Objectives and measures for 2016/17**

**Focus on staff**

**Objective:** Our staff have the knowledge, skills and commitment to deliver safe and effective care. Our organisation is well-led at all levels, our managers supporting staff to achieve our organisational objectives and to realise their individual potential. CUH is seen as an enjoyable and rewarding place to work by our whole workforce.

Our organisation has found itself under increasing capacity and financial pressures, particularly over the past year. While this is not unusual in the NHS, as the impact of the challenges to the wider health economy bear down ever harder, CUH has encountered particularly serious financial difficulties and has received adverse comment and sanction from its regulators. Staff in all areas continue to work tirelessly to deliver excellent care to our patients, but we recognise that working in pressurised environments creates challenges.

We are proud of – and gratified by – the rating by the Care Quality Commission of our staff as ‘outstanding’ in the quality domain of ‘caring’. However, we recognize the need to value, support and encourage our staff now more than ever, to sustain this success and to ensure that every member of staff feels equally valued and ‘cared for’ by our organisation and by their colleagues.

We will take measures to maintain and recognise the motivation and commitment of staff, and to ensure that they are well led and supported at every level within the organisation. The leadership executive have approved the establishment and investment in an ambitious, focussed organisational development (OD) programme to support the delivery of long-term success for the organisation. The target for finalising the OD programme is September 2016, in line with the submission of our longer-term strategic plan in October 2016.

We will assist and encourage staff to maintain and develop their technical knowledge and skills. We will ensure that the mandatory training which staff need to undertake to comply with regulatory and Trust requirements is accessible and meaningful, and is not simply an annual event, but incorporated into daily work.

We will provide specific training in safety risk, and support staff to understand and undertake quality improvement activity in their areas.

We will support managers at all levels to listen to the concerns of their staff, understand, and work together to address concerns. Every member of staff wil
have a meaningful appraisal at least annually, and issues raised will be acted on. Every member of staff will have a plan for their personal development. There will be zero tolerance of bad behaviour, talking others down, and bullying. We will encourage every member of staff to consider their relationships and the way that they behave towards each other, whatever their seniority, and to participate in an open and honest discussion to strengthen our organisational culture.

**The measures* we will use in 2016/17 will be:**

<table>
<thead>
<tr>
<th>As measures of overall satisfaction at work</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff ability to contribute to improvements at work</td>
<td>Each to be above average of acute Trusts</td>
</tr>
<tr>
<td>Willingness to recommend the organisation as a place to work</td>
<td></td>
</tr>
<tr>
<td>Willingness to recommend the organisation as a place of treatment</td>
<td></td>
</tr>
<tr>
<td>Extent to which staff feel motivated and engaged with their work</td>
<td></td>
</tr>
<tr>
<td>Trust’s staff engagement score†</td>
<td>To be within the top 20% of acute Trusts</td>
</tr>
</tbody>
</table>

*Combines the results from all of the items above

<table>
<thead>
<tr>
<th>As measures of effective leadership and management</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff who feel that their immediate manager demonstrates the Trust’s values and leadership behaviours</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>Staff who feel that senior managers leading the organisation demonstrate the Trust’s values and leadership behaviours</td>
<td>An increase of 5% on previous year</td>
</tr>
<tr>
<td>Quality of appraisal score</td>
<td>Above average for acute Trusts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As a measure of our attitudes and behaviours to each other</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff experiencing harassment bullying and abuse from staff in last 12 months</td>
<td>&lt;10%</td>
</tr>
</tbody>
</table>

*All measures based on the quarterly staff survey results
Objective: No patient, visitor or member of staff will suffer avoidable harm.

Patients, staff, and visitors rightly expect CUH to be a safe environment and that we will protect them from harm. Patients should not experience avoidable harm while they are in our care.

We will continue to strive to provide an appropriate, clean and safe environment for patients, visitors and staff.

We will ensure that there are sufficient numbers of nursing staff across the Trust, with an appropriate mix of skills.

We will ensure that staff are properly trained in understanding and managing health and safety risk and in the correct use of equipment, and that all equipment is properly maintained and fit for use. This will include a continued focus to ensure that medicines are stored safely and securely, and that controlled drugs are handled in accordance with our policies and procedures.

Sign up to safety

Our patient safety improvement plan is a three year programme which aims to improve both the safety and effectiveness of our care, recognising that both are inextricably linked. The current version of this plan is reproduced at Annex 3.

Our plan will form the basis of the pledges made by CUH in its Sign up to Safety commitment.

There are four key safety aspects within this plan:

- Recognising the deteriorating patient and taking effective action, both in the general hospital setting, and specifically in the maternity unit.
- Ensuring that, where they exist, we use and improve evidence-based care bundles for the prevention of harm associated with common medical problems.
- Using safety data effectively for learning and improvement.
- Ensuring that all staff understand the importance and basis of patient safety and the central role of human factors in delivering and improving safe care.

The penultimate element will be assisted by the full implementation of our QSiS electronic risk management system, which will support safety reporting and risk management across the Trust. We will continue to develop the system to enhance safety learning.

We will ensure that our quality governance systems are robust, and that all staff are encouraged and able to participate in a meaningful way in reviewing the safety and quality of the care we provide. We have already begun implementation of changes to our processes in accordance with our improvement plan, in particular to address governance concerns in specific areas, and to ensure that there are clear processes which allow visibility and escalation of concerns from ward to Board. By the middle of 2016, we will have carried out a formal review of our quality governance processes, and will incorporate further changes as required.
We will review our processes for investigating and learning from safety incidents and other safety reports, and develop these in line with best practice, taking a ‘whole system’ and human factors approach to analysing and improving our processes.

We will develop a system for the review of all deaths within the Trust, compliant with national requirements. We will publish the results of our reviews, identifying the number of potentially avoidable deaths.

We will continue to develop our safety learning activities, including regular meetings and talks, and the publication of safety information. We will introduce a programme of human factors education.

The measures we will use in 2016/17 will be:

<table>
<thead>
<tr>
<th>As measures of overall safety</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff feel that the Trust takes safety seriously*</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Safety thermometer score</td>
<td>&gt;98%</td>
</tr>
</tbody>
</table>

*Measure based on the results of our annual safety culture survey.

The ‘safety thermometer’ is a nationally mandated method of assessing the safety of care provided in hospitals. It uses an audit of every inpatient once a month to assess four elements of care, to determine how many patients have received ‘harm free care.’ The four elements are:

- the existence of pressure ulcers
- urine infections in patients with catheters
- falls within the last 72-hours
- a venous thromboembolism

<table>
<thead>
<tr>
<th>As measures of overall nurse staffing levels</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wards with number of filled registered nurse shifts less than 90% of planned</td>
<td>0 (out of 55)</td>
</tr>
<tr>
<td>Vacancy rate for registered nurses / registered midwives</td>
<td>≤5%</td>
</tr>
<tr>
<td>Vacancy rate for healthcare assistants</td>
<td>≤8%</td>
</tr>
</tbody>
</table>

Appropriate levels of nurse staffing in clinical areas is a recognised factor affecting the safety of patient care, as well as the experience of patients and staff. Along with many other Trusts, CUH has faced increasing difficulties over the past year, but through concerted and sustained effort, we have very significantly improved our position, we will continue to monitor and work to better this.
As measures of infection control

<table>
<thead>
<tr>
<th></th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MRSA bloodstream infections</td>
<td>0</td>
</tr>
<tr>
<td>Number of <em>Clostridium difficile</em> infections</td>
<td>&lt;49</td>
</tr>
</tbody>
</table>

In 2016/17 we will continue to ensure that we maintain high standards in infection control including: effective screening, environmental cleaning, hand hygiene and isolation (within the constraints of the estate), in conjunction with the judicious use of antibiotics and monitoring of all aspects of infection control performance. We will continue to explore the use of new technology and closer engagement with staff to improve on our current standards.

As measures of avoidable deterioration

<table>
<thead>
<tr>
<th></th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac arrests</td>
<td>Reduce by 2%</td>
</tr>
<tr>
<td>Number of unplanned admissions to critical care (level 3) from inpatient wards</td>
<td>Reduce by 5%</td>
</tr>
<tr>
<td>Proportion of patients with completed EWS* observation</td>
<td>≥90%</td>
</tr>
</tbody>
</table>

* Early Warning Score

There were 92 cardiac arrests among CUH patients in 15/16. CUH has seen a reduction in the cardiac arrest rate from 0.64 per 1000 admissions, to 0.53 per 1000 admissions. We consistently perform better the national average of 1.41 per 1000 admissions, and will be looking to maintain and continue this improvement.

As measures of avoidable death

<table>
<thead>
<tr>
<th></th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSMR</td>
<td>&lt;85</td>
</tr>
<tr>
<td>% of deaths determined by review to have been potentially avoidable</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>

As measures of safety learning

<table>
<thead>
<tr>
<th></th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported patient safety events resulting in harm per patient contact</td>
<td>&lt;0.2%†</td>
</tr>
<tr>
<td>Proportion of staff having an exit interview</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Human factors learning</td>
<td>First cohort of HF trainers trained</td>
</tr>
</tbody>
</table>

†As we have only six months experience with the new reporting system, this target may be adjusted in line with aggregated data from other Trusts using the same system. This system differs from our previous system in that the recorded level of harm is now determined by the reporter.
CUH has in place a well-developed safety reporting process which requires staff to report events and concerns affecting safety, irrespective of whether harm occurred. Good reporting is viewed as an indication of a positive safety culture. Patient contacts are the number of inpatients admitted, outpatient, day case and emergency department attendances.

Exit interviews are a valuable source of learning, and we will take steps to ensure that the Trust derives the maximum benefit from these.

Human factors is the science which seeks to gain and apply knowledge of how people interact with each other and their environment, and how this affects behaviour, performance and wellbeing, particularly in the work setting.

Application of human factors science in clinical settings has been shown to play an essential role in improving the safety and quality of care. CUH is one of the few Trusts in the country to appoint a human factors specialist, and we intend to implement a rolling programme of training for staff, starting with the formation of a core group of trainers.

**Care that delivers**

**Objective:** We will provide care that achieves the best outcome possible for each patient, and which applies the latest evidence-based methods. Care will be delivered without delays at the time when it is wanted, and in a way that involves the patient and puts his or her needs and desires at the heart of decisions.

**Delivering the best possible outcomes**

We want our care to produce the best outcomes for our patients. Where we believe it is appropriate, we will follow national and international best practice, with each patient receiving evidence-based treatments, interventions, support and services.

CUH is not only the local hospital for our community, but a national centre for specialist treatment, and a comprehensive biomedical research centre. It is also a major teaching hospital, and one of only five academic health science centres in the UK. We will use our position and experience to ensure that we remain at the forefront of practice, whether it be general or specialist care.

We will seek to reduce variations in practice within the Trust, which will not only improve outcomes for patients, but will allow us to use scarce NHS resources optimally.

In 2016, CUH will implement our Merlin document management system, a bespoke software development which will provide a structured information library. This will be used to ensure that our processes are accurately documented, up to date and easily available to staff. Merlin will play a key role in our system for safety, compliance with best practice, and for reducing variations in care.

Over the course of the year, CUH will develop our programme and start to implement the National Safety Standards for Invasive Procedures (NatSSIPs), developed by NHS England. These provide outline standards for Trusts to develop
their own local standards and processes to ensure the safety of invasive procedures, wherever in the organisation they may be carried out.

CUH already has over one year’s experience with the Epic electronic patient record, and will continue to develop its use of this to facilitate the delivery of high quality care, accurately document the care we give, and ensure that we follow best practice.

Clinical audit is an integral part of governance, assuring compliance with standards and facilitating learning and improvement in the quality of care delivered to patients. As well as participating in the HQIP national audit programme, the Trust carries out an range of audits to monitor compliance with external guidance (such as that provided by NICE), and on subjects directly relevant to local clinical priorities. Work is underway to improve or electronic systems for monitoring these processes, and to integrate our audit with Epic. Information on some of our clinical audit work over the past year is given in section 4.6.6.

With the help of the systems described above, we will build our capacity to collect and analyse clinical data, which we will use to inform our safety programme, and clinical and operational decision making.

In 2016/17 our measures of performance on outcomes will be:

Two measures which continue our series from previous years, as long term trend indicators focussing on different aspects of clinical care. We will also be looking specifically at sepsis care, which is of current national interest, and working on a programme to develop relevant outcome measures for each clinical specialty, supported by our electronic patient record (see below).

<table>
<thead>
<tr>
<th>As general measures of clinical outcomes</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-related outcome measures (PROMs) based on health gain for all measured activities we undertake</td>
<td>Above national average</td>
</tr>
<tr>
<td>Clinical frailty score is performed within 72 hours of admission</td>
<td>&gt;85%</td>
</tr>
<tr>
<td>Compliance with the sepsis bundle</td>
<td>&gt;90%</td>
</tr>
</tbody>
</table>

**Patient-related outcome measures (PROMS):** These are nationally mandated and provide a patient perspective of the effectiveness of the care they received – in simple terms the health gain or loss following the procedure. They cover surgery undertaken for hips and knees, groin hernia and varicose veins.

The Trust is seeing and admitting an increasing number of frail elderly patients (those aged 75 and over). Cambridgeshire local authority population forecasts predict a 3.6% year on year growth of the population aged 85+, which equates to a doubling over the next 20 years. We recognise that developing services to better serve this group of patients is central to improving both quality of care and developing sustainable services for the future.

A key element for successful management of the frail elderly patient is that they undergo a proper screening using the clinical frailty score tool within their first 72 hours in hospital, to identify their treatment requirements.

Sepsis is a time-critical condition that can lead to organ damage, multi-organ failure, septic shock and eventually death. It is the result of the body’s immune
response to an infection. There is considerable evidence that clinical staff may fail to recognise sepsis and/or underestimate its severity, and the initiation of treatment is frequently delayed. We will initially focus on achieving our target in the ED department, subsequently rolling this out to other areas.

**As measures of our clinical governance processes**

<table>
<thead>
<tr>
<th>Trust documents compliant with control procedures</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQIP audit standards compliance</td>
<td>&gt;95%</td>
</tr>
</tbody>
</table>

**Specialty specific outcome measures**

<table>
<thead>
<tr>
<th>To be developed during the year. Example draft measures are given at Annex 4.</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

Over the year, we will develop a set of metrics for each specialty, which will act as indicators for outcome performance, allowing us to improve locally, monitor across the Trust, and benchmark ourselves nationally and internationally. Some examples of this extensive draft set of measures is included at Annex 4.

**Delivering care at the time it is required and in an appropriate setting**

The ability to consistently provide reliable, timely care improves both the outcomes for patients and the experience of both patients and staff. We will continue to work to reduce avoidable cancellations of appointments or surgery and, at the end of a patient’s hospital stay, to ensure that there are no delays to their discharge from hospital caused by factors within our control.

**In 2016/17 our measures of performance on delays will be:**

<table>
<thead>
<tr>
<th>As general measures of delays in delivering care</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the emergency department 4 - hour standard</td>
<td>≥95%</td>
</tr>
<tr>
<td>Patients waiting less than 18 weeks from GP referral</td>
<td>≥92%</td>
</tr>
<tr>
<td>Patients seen within 62 days of urgent cancer referral</td>
<td>≤85%</td>
</tr>
<tr>
<td>Cancelled operations</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Bed days lost to assessment for patients medical fit to leave (per week)</td>
<td>&lt;10</td>
</tr>
</tbody>
</table>

**Emergency department 4 hour standard:** There were 108,972 attendances to the Major A&E department on site in 2015/16, representing a 3% increase from 2014/15. We have also treated 27,542 patients attending the minor injuries units since July 2015 when the Trust took over the management of the MIUs. There is a nationally mandated target to see 95% of patients within four hours.
Treatment within 62 days of an urgent cancer referral: We recognise the importance for patients of being treated in a timely manner following urgent referral by their GP where cancer is suspected.

Cancelled operations: Once a date is set for an operation, we will do our best to ensure that date is kept to, while recognising there will be occasions when emergencies impact on routine operating.

Bed days lost to assessment for patients who are medically fit to leave: Minimising the number of patients who are medically fit to leave, but who remain in our care is important. It is in patients’ interests to be cared for in the most appropriate care setting and, for CUH, it is a significant factor in being able to admit and treat patients requiring inpatient hospital care. We not only need to ensure that we have sufficient staffed capacity, but also to ensure an effective and timely discharge process.

<table>
<thead>
<tr>
<th>Delivering care in an appropriate setting</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people treated in adult areas (excluding day cases and those on ward C9)</td>
<td>≤5 per week</td>
</tr>
</tbody>
</table>

Our improvement plan contains a number of measures to reduce the number of children and young people under the age of 16 who are cared for in adult areas, both in the inpatient areas and outpatient clinics. We recognise the importance of achieving this, and will work to overcome current capacity constraints and make significant progress in the coming year.

Delivering care that puts patients at the centre of decisions
Each patient is unique, with their own experience of their health, illness and care, and they are a key partner in shared decision-making. Increasingly, patients manage their own health and illness, helped by support and access to information for them, their families and carers. Successfully keeping the person at the heart of all we do means providing care that is responsive to individual personal needs, preferences and values, and ensuring that these guide all clinical decisions.

We want patients to consistently report that they would be likely to recommend our services to their friends and family, if they needed similar care or treatment. That said, we always welcome compliments, constructive feedback and complaints, as these help to identify areas where we can improve and are one indication of the quality of the care we are providing. Seeking and receiving feedback on how we are doing is a very important component of the continuous improvement culture we want to strengthen.

<table>
<thead>
<tr>
<th>As general measures of patients’ experience of care that meet their personal needs</th>
<th>Our target for 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients who rate their experience as at least 7/10*</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Patients who would recommend our clinics†</td>
<td>&gt;88%</td>
</tr>
<tr>
<td>Women who would recommend our maternity services†</td>
<td>≥90%</td>
</tr>
<tr>
<td>Outpatients who would recommend our service†</td>
<td>≥90%</td>
</tr>
<tr>
<td>Complaints per patient contact††</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Staff who are aware of the Trust’s values and behaviours***</td>
<td>≥90%</td>
</tr>
<tr>
<td>Staff who feel they are able to deliver the Trust’s values and behaviours at work***</td>
<td>≥80%</td>
</tr>
</tbody>
</table>

*The annual national inpatient survey, undertaken by Quality Health seeks views of the inpatient care received by our patients. The questions cover topics that include infection control, cleanliness, privacy, safety, nursing and medical care, discharge, information provision, being informed and involved in the care provided, and food. We also undertake a local outpatient survey, and our measures will consider both sets of feedback data.

†We survey patients who attend outpatients, maternity and the emergency department each month. Patients can complete this using a variety of methods including electronic questionnaire, paper questionnaire or online survey. Each survey includes the friends & family question, asking if they are likely to recommend the service, alongside other questions pertinent to that service.

††Patient contacts are the number of inpatients admitted, plus outpatient, day case and emergency department attendances. Our aim is that the number of formal complaints received should be less than 0.1% of patient contacts.

***Measure based on the results of the quarterly NHS staff survey.

### 2.6 Statements of assurance

This section contains the statutory statements concerning the quality of services provided by CUH. These are common to the quality accounts provided by all NHS Trusts and can be used to compare us with other organisations.

#### The Board of Directors

The priorities and targets in our quality account were identified following a process which included the Board of Directors, clinical directors and senior managers of the Trust, and have been incorporated into the key performance indicators reported regularly to the Board of Directors as part of the performance monitoring of the Trust’s corporate objectives, and which are produced within the Trust’s data quality policy, framework and standards.

Scrub of the information contained within these indicators and its implication as regards patient safety, clinical outcomes and patient experience takes place at the Quality committee.

The Board of Directors reviews the Trust’s integrated quality, performance, finance and workforce report each month. Reviews of data quality, and the accuracy, validity and completeness of Trust performance information, fall within the remit of the audit committee, which is informed by the reviews of internal and external audit and internal management assurances.

#### Review of our services

During 2015/16 CUH provided and/or sub-contracted 123 relevant health services. Cambridge University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 123 of these relevant health services.
The income generated by the relevant health services reviewed in 2015/16 represented 99% of the total income generated from the provision of relevant health services by CUH for 2015/16.

**Participation in clinical research**

CUH is a world-leading research-focused hospital which supports and delivers leadership in translational research within the NHS, both locally and nationally. CUH continues to work strategically in partnership with other NHS organisations, universities, research charities, industry and patients and the public to provide an outstanding infrastructure that builds research capacity and supports excellence in clinical research that will benefit patients.

Our strengths in biomedical science are harnessed and translated into clinical research through the National Institute for Health Research (NIHR) Cambridge Biomedical Research Centre (BRC), a partnership between CUH, and the University of Cambridge. Our BRC fosters partnerships and attracts industry to the Cambridge area, focusses on areas of high disease burden and clinical need with international leading investigators, and harnesses the power of informatics to deliver health benefits. In addition, a key strategic aim of CUH is to increase meaningful patient and public involvement in research through a dynamic partnership between health professionals and the public. CUH is keen to ensure that patients and the public are both kept informed of, and able to engage in, research activities. Our website has a page dedicated to public involvement and engagement in research (see www.cuh.org.uk/research), and includes details of how to become a member of the patient and public involvement panel.

A unique opportunity for the public to participate in research is provided by the Cambridge BioResource, which now includes almost 15,000 local volunteers who have provided clinical information and samples that allow them to be invited, according to their genetic makeup, to participate in clinical research studies (see www.cambridgebioresource.org.uk).

The number of patients receiving relevant health services provided by or subcontracted by CUH in 2015/16, that were recruited during that period to participate in research approved by a research ethics committee was 15,448, compared with 12,966 in 2014/15.

**Education and training**

**Medical education**

One strand of our tripartite mission is our activities in the field of education and training, which support excellence in the care provided by our staff for patients.

We work closely with the University of Cambridge to train the next generation of doctors through the University Clinical School. The Postgraduate Medical Centre (PGMC) continues to deliver to the Health Education East of England Learning Development Agreement (LDA). The centre has expanded its activities to deliver over 350 days of training, which is primarily for postgraduate medical education, including a practice nurse education programme, a GP primary care programme, and a dental programme. The High Fidelity Medical Simulation Centre run by the PGMC continues to deliver multi-professional and team based training, and has been successful in attracting funding from Health Education East of England (HEEoE) for training programmes in many of the acute specialties. Last year, 1,154 delegates attended the Simulation Centre for their multi-professional training. The PGMC also manages the Evelyn Cambridge Surgical Training Centre, which is a state-of-the-art facility providing advanced education to health professionals. The
centre is now in its second year of activity, and has delivered 46 courses, attracting 826 national and international attendees. The PGMC has conducted a number of postgraduate exams on behalf of the Royal Colleges, and will continue to do so in the future.

**Multi-professional education**

The Trust is committed to the training and development of over 600 pre-registration students, including nurses, midwives, radiographers, pharmacists, physiotherapists, dieticians, occupational therapists, operating department practitioners, and healthcare scientists whilst on clinical placements at CUH, to ensure that they meet the needs of current patient care and of the future workforce.

We are committed to - and have successfully delivered - return to practice courses for nurses, with a guarantee of permanent employment, and we continue to work collaboratively with HEEoE and education partners to maximize the realisation of these programmes.

A major part of the role of the clinical education support team has been to support overseas and European nurses to integrate and adapt, both to the Trust and to the NHS. The team provide a robust programme for overseas nurses to prepare them for their Observed Structured Clinical Examination (OSCE), enabling them to gain NMC registration. Over 70 nurses have been successfully supported during 2015 - 2016, and we will continue to provide this service to all relevant new recruits. 

There is a bespoke English language course for those requiring additional language support.

The preceptorship programme continues to support all newly qualified nursing and midwifery staff, and has now been extended to provide a second year. This programme is being developed to meet the agreed framework for allied health professionals (AHPs).

Access to continuing professional development is managed via a plan agreed with HEEoE and education leads within CUH, and this supports the provision of safe and effective patient care, the development of new and existing service roles, and improving leadership capability across all staff. Many speciality programmes are well regarded and are delivered by Trust experts using blended learning and simulation approaches.

**Quality assurance**

The high standard of healthcare education, training and clinical placements is evidenced by the recent report to the Trust from HEEoE, following their multi-professional quality and performance visit to CUH. At the most recent HEEoE performance visit, CUH was congratulated on a number of areas of notable practice. These included: strong and effective leadership for education and training across a wide range of professional groups, the medical academic training programme, excellent clinical supervision and excellent training programmes in pharmacy and radiography.

The education quality assurance framework demonstrates the provision of a high standard of multi-professional student training and continuing professional development at CUH, as evidenced by the robust processes in place, programme evaluations, and student and staff feedback. A non-medical peer review will be undertaken in May 2016, which will focus on identified areas and progress made within the improvement plan.
The Trust has a multi-professional education and training group which provides a forum for the development of strategic priorities to support excellence in education and training, with membership from the Post Graduate Medical Education Centre, and representatives from professional groups and services.

**Bands 1 – 4 development**

Healthcare support workers (HCSW) form an integral part of clinical teams, and are trained using a programme that meets national care certificate standards, utilising a competency based approach. HCSWs are encouraged to consider further development, including access to foundation degrees. In March 2016, the Trust seconded 17 staff who had previously undertaken a foundation degree to undertake the 18 month flexible nursing degree.

We intend to continue to develop a range of our own programmes. Additionally, a pilot programme was run with Anglia Ruskin University, which enabled those due to commence their degree in Spring 2016 to be employed as healthcare support workers prior to starting as a student nurse. This provided valuable experience and enabled all participants to be sure that they had made the right career choice; all participants went on to nurse training.

Unlocking the potential of existing staff in bands 1–4, as well as bringing in new talent via apprenticeships, continues to underpin the Trust’s commitment to deliver safe, high quality safe patient care while increasing the range of opportunities for staff to improve and progress within and beyond bands 1–4.

**Widening access routes to training and employment**

A dedicated work opportunities team provides a range of work experience and shadowing opportunities that includes simulation programmes, to encourage young people (aged 14+) to consider careers within nursing, midwifery, medicine, healthcare science, allied health professional roles and support services. These complement on-going work experience opportunities across a wide range of departments and functions.

Our shadowing programmes with consultants and physiotherapists for local sixth form students are always oversubscribed.

CUH has a tradition of offering apprenticeship programmes, has won various awards for this, and is included as a case study on the NHS Employers website. During 2015–2016, we celebrated the employment of our 800th apprentice. We continue to support the ‘Get into Hospital – Princes’ Trust’; this offers young people short traineeships which provide the necessary skills and confidence to re-enter work. They are subsequently supported and encouraged to consider employment with CUH and our partner organisations, and there have been a number of successes.

The Trust has a vibrant volunteer community which provides a range of support to patients and staff in a wide variety of volunteer roles. During 2015-16, a new young person’s volunteer programme was launched, which enabled young students to work at ward level. We know that many of these individuals gained valuable insights into working within the NHS, and many intend to follow a career within the NHS.
Leadership and management development
The Trust continues to provide a range of leadership and management development programmes and interventions, as well as encouraging our leaders to access national and regional development programmes. During 2015-2016, a bespoke supervisory ward manager programme was developed to support our commitment to moving ward sisters to supervisory positions, delivering to two cohorts, with a third starting in 2016-2017.

Wider leadership team monthly meetings (top 100) were introduced to support the alignment of executive directors and divisional/corporate leadership teams, establishing a community of senior leaders, providing a platform for shared learning, and aiming to develop a greater sense of shared purpose and ownership for strategic execution across the Trust’s most senior leaders. A clinical directors’ development programme has been created with CUHP to commence in the autumn of 2016. On-going development of leaders includes skilful leaders and step into leadership programmes. For 2016/17, it is our intention to establish and invest in an ambitious organisational development programme to support the delivery of long term success for the organisation, with specific focus on culture, climate and engagement.

New learning management system
CUH has invested in a new learning management system to ensure that its staff have easier access to better e-learning courses and other training programmes, and access to their mandatory training records. Staff can use the system from any device with an internet connection. The system also has a range of other functions that will be rolled out during 2016-2017.

Participation in national confidential enquiries
During 2015/16, there were four national confidential enquiries covering NHS services provided by CUH. CUH participated in all of these.

Table 02
Participation in national confidential enquiries

<table>
<thead>
<tr>
<th>Confidential enquiry title</th>
<th>Numbers requested to submit*</th>
<th>Numbers submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of mental health in acute/ gen hospitals</td>
<td>6</td>
<td>5**</td>
</tr>
<tr>
<td>Acute pancreatitis</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Gastrointestinal haemorrhage</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Non-invasive ventilation study</td>
<td>awaiting</td>
<td>**</td>
</tr>
</tbody>
</table>

* from all relevant cases identified by CUH, NCEPOD chooses a number for more detailed submission
**study still open
**Participation in HQIP clinical audits**

During 2015/16, there were 52 national clinical audits which covered NHS services provided by CUH. CUH participated in all of these.

**Table 03**

Participation in HQIP clinical audits

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Patient population</th>
<th>Numbers submitted*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel cancer (NBOCAP)</td>
<td>All patients diagnosed with colorectal and rectal cancer</td>
<td>281</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease (IBD) programme</td>
<td>All patients in the period meeting the criteria</td>
<td>26</td>
</tr>
<tr>
<td>National Complicated Diverticulitis Audit (CAD)</td>
<td>All patients in the period meeting the criteria</td>
<td>12</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion programme: Use of blood in Lower GI bleeding</td>
<td>All inpatients between 01/06/2015 and 30/06/2015 with lower GI bleeding</td>
<td>16</td>
</tr>
<tr>
<td>Oesophago-gastric cancer (NAOGC)</td>
<td>All patients diagnosed with invasive epithelial cancer of the oesophagus, gastro-oesophageal junction or stomach</td>
<td>291</td>
</tr>
<tr>
<td>Case Mix Programme - CMP (includes ICNARC)</td>
<td>All patients in the period meeting the audit criteria</td>
<td>1528</td>
</tr>
<tr>
<td>Elective surgery (National PROMs Programme)</td>
<td>All patients in the period meeting the audit criteria</td>
<td>166</td>
</tr>
<tr>
<td>Major Trauma: The Trauma Audit &amp; Research Network (TARN)</td>
<td>All patients in the period meeting the criteria</td>
<td>4568</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion programme: Use of blood during surgery.</td>
<td>All patients in the period meeting the criteria</td>
<td>Exemption agreed</td>
</tr>
<tr>
<td>National Cardiac Arrest Audit (NCAA)</td>
<td>All Cardiac Arrest patients from April 2015 to March 2016</td>
<td>80</td>
</tr>
<tr>
<td>Falls and Fragility Fractures Audit Programme (FFFAP part 3) - Fracture Liaison Database</td>
<td>All fracture liaison patients data from 1/02/2016 to 31/01/2017</td>
<td>(entering data)</td>
</tr>
<tr>
<td>Falls and Fragility Fractures Audit Programme (FFFAP – part 3) - Hip Fracture Database</td>
<td>All Hip fracture patients</td>
<td>376</td>
</tr>
<tr>
<td>Audit Programme</td>
<td>Eligibility</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Falls and Fragility Fractures Audit Programme (FFFAP – part 1)</td>
<td>All patients with recorded fractures that met the criteria during the audit period</td>
<td>30</td>
</tr>
<tr>
<td>Rheumatoid and Early Inflammatory Arthritis</td>
<td>All Inflammatory &amp; rheumatoid arthritis patients seen in the audit period</td>
<td>80</td>
</tr>
<tr>
<td>National Joint Registry (NJR)</td>
<td>All joint procedures in the year.</td>
<td>Pending</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion programme: Transfusion in children and adults with sickle cell disease</td>
<td>All patients in the period with the criteria</td>
<td>Exemption agreed</td>
</tr>
<tr>
<td>Lung cancer (NLCA)</td>
<td>All patients in the period meeting the criteria</td>
<td>186</td>
</tr>
<tr>
<td>National Prostate Cancer Audit</td>
<td>All patients in the period meeting the criteria</td>
<td>Exemption agreed</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>All patients in the period meeting the criteria</td>
<td>Oh hold by BTS</td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme</td>
<td>All COPD patients seen during the audit period</td>
<td>80</td>
</tr>
<tr>
<td>Emergency Use of Oxygen</td>
<td>All inpatients prescribed oxygen during the audit period</td>
<td>100</td>
</tr>
<tr>
<td>Vital signs in Children (care in emergency departments)</td>
<td>A minimum of 50 Children meeting the criteria, seen during the audit period</td>
<td>100</td>
</tr>
<tr>
<td>VTE risk in lower limb immobilisation (care in emergency departments)</td>
<td>At least 50 patients seen during the audit period</td>
<td>50</td>
</tr>
<tr>
<td>Procedural Sedation in Adults (care in emergency departments)</td>
<td>At least 50 patients seen during the audit period</td>
<td>100</td>
</tr>
<tr>
<td>National Emergency Laparotomy Audit (NELA)</td>
<td>All patients in the period meeting the criteria</td>
<td>266 (still entering data)</td>
</tr>
<tr>
<td>Renal replacement therapy (Renal Registry)</td>
<td>All patients in the period meeting the criteria</td>
<td>2365</td>
</tr>
<tr>
<td>Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)</td>
<td>All patients in the period meeting the criteria</td>
<td>367</td>
</tr>
<tr>
<td>Cardiac Rhythm Management (CRM)</td>
<td>All patients in the period meeting the criteria</td>
<td>208</td>
</tr>
<tr>
<td>Diabetes (Adult) Inpatients</td>
<td>All patients in the period meeting the criteria</td>
<td>119</td>
</tr>
<tr>
<td>Diabetes (Adult) - National Diabetes Audit</td>
<td>All patients in the period meeting the criteria</td>
<td>3815</td>
</tr>
<tr>
<td>Diabetes Feet Problems</td>
<td>All patients in the period meeting the criteria</td>
<td>114</td>
</tr>
<tr>
<td>National Heart Failure Audit</td>
<td>All patients in the period meeting the criteria</td>
<td>251</td>
</tr>
</tbody>
</table>
The results of 31 national clinical audits were reviewed by the Trust in 2015/16, and we have used these to learn and improve the quality of healthcare we provide. Examples of results and actions taken include:

**HQIP national audits**

1. **National Lung Cancer Audit 2015 Report**
   CUH’s percentage of Stage 11B/IV PS 0/1 non-small cell lung cancer patients receiving chemotherapy for 2011/2013 was 56.9%, rather than the national 57.4%, but for 2013 alone was 60.5%. CUH provides excellent lung cancer care and appropriate treatment for lung cancer patients and, in particular, offers chemotherapy whenever appropriate.

2. **National Vascular Registry (NVR): 2015 Report**
   The report highlights that the main cause for the delays to surgery is theatre capacity. The vascular service currently has access to 8 half-day operating lists per week compared to 13 for our direct peers. The plan is to increase theatre capacity to 12 lists a week from the 01 of April 2016. Once this extra capacity is available, it
is anticipated that the Trust will make significant improvements towards the national targets.

The pathways for patients undergoing carotid surgery have significantly improved as a result of review and improvement of processes. This pathway is audited annually in a local carotid audit.

3. **National Confidential Inquiry and Patient Outcomes Data (NCEPOD) Gastrointestinal Haemorrhage 2015 Report**

The report demonstrated that the Trust is compliant with 90% of the national recommendations from this inquiry, and will continue to operate at the recommended levels of performance.

Further work is underway to agree appropriate monitoring arrangements for patients out of hours, and network arrangements are being discussed at the regional medical director’s forum. On-going business case discussions are underway regarding an integrated high cost equipment replacement programme.


The fracture liaison service is being rolled out under a new NHS Vanguard programme that is expected to develop improved case finding, diagnosis and treatment within Addenbrookes’ Hospital.

Orthogeriatricians are reviewing osteoporosis and falls risk factors within 72 hours of admission and commencing appropriate treatment or further investigations as needed.

Monthly meetings are now being held with anaesthetists, orthopaedic surgeons, managers, nurses and therapy teams to review concerns with the hip fracture pathway, delays to theatre and problems any potential problems with discharge planning.

5. **National Falls Audit Reported in 2015**

In patients aged 65 and over, or those aged 50-64 who are judged as being at high risk of falling because of an underlying condition:

- the falls rate is 4.66 per 1,000 operational bed days (national rate is 6.63)
- the rate for falls resulting in moderate harm, severe harm and death is 0.08 per 1,000 operational bed days (national rate 0.19)

As a result of learning from this audit, CUH has taken a number of actions: all falls champions are getting 1:1 training, doctors are now starting to complete the post fall assessment, and the number of incidents that do not have a corresponding safety learning report form completed has dramatically reduced, as has the number of falls with no post fall assessment.

6. **MBRRACE UK National Audit Reports in 2015**

CUH’s Trust-specific perinatal mortality report for 2013, provided in October 2015 by MBRRACE, demonstrated a perinatal mortality rate more than 10% lower than the average for similar Trusts in that year. Stillbirths (from 24 weeks gestation) were up to 10 % lower, and neonatal deaths of all babies up to 28 days of age were over 10% lower than the national average.
7. **Bowel Cancer Audit Report 2015**
The National Bowel Cancer Audit report for 2015 shows excellent results for CUH at both hospital and individual consultant level. 90-day mortality after surgery for colorectal cancer was 1.1%

Synoptic reporting has been developed for rectal MRIs, by pathologists for rectal cancer.

Improved access to emergency theatre and perioperative care: following findings from this audit, a new theatre building is currently being completed for use commencing April 2016.

8. **National Oesophago-gastric Audit Report 2015**
The National Oesophago-gastric Audit report for 2015 shows excellent results for CUH at both hospital and individual consultant level. 90 day mortality after surgery for oesophageal or gastric cancer was 1.9%.

9. **National Cardiac Arrest Audit**
NCAA is the only national clinical comparative audit of in-hospital cardiac arrest with the aim of improving resuscitation care and outcomes for the UK and Ireland. It is a joint initiative between the Resuscitation Council (UK) and ICNARC (Intensive Care National Audit & Research Centre). The audit demonstrates that the CUH cardiac arrest team performs to expected standards.

10. **Royal College of Emergency Medicine (RCEM) Older People Audit Report 2015**
The emergency department performed above the national average in both the assessments for early warning score assessment and cognitive impairment assessment. The department continues to strive to improve on this performance.

Epic has provided additional functionality which is now being promoted to ensure that a structured tool is used in documenting patients’ cognitive impairment.

The use of Epic also now enables all cognitive assessment findings to be quickly shared with relevant admitting services for the patients concerned.

11. **Community Acquired Pneumonia (CAP)**
The Community Acquired Pneumonia audit was carried out as part of the British Thoracic Society (BTS)’s national audit program, with the aim of driving improvements in the diagnosis and management of CAP.

Data from the national BTS community acquired pneumonia audit has demonstrated the benefits of our front door model of care.

CUH performed better than the national average in relation to the key standards being assessed: time to chest x-ray, time to antibiotics and timing of senior review.

12. **RCEM – Fitting Children in the Emergency Department 2015 Report**
To ensure that vital information is quickly transferred from the ambulance teams to Epic, the ambulance patient report forms can now be consistently transferred to the electronic record using a new mechanism that transfers all point of care tests to the electronic record.

CUH was one of the very few Trusts across England and Wales with excellent data completeness across the Board, and very high active treatment centre rates,
including both chemotherapy and surgery. The chemotherapy rate for small cell lung cancer is 78.6%, and for non-small cell lung cancer the chemotherapy rate is 73.9% and the surgery rate 26.2%. We have also been very proactive in addressing the issues identified in the previous audit.

Local audits
In addition to participating in national mandated audits, in 2015/16 the Trust undertook a total of 118 audit projects informed by Trust priorities, and 46 audits initiated directly by clinicians. The former include those resulting from patient safety concerns, complaints, National Patient Safety (NPSA) alerts, risk identified within the risk assurance framework, morbidity data, regional audit, re-audit or audit of compliance with national guidance including NICE.

Examples include:

1. Royal College of Pathologists Critical Results KPI using CSF samples (2015 re-audit)
   - Standard operating procedures had been updated since the first audit with 100% compliance with standards compared with 33% in the first audit.
   - There was improved documentation of results provided to clinical teams following introduction of Trust-wide electronic patient information system.
   - Documentation of communication of abnormal microscopy to clinical teams was very good, and communication was usually timely.
   - Documentation of communication of positive CSF cultures to the clinical team, or the decision not to communicate CSF presumed contaminants, could be improved.
   - One third of the positive CSF samples were contaminates compared with 61% in the previous audit.

2. Reporting of vertebral fractures found incidentally on CT imaging (re-audit 2015)
   - Overall, 18% of patients had incidental vertebral fractures on CT imaging performed for other reasons (n=650).
   - Educational interventions, and the practice of radiographers saving sagittal reformatted images, increased the number of reports with bone comments from 73% to 88%.
   - With radiographers reformatting the images, the number of reports with saved sagittal reformatted images increased from 4% to 94%.
   - The percentage of vertebral fractures reported has increased from 10% to 56%. These results all show statistically significant improvement (Fisher exact test p<0.05).

Use of the CQUIN payment framework
The Commissioning for Quality and Innovation (CQUIN) programme is a national framework for locally agreed quality improvement schemes, and a proportion of a Providers income is conditional upon the CQUIN programme being achieved.

In 2015/16, Cambridge University Hospitals NHS Foundation Trust opted to remain on the Default Tariff Rollover (DTR) tariff option. As a result of being a DTR
provider, Cambridge University Hospitals NHS Foundation Trust was not eligible to receive payments under the national CQUIN programme.

Cambridge University Hospitals NHS Foundation Trust expects to fully participate in the 2016/17 national CQUIN programme.

**Care Quality Commission registration and compliance**

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is: registered, with compliance conditions.

The Trust was placed in special measures by Monitor on the 22 September 2015, following the publication of the Care Quality Commission (CQC) report rating the Trust as ‘inadequate’. In response, the Trust developed a comprehensive improvement plan. Monthly stakeholder assurance meetings overseeing the Trust improvement plan continue with Monitor.

On the 9th and 10th of February 2016, the CQC completed a re-inspection of the three core service areas, rated ‘inadequate’: outpatients and diagnostics, maternity and gynaecology, and surgery (responsiveness). At the time of writing, the draft report has been received but is not yet finalised.

CUH has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

**CQC Fundamental Standards**

The Trust continuously monitors compliance against all of the CQC fundamental standards for quality and safety.

**Data quality**

Data quality refers to assurance of the information about patients recorded by the Trust on computerised systems.

The Trust follows national guidelines about how these data are collected and stored, and we undertake regular audits to make sure that data held on the system is accurate and that we are compliant with what is expected.

CUH submits records to the secondary uses service (SUS) for inclusion in the hospital episode statistics (HES). We also share data with partners as appropriate, for example clinical commissioning groups (CCGs). These data are used to plan and review the healthcare needs of the area.

The following tables show data quality information for:

- all English NHS Trusts
- NHS England Midlands and East (EAST) Region
- Cambridge University Hospitals NHS Foundation Trust

The information is taken from the NHS Information Centre data quality dashBoards in respect of data submitted to SUS for April 2015–January 2016.
Table 04
Data quality scores for selected areas of care

<table>
<thead>
<tr>
<th></th>
<th>All Trusts</th>
<th>EAST</th>
<th>CUH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient care</td>
<td>96.2</td>
<td>93.7</td>
<td>90.6</td>
</tr>
<tr>
<td>Outpatients</td>
<td>95.7</td>
<td>92.7</td>
<td>79.7</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>97.2</td>
<td>98.1</td>
<td>94.4</td>
</tr>
<tr>
<td>Births</td>
<td>91.5</td>
<td>90.4</td>
<td>88.1</td>
</tr>
<tr>
<td>Delivery events</td>
<td>94.2</td>
<td>91.8</td>
<td>88.5</td>
</tr>
<tr>
<td>Other birth events</td>
<td>94.0</td>
<td>91.8</td>
<td>93.2</td>
</tr>
<tr>
<td>Other delivery events</td>
<td>96.9</td>
<td>95.9</td>
<td>93.8</td>
</tr>
<tr>
<td>Maternity data quality score</td>
<td>1.009</td>
<td>1.021</td>
<td>1.034</td>
</tr>
<tr>
<td>Adult critical care</td>
<td>98.7</td>
<td>98.9</td>
<td>97.4</td>
</tr>
<tr>
<td>Paediatric critical care</td>
<td>98.5</td>
<td>99.8</td>
<td>99.7</td>
</tr>
<tr>
<td>Neonatal critical care</td>
<td>98.5</td>
<td>99.9</td>
<td>100.0</td>
</tr>
</tbody>
</table>

For each type of care, records are assessed for the presence and validity of a number of key items of data, and an aggregate score or percentage score is produced.

Table 05
Records containing a valid GP practice code / NHS number

<table>
<thead>
<tr>
<th></th>
<th>All Trusts</th>
<th>EAST</th>
<th>CUH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered GP practice:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted patient care</td>
<td>99.9</td>
<td>99.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Outpatients</td>
<td>99.8</td>
<td>99.9</td>
<td>99.9</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>99.1</td>
<td>99.8</td>
<td>99.9</td>
</tr>
<tr>
<td>NHS number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted patient care</td>
<td>99.2</td>
<td>99.4</td>
<td>97.5</td>
</tr>
<tr>
<td>Outpatients</td>
<td>99.4</td>
<td>99.7</td>
<td>98.7</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>95.3</td>
<td>95.1</td>
<td>94.1</td>
</tr>
</tbody>
</table>

The NHS number is the only national unique identifier which provides a fully reliable way of sharing information about a patient with other clinicians and healthcare staff, especially across organisational boundaries.
Information governance toolkit attainment levels

All NHS organisations are required to comply with the ‘Information Governance Toolkit’. This covers standards on data protection, confidentiality, information security, clinical information and corporate information. Acute Trusts are assessed against 45 requirements and can achieve a score of between 0-3. All Trusts must reach a ‘level 2’ in all requirements, which is then assessed as a satisfactory score.

The CUH information governance assessment report overall score for 2015/16 is predicted at 83% (112 out of 135), achieving a level 2 or 3 against all requirements and forecast to be graded as a satisfactory green rating.

A&E clinical coding

CUH was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.

eHospital

The eHospital programme is a ten-year programme to deliver high quality care, underpinned by modern informatics tools. It formally commenced on 1 April 2013, with preparation to implement a Trust-wide electronic patient record (EPR), comprising an enterprise software solution from Epic, supported by an entire refresh and upgrading of the IT infrastructure undertaken by Hewlett-Packard (now HPE). The EPR went live on Sunday October 26 2014, and the implementation programme transitioned to ‘business as usual’ on 1 April 2015. Key information is summarised below:

Hardware upgrades:

- Full refresh of the entire network, including deployment of business grade wifi in all clinical areas.
- Refresh of the entire desktop estate (6,750 PCs, 500 laptops).
- Deployment of 395 ‘workstations on wheels’ and 420 Rover devices (iPod touch with a barcode sled case) for mobile working in clinical areas.
- Direct integration of physiological monitors and ventilators in all theatres and critical care areas, along with connectivity of point-of-care testing devices for integrated near-patient testing.

Electronic patient record (Epic):

- **CUH is now internationally recognised as only the third HIMSS EMRAM Stage 6* hospital in the UK** and the first UK hospital to achieve this within 12 months of system implementation (Stages range from 0 to 7 [best]. CUH was a Stage 1 hospital prior to implementation).
- In full use for all aspects of care across all clinical areas both in-patient and out-patient – typically 3,200 concurrent users in the system at peak times – apart from paediatric chemotherapy.
- Accessible securely and safely by clinicians both onsite and off-site / on-call, giving immediate access to the full patient record.
- Multiple examples of efficiencies and quality benefits are starting to be realised – eg allergy based decision support leading to safer prescribing; 50% reduction in the time to prepare discharge medication in pharmacy; achievement of best practice care in hip fracture care from 66% to 82%. However, there is more work still to be done to achieve consistent benefits realisation in all areas.
Challenges in the immediate period after deployment:

- Considerable initial disruption to pathology services, caused by problems with specimen label printers, which were resolved over a period of approximately four weeks.
- Disruption to the delivery of results of pathology investigations to primary care and some other external agencies. These were fully resolved in the spring of 2015 following a complete overhaul of the pathology submitter lists detailing the relationship between samples being received and results being sent out.
- One episode (four hours) of unplanned downtime, necessitating an ambulance diversion plan, and a period (several days) of intermittent instability of one of the transfusion system interfaces, requiring re-engineering of the interface (which has been stable since).
- Disruptions in the consistency of clinical care, including venous thromboembolism assessment, nursing care plans and community referrals, completion of discharge summaries, and complex in-patient prescribing. All of these issues have now either been completely addressed or continue as active work streams in the programme with senior and executive level oversight.
- Substantial fall in productivity, principally in out-patient areas, in particular in hard-pressed services such as dermatology, cardiology, ophthalmology and ENT. Considerable progress has been made to date in terms of improving throughput here both from an operational and EPR perspective.

Consolidation in the last 12 months:

- Formal appointment of both a Chief Information Officer and a Chief Medical Information Officer.
- Additional funding approved by the Trust Board of £2 million annually for analyst and training support for clinical and operational colleagues.
- Formal implementation of senior on-call manager rota and system module specific support desk ticket management to support clinical and operational colleagues.
- Full refresh of all training programmes including a formal refresher and optimisation-orientated training schedule, along with working towards increased use of e-learning supplementary support.
- Formal implementation of specialty leads, support link programme and multiple clinically-led design authorities to guide further system design / development.
- On-going managerial and assurance process involving both an operational Board and an assurance Board, the latter chaired by a Non-Executive Director.

Current risks / challenges:

- Staffing levels for the core analyst team remain short of those typically needed to fully optimise both the configuration and use of Epic. Additional investment will be needed to take advantage of these future opportunities in a prompt timeframe.
- In the interim, the focus of the current resources is reviewed regularly and then prioritised and distributed accordingly.
- Successful, meaningful and sustained benefits realisation also depends upon ongoing operational engagement with eHospital acting as an ‘enabler’. Such engagement is challenged on a regular basis by the significant service pressures faced by the Trust.
On-going work:

- Deployment of the patient portal, MyChart, in May 2016 for the first cohort of patients giving patients access to their letters, results and appointment details along with the opportunity to contribute to their medical record.
- Extension of the mechanism to send documents by email to primary care (previously just applied to IP and ED discharge summaries) to now include clinical letters. (March 10 2016, 49 practices enabled contributing to 43% of all letters).

Dissemination of learning:

- There are regular contributions by senior eHospital staff to the wider NHS understanding of implementing an EPR (electronic patient record), including recent meetings at the King’s Fund, and hosting of visits from multiple NHS hospitals, including ULCH and Great Ormond Street.
- Hosting of visits for senior NHS leadership: Sir Malcolm Grant (NHS England) and Dame Gill Morgan (Chair of NHS Providers) in 2015; 2016. Visits coming up include Sir Bruce Keogh (NHS England) in March, Professor Bob Wachter’s review team for the Secretary of State in April.

*HIMSS EMRAM: Healthcare Information and Management Systems Society Electronic Medical Record Adoption Model – see: http://himss.eu/emram

2.7 Independent assurance report

Independent auditor’s report to the Council of Governors of Cambridge University Hospitals NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Cambridge University Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Cambridge University Hospitals NHS Foundation Trust’s Quality Report for the year ended 31 March 2016 (the ‘Quality Report’) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual
the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports 2015/16 (‘the Guidance’)

the indicator in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2015 to May 2016
- papers relating to quality reported to the Board over the period April 2015 to May 2016
- feedback from commissioners
- feedback from governors
- feedback from local Healthwatch organisations
- feedback from Overview and Scrutiny Committee
- the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- the latest national patient survey
- the latest national staff survey
- the 2015/16 Head of Internal Audit’s annual opinion over the Trust’s control environment
- the latest CQC Intelligent Monitoring Report

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Cambridge University Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Cambridge University Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.
Assurance work performed
We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator
- making enquiries of management
- testing key management controls
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report
- reading the documents

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Cambridge University Hospitals NHS Foundation Trust.

Basis for qualified conclusion
As set out in the Statement on Quality from the Chief Executive of the Foundation Trust on page 109 of the Trust’s Quality Report, the Trust currently has concerns with accuracy of data for the ‘percentage of incomplete pathways within 18 weeks’ indicator’ because there are system limitations and manual adjustments that mean the Trust is unable to provide the appropriate data for this indicator as at 31 March 2016.

As a result of this issue, we have concluded that we are unable to test sufficiently the ‘percentage of incomplete pathways within 18 weeks’ indicator’ for the year ended 31 March 2016.

Qualified conclusion
Based on the results of our procedures, except for the effects of the matters described in the ‘Basis for qualified conclusion’ section above, nothing have come to our attention that causes us to believe that, for the year ended 31 March 2016:
• the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
• the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
• the other indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
100 Botanic House, Cambridge, CB1 2AR
25 May 2016
3. Other information

Reviewing performance against last year’s priorities for improvement
Improving safety and reducing harm – harm-free care

Our goal was that the care we delivered would be safe and harm-free, measured by the following indicators:

**Care delivered harm-free**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Thermometer score</td>
<td>98%</td>
<td>98.55% 98.47%</td>
</tr>
</tbody>
</table>

We achieved this.

The safety thermometer is a nationally mandated method of assessing the safety of care provided in hospitals. It has been described in more detail in section 4.6.5.

We continued to perform well when compared to our peers. The slight decrease in the rate this year may be partially due to the Trust adopting new safety thermometer templates for children and young people, as this removes a number of wards and beds from the original numerator used to calculate harm-free care.
**Harm rates**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported incidents resulting in harm per patient contact</td>
<td>0.2%</td>
<td>0.2% 0.19%</td>
</tr>
</tbody>
</table>

**We achieved this.**

The hospital has in place a well-developed safety reporting process which requires staff to report events affecting safety, irrespective of whether harm occurred. A new safety reporting system has been introduced during 2015/16, which provides for easier and more detailed reporting, and will support continued improvement of our investigation and learning processes. It also specifically permits and encourages reporting of 'unsafe conditions', where there is a risk which might lead to an incident if not addressed. A high level of reporting is viewed as an indication of a positive safety culture, and the Trust continues to feature as a high reporter, compared to our peers.

We measured the rate of harm as a percentage of patient contacts each month. Patient contacts are the number of inpatients admitted, outpatient, day case and emergency department attendances.

Since October 2015, we have seen a sustained step increase in the harm rates, above our ceiling level. This is believed to be as result of the introduction of the new safety reporting system, in which the reporter grades the level of harm. For the future, we will attempt to establish a new benchmark for our performance on this measure against other Trusts using the same system.

In 2015/16 a total of 12,091 patient safety incidents were reported, compared with 10,579 in 2014/15. The actual number of reports, where some degree of harm occurred, ranged between 93 and 215 per month.

**Minimising infection**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MRSA bloodstream infections</td>
<td>0</td>
<td>0 2</td>
</tr>
<tr>
<td>Number of <em>Clostridium Difficile</em> infections</td>
<td>&lt;49*</td>
<td>35 (19) 27 (26)</td>
</tr>
</tbody>
</table>

*61 in 2014/15. Figures shown are infections reported deemed avoidable, with those reported deemed not avoidable in parentheses.

**We partially achieved this.**

We committed to reduce the number of all avoidable infections and the harm they cause, in particular to keep the number of patients who acquire *C.difficile* or a MRSA bacteraemia in hospital to a minimum.
By reducing the numbers of affected patients to a minimum, we reduced the need for a prolonged length of stay, surgery or admission to an intensive care unit as a result of the infection.

During 2015/16 we continued to focus on environmental cleaning standards, prompt isolation, antibiotic stewardship, hand hygiene and staff education to help reduce and prevent healthcare associated infections. We have worked to develop eHospital so that it can support good infection control practise and improve antibiotic prescribing standards.

The formal deep clean programme was interrupted on a number of occasions throughout the year and is currently suspended as a result of the unremitting pressure on capacity within the organisation. The lack of single patient rooms has had a further impact on our ability to comply with the Trust’s own infection control policies regarding isolation.

Of the 2 MRSA infections reported, one remains under review at the time of writing, but is likely to be assigned to a third party. The other case was traced to a contaminant introduced when the sample was taken on arrival.

We had 53 C. Difficile cases in the year, of which the CCG has classed 26 as non-trajectory (not avoidable), because the care delivered was exemplary. This leaves 27 potentially avoidable cases against the ceiling of 49.

### Hospital Standardised Mortality Ratio (HSMR)

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td>HSMR</td>
<td>&lt;85</td>
<td>86.31</td>
</tr>
</tbody>
</table>

*Apr-Dec15

We achieved this.
HSMR is a nationally calculated ratio prepared by Dr Foster (www.drfoster.com), where a score of 100 would mean actual deaths were in line with expected. An HSMR of less than 100 indicates fewer patients than expected died, a figure of greater than 100 indicated more than expected died. Our aim was to have an HSMR that placed the hospital in the top 10% of our peer group, and to have an aggregate hospital HSMR of less than 85.

The graph below sets out HSMR performance. Note however that data is always three months in arrears.

Safety and quality learning programme

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a monthly learning programme in place</td>
<td>June 2015</td>
<td>2014/15 2015/16</td>
</tr>
</tbody>
</table>

We achieved this.

For the Trust to improve safety it is vital that we learn from incidents and ensure that this learning is shared. To be effective, our safety and quality learning
programme must operate through many parallel processes. A number of elements have been introduced over the past year, and we continue to develop further initiatives.

Our safety events are seminars focused on key themes identified from incident reporting and occasional presentations on aspects of patient safety, usually by external expert speakers. Internal seminars have been held this year on patients lost to follow-up, retention of central venous catheter guide-wires, and insulin and diabetic management. Future sessions are already planned for VTE management, a pharmacy view, and legal issues related to serious incidents. Evaluation of these sessions has been positive both in terms of the speakers and audience.

Safety Matters is a regular publication which shares and alerts staff to current patient safety issues, and includes case reviews, educational articles and warnings. Safety Matters is distributed to all clinical and managerial staff by email. A number of hard copies are also produced and all issues are available on the hospital’s intranet, to ensure that the information spread is wide and reaches as many staff as possible.

Serious incident reports are shared across all divisions to ensure that, where an incident happens in one area, the learning from this can be considered and, where appropriate, actioned in others. Action plans developed as a result of the investigations are monitored by the patient safety team.

CUH patient safety directives and alerts are produced as necessary to share safety information rapidly across the Trust. Often, this is in response to a local safety event. Six such alerts were issued in 2015/16.

Never events
Introduced by the Department of Health, a ‘never event’ is defined as serious, largely preventable incidents that should never happen if the right measures are in place.

During 2015/2016, there have been three ‘never events’. Two have been fully investigated, and one remains the subject of an investigation which is nearing completion (incident reported in February 2016). The three events relate to a retained central venous catheter guide-wire, a wrong site injection of a medication, and a wrong side anaesthetic block.

As with the investigations into a number of previous ‘never events’, the process and action plans for the first two of these have been informed by the input of our human factors specialist, and implementation of a number of longer-term improvement measures is continuing.

Improving the reliability of care – delay-free care
Our goal was that care delivered by the hospital would be reliable and timely, measured by the following indicators. 2015/16 has been a challenging year for the NHS in terms of patient demand and CUH is no exception, we have treated a greater number of patients than ever before. Similar demands have been made on our partners in social care and this has contributed to our inability to discharge patients who no longer need medical care.
Emergency department waiting time

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the emergency department 4-hour standard</td>
<td>95%</td>
<td>83.7% 90.2%</td>
</tr>
</tbody>
</table>

We did not achieve this.

There were 108,972 attendances to the major emergency department on site in 2015/16 – 3% growth on 14/15. We have also treated 27,542 patients who attended the Minor Injuries Units since July 2015 when the Trust took over the management of the MIUs. There is a nationally mandated target to see 95% of patients within four hours. Our aim was to meet this target each quarter. Attendances for 2015/16 were up by 26.5% (28,020 patients including MIUs (from July 15). Excluding MIUs attendances are up by 3.1% (3,266 patients).
Admissions via the emergency department were up 4.1% (1,428 admissions).

We continue to look at ways in which we can improve our performance so that we can meet the four-hour standard, and are working closely with the national Emergency Care Improvement Programme team.
Admission within 18 weeks of GP referral

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients admitted within 18 weeks of GP referral</td>
<td>90%</td>
<td>87.3%</td>
</tr>
</tbody>
</table>

We did not achieve this.

We recognise the importance of admitting patients in a timely manner following referral by their GP. This measure was replaced in October 2015 by a monthly snapshot of patients still waiting after 18 weeks (see below), and this will be reflected in the objectives for 2016/17.

The external auditors reviewed the Trust RTT pathway and felt that the data quality for this indicator is such that they couldn't provide assurance over it. Other Trusts in the country have a similar issue.

The Trust has implemented a new information system which is able to support validation, monitoring and reporting by generating a number of reports to monitor, identify validation issues and track performance. The Trust engaged an external company with experience of improving data quality following clinical information system replacement.

Treatment within 62 days of an urgent cancer referral

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients seen within 62 days of urgent cancer referral</td>
<td>85%</td>
<td>79.9%</td>
</tr>
</tbody>
</table>

We did not achieve this.
We recognise the importance for patients of being treated in a timely manner following urgent referral by their GP where cancer is suspected.

Our aim is that 85% of patients are treated within 62 days of referral.

The aggregate score excludes any agreed re-allocations from late-referring Trusts.

### Cancelled operations

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancelled operations</td>
<td>&lt;1%</td>
<td>1.34% 1.36%</td>
</tr>
</tbody>
</table>

**We did not achieve this.**

Once a date is set for an operation, we will do our best to ensure that date is adhered to, while recognising there will be occasions when emergencies impact on routine operating.

Our aim was that the number of operations cancelled on or after the day of admission was less than 1%.

Although we did not achieve our aim in 2015/16:

- The overall trend for hospital-induced cancelled operations has been improving throughout 2015/16.
- Cancellations due to bed shortages showed a reduction from May 15, when we introduced protected beds for elective orthopaedics.
- A major incident occurred in July 2015 and resulted in high levels of cancellations due to flooding of the sterile services department.
- Cancellations due to theatre staffing shortages have been more evident since June 15, but the recruitment pipeline is positive for 2016.
The competing demand of trauma within orthopaedics and neurosurgery remains a key challenge for cancelled elective operations. Additional capacity is to be allocated when the expanded theatre suite is operational in 2016/17.

**Bed days lost to assessment for patients medically fit to leave**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed days lost to assessment for patients medically fit to leave (per week)</td>
<td>&lt;20</td>
<td><strong>2014/15</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

We did not achieve this.

Minimising the number of patients who are medically fit to leave, but who remain in our care is important. Not only is it in patients interests to be cared for in the most appropriate care setting but, but not being able to discharge patients who are fit to leave is a significant factor which reduces the ability of CUH to admit and treat patients requiring inpatient hospital care.

**Improving the experience of our patients – person-centred care**

Our goal was that care delivered by the Trust would be a positive experience and not result in the need to raise a formal complaint, measured by the following indicators
Inpatient experience

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients who rate their experience as at least 7/10</td>
<td>&gt;90%</td>
<td>2014/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2015/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>88.5%</td>
</tr>
</tbody>
</table>

We partially achieved this.

We reviewed and modified our inpatient survey and rating scale during the year to bring this in line with the national inpatient survey, so that we could compare the results more easily.

This year we have surveyed our inpatients once and participated in the National Inpatient survey. Both surveys ask patients about topics that include infection control, cleanliness, privacy, safety, nursing and medical care received, being informed and involved in the care provided, discharge and food.

Because of changes to our local survey made during the year, we are not able to make a direct comparison to previous years’ results. Last year, our aim was for 90% of patients who respond to the surveys answer questions as ‘yes, met expectations’ or ‘above expectations’. As this rating changed, our target is that 90% rate overall care as at least 7 out of 10.

Did we achieve our aims in 2015/16? Partially; in our local survey carried out in July 2015 we had 937 patients respond and 92% of these reported that they rated the care at least seven out of 10. However in the national inpatient survey, carried out in summer 2015, only 85% reported that their care was at least seven out of 10. As an aggregate this is 88.5%.

Outpatient experience

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who recommended our clinics</td>
<td>88%</td>
<td>2014/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2015/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96.6%</td>
</tr>
</tbody>
</table>

We achieved this.

We surveyed patients who attended outpatients once this year. In the survey we asked about quality of experience pre, during and post appointment. Topics include timeliness, information provided and clarity about next steps. We also changed the rating scale of this survey. As this rating changed, our target became that 88% would rate overall care as at least seven out of 10.

Did we achieve our aims in 2015/16? Partially; our local outpatient survey was undertaken in July 2015. Of the 1346 responses we received, 96.6% of our patients reported that they rated the care they received at least seven out of 10. This is very different to our real time friend and family recommender survey, which has been variable through the year. However, in March 2016 88% of our patients told us they would recommend our service. We are aware that the results of the Friends
and Family recommender question had a very low response rate, covering just 1928 of the 684,560 patients (0.3%) who attended outpatients in 2015-6.

We have established an outpatient patient experience group to try and address the key issues being raised by our patients, with the aim of driving improvements to the service. The work of the group will include promoting the survey to patients, making it easy to complete, introducing a roving refreshment trolley, refreshing the information screen displays, and looking at how we can improve the content of information contained in our letters.

Inpatient ‘friends & family’ test

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients agreeing that the care they received would be good enough for my friends or family</td>
<td>&gt;65%</td>
<td>61.1 95.4</td>
</tr>
</tbody>
</table>

We achieved this.

The ‘friends and family test’ changed during 2014-5, and is now the ‘recommender score’. This is an NHS wide initiative to gather feedback about patients’ experiences. In simple terms, it is seeking to answer the question ‘How likely are you to recommend our service to friends and family if they needed similar care or treatment?’ As the way the score was rated changed at the time the question changed, we had to change our measure.

Did we achieve our aims in 2015/16? Yes; our inpatients friend and family recommend score have remained consistently high at over 90%. The ‘friends & family’ test has also expanding more recently to include the emergency department, outpatients, and maternity, so next year’s objectives will include a target for each of these services.

Patient complaints

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints per patient contact</td>
<td>&lt;0.1%</td>
<td>0.08% 0.05%</td>
</tr>
</tbody>
</table>

We achieved this.

We always embrace complaints as these help to identify areas where we can improve, and are a way of measuring the level of quality we are delivering.

We measured the complaint rate as a percentage of patient contacts, which are the number of inpatients admitted, plus outpatient, day case, and emergency department attendances.

Did we achieve our aims in 2015/16? Yes; in 2015/16 a total of 519 formal complaints were received, compared with 523 in 2014/15. The monthly rate as a percentage of patient contacts ranged between 0.04% and 0.07%.
Staff values and behaviours

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td>Staff who are aware of the Trust’s values and behaviours</td>
<td>&gt;90%</td>
<td>n/a</td>
</tr>
<tr>
<td>Staff who feel they are able to deliver the Trust’s values and behaviours at work</td>
<td>&gt;80%</td>
<td>n/a-</td>
</tr>
</tbody>
</table>

**We achieved this.**

This measure (new for 2015/16) recognises the Trust’s values ‘Together – safe kind excellent’. We will use the staff survey to gain staff’s views as to whether they treat patients in a way that is consistent with our values and behaviours.

**Providing clinically effective care**

Our goal was that care delivered by the Trust would be effective, in simple terms it delivers what it says it will, measured by the following indicators

**Patient related outcome measures (PROMS)**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2015/16</td>
</tr>
<tr>
<td>Patient Related Outcome based on health gain (above national average or not)</td>
<td>Hips (21.4)</td>
<td>21.8</td>
</tr>
<tr>
<td></td>
<td>Knees (16.1)</td>
<td>15.9</td>
</tr>
<tr>
<td></td>
<td>Hernia (0.08)</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Varicose veins (-0.83)</td>
<td>-11.6</td>
</tr>
</tbody>
</table>

**We partially achieved this.**

These are nationally mandated, and provide a patient perspective of the effectiveness of the care they received - in simple terms the health gain or loss following the procedure. They cover surgery undertaken in respect of hips and knees, groin hernia and varicose veins.

Data shown for 14/15 is provisional. Provisional data for 15/16 is not yet available.
Clinical frailty score (CFS) for patients aged 75 or above

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15 2015/16</td>
</tr>
<tr>
<td>CFS screen performed within 72 hours of admission</td>
<td>85%</td>
<td>86.5% 86.5%</td>
</tr>
</tbody>
</table>

We achieved this.

Care of the frail elderly: The Trust is seeing and admitting an increasing number of frail elderly patients (those aged 75 and over). Cambridgeshire local authority population forecasts predict a 3.6% year on year growth of the population aged 85+, which equates to a doubling over the next 20 years. We recognise that developing services to better serve this group of patients is central to improving both quality of care and developing sustainable services for the future.

A key element for successful management of the frail elderly patient is that they undergo a proper screening using the clinical frailty score tool within their first 72 hours in hospital, to identify their treatment requirements.

Improving the identification and treatment of patients with sepsis

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15 2015/16</td>
</tr>
<tr>
<td>Compliance with the sepsis bundle antibiotic standards</td>
<td>&gt;90%</td>
<td>n/a 43*%</td>
</tr>
</tbody>
</table>

*Feb 16 data for Emergency Department pilot site. Started Oct 2015, baseline level 10%,

We did not achieve this.

Measurement started on a trial basis in 2015, and will be regularised in 2016.

Staff as partners

Our goal was that all our patients would receive high quality care, provided by an engaged, motivated and well trained workforce, measured by the following indicators, which (apart from the measures on workforce planning) were derived from the results of the quarterly staff survey.

The most recent survey covers the period October-December 2015.

Staff engagement

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15 2015/16</td>
</tr>
<tr>
<td>Staff engagement score</td>
<td>3.74</td>
<td>3.69 3.83</td>
</tr>
</tbody>
</table>

We achieved this.
Staff friends and family score

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td>Staff recommend us as a place to work</td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td>Staff recommend us as a place to receive treatment</td>
<td>80%</td>
<td>91%</td>
</tr>
</tbody>
</table>

We achieved this.

One of the key elements of the national ‘friends & family programme is to ask our staff their views regarding the care delivered at the hospital in which they work. In simple terms, is it good enough for them or their family?

Staff leadership

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My immediate manager demonstrates the Trust’s values and leadership behaviours.</td>
<td>&gt;85%</td>
<td>n/a</td>
</tr>
<tr>
<td>Senior managers, who lead this organisation, demonstrate the Trust’s values and leadership behaviours</td>
<td>&gt;60%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

We did not achieve this.

We want those who lead and manage our workforce to have the confidence of the staff they lead and manage. We recognise that we have some way to go in achieving our aims in this respect – a fact that has been highlighted in our CQC inspection report. A major organisational development programme will be rolled out in the coming year, which includes measures to address this.

Workforce planning

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacancy rate for registered nurses</td>
<td>&lt;5%</td>
<td>12%</td>
</tr>
<tr>
<td>Vacancy rate for healthcare assistants</td>
<td>&lt;8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>We have a robust plan by in place to mitigate the risks regarding junior doctor rotas</td>
<td>By end of 2015/16</td>
<td>n/a</td>
</tr>
</tbody>
</table>

We did not achieve this.
Ensuring we have sufficient staff now and in the future is crucial to delivering the high quality care we aspire to. We identified two measures, the first relates to nurses and health care assistants, the second to medical staff. These have been continued as key measures into 2016/17.

**Additional findings from the NHS staff survey not set as measures for 2014/15 but reported here**

**Staff experiencing harassment, bullying or abuse from staff (KF19)**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
<td>n/a</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24%</td>
</tr>
</tbody>
</table>

There is a correlation between the introduction in 2013 of a Trust initiative to strengthen performance management procedures and actions, and the increased number of staff who report experiencing harassment and bullying in the last 12 months. This is demonstrated through the number of claims of this nature which are dealt within the workforce directorate. On-going training for line managers seeks to provide support in differentiating between the behaviours of firm management, as opposed to those which are harmful to staff.

**Staff who believe that the Trust provides equal opportunities for career progression or promotion (KF27)**

<table>
<thead>
<tr>
<th>What did we measure?</th>
<th>Our target</th>
<th>How did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff who believe that the Trust provides equal opportunities for career progression or promotion</td>
<td>n/a</td>
<td>86%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>83%</td>
</tr>
</tbody>
</table>

The Trust’s workforce race equality strategy action plan prioritises the key actions required in the areas of recruitment and development and manager training. This includes e-learning skills training for all line managers available in April 2016 ‘Understanding unconscious bias’; talent management which includes coaching and mentoring for BME staff; celebrating cultural difference events, repeating the successful Windrush celebration events run in July and October 2015.
3.1 Performance against national quality indicators and targets

As well as setting our own priorities for improvement, there are a number of mandated requirements and indicators set for the NHS as a whole.

National quality indicators

NHS England mandated that all organisations providing NHS commissioned care review their performance against a common set of measures across the new NHS outcomes framework.

Where data is available from the Health and Social Care Information Centre (HSCIC), a comparison has been included of the numbers, percentages, values, scores or rates of each of the Trust’s indicators with:

- the national average for the same
- those NHS Trusts and NHS foundation Trusts with the highest and lowest of the same

Full details of each national indicator and the performance achieved during the year is set out in Annex 5.

National targets

Set by the Department of Health, these targets reflect the NHS Operating Framework which sets out the main planning framework, key financial assumptions and national targets for the NHS across all areas of activity.

Full details of each national target together with the performance achieved during the year, is set out in Annex 6.

3.2 Feedback on the quality report and quality account

If you would like further information on anything contained within this report, please write to:

Director for Corporate Affairs
PO Box 146, Cambridge University Hospitals NHS Foundation Trust, Cambridge Biomedical Campus, Hills Road, Cambridge, CB2 0QQ

Or email: Trust.secretariat@addenbrookes.nhs.uk

This document is also available on request in other languages, large print and audio format – please phone 01223 274648.
Annex 1: Statement of directors’ responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the ‘NHS Foundation Trust Annual Reporting Manual 2015/16’ and supporting guidance;
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2015 to March 2016
  - papers relating to quality reported to the Board over the period April 2015 to March 2016
  - feedback from commissioners dated 19/05/2016
  - feedback from governors dated 12/05/2016
  - feedback from local Healthwatch organisations dated 26/04/2016
  - feedback from Overview and Scrutiny Committee dated 04/05/2016
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 11/05/2016
  - the national patient survey 2015
  - the national staff survey October – December 2015
  - the head of internal audit’s annual opinion over the Trust’s control environment dated 23/05/2016
  - CQC inspection report dated 22/09/2015
- the quality report presents a balanced picture of the NHS foundation Trust’s performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.
By order of the Board

Jane Ramsey  
CUH Chair  
25 May 2016

Roland Sinker  
CUH Chair  
25 May 2016
Annex 2: Statement by stakeholders

Governors’ statement on the quality account 2015/16

The Council of Governors values the opportunity to be involved in the development of Cambridge University Hospitals quality priorities for the coming year, and to comment on the quality account for 2015/16.

During this year, the Governors have continued to work closely with the Non-Executive Directors to scrutinise the Trust’s performance, using a variety of methods, including monthly review of the integrated report on quality, finance, workforce and performance. Governors welcomed the high level of Director involvement in the Council of Governors meetings and the governor/director working groups. As in previous years, the governors and directors will have the opportunity to discuss together, the Trust’s quality performance a number of meetings throughout the year.

The Governors welcomed the openness of the Trust regarding the outcome of the April 2015 CQC inspection, which resulted in the Trust being rated ‘inadequate’ and placed into special measures. Governors have been regularly briefed on progress with the delivery of the Trust’s improvement plan and Governors have also been represented at the Monitor lead Stakeholder Assurance meetings throughout the past year. Governors will feel more satisfied once the Trust is out of special measures and has improved its overall rating with the CQC.

Governors were pleased that the Trust achieved a number of its quality account metrics, but are disappointed that aims for improvement in some areas, have not been fully achieved this year. Although governors recognise the especially challenging healthcare environment in which the Trust operates and our generally excellent patient outcomes and the CQC rating of ‘outstanding’ in care. The Trust must ensure that quality account aims are delivered to plan for the coming year and Governors look forward to continuing to work closely with the Directors and Non-Executive Directors of the Trust to ensure delivery of the plan.

Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) statement for inclusion in the 2015/16 quality account

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by Cambridge University Hospitals NHS Foundation Trust (CUHFT) for 2015/16.

The CCG and CUHFT work closely together to review performance against quality indicators and ensure any concerns are addressed. There is a structure of regular meetings in place between the CCG, CUHFT and other appropriate stakeholders to ensure the quality of CUHFT services is reviewed continuously with the commissioner throughout the year.

2015/16 has been a challenging year for CUHFT. The Trust was inspected by the Care Quality Commission in April and May 2015 and was placed in Special Measures following the publication of the inspection report in September 2015. What was resounding was that Care at the Trust was exceptional, ‘Caring staff who did everything they could for their patients’ was stated by the CQC. However Inadequate ratings were given for Safety, Responsiveness and Leadership.

Testament to the organisation was that they were quick to ensure the positive messages to staff and patients were relayed whilst at the same time putting a comprehensive Quality Improvement plan in place and demonstrating commitment
and drive to its’ achievement. This has included addressing the shortfall of staff in key areas including midwifery, the pressure on surgical services resulting in long waiting times and continuing issues with the new eHospital system ‘EPIC’ which the CQC acknowledged was embedding but was still having an impact on patient care and external relationships.

The Quality Improvement Plan has driven the quality work programme during 2015/16.

This has been supported by an Oversight Group which includes the CCG, and provides external support and challenge. The CCG and partners have also worked with the Trust to strengthen improvement and review progress through a series of visits.

CUHFT are also not alone in having key areas where they constantly have to strive to meet key performance targets, especially with increasing pressures on the system including the increase in emergency department attendances and the complexities of discharging people safely home. There continue to be problems in achieving ED waiting times. The opening of the Medical Decisions Unit in August 2015 has made a positive impact and there is a patient flow programme in place. The CQC reported that despite the challenges patients were asked about their wishes and supported to make decisions and that multiprofessional working contributed to efficient working and there was a culture of support and teamwork.

Other performance concerns include meeting Referral to Treatment Times and Diagnostics standards which were not achieved in 2015/16 due to a mismatch in capacity and demand. Robust recovery plans are being implemented and the Trust is a key part of a CCG wide System Transformation Programme.

CUHFT have also showed an improving picture to resolve other quality concerns. Issues with Safeguarding Children training were identified in 2014/15, and the Trust put in place systems to increase access to this training, including a new eLearning package. This resulted in significant improvements in 2015/16. The CCG highlighted a drop in compliance with control of infection (IP&C) standards at CUHFT in October 2015. This was addressed promptly and the Trust is now compliant with all IP&C standards.

From an incident reporting perspective 2 Never Events related to Opthalmology were reported which was particularly concerning and a review, supported by the CCG, was undertaken which has included ensuring the right capacity is in place to manage waiting lists and support safe care.

CUHFT throughout 2015/16 have consistently demonstrated a real commitment to the delivery of high quality evidence based care. This is reflected in audits that have been undertaken and the results attained as well as in the positive work of individual practitioners and teams that has been highlighted to the CCG. This includes clinicians winning major national awards, and evidence of difficult and coordinated team work under difficult circumstances above and beyond what we may expect.

Cambridgeshire County Council Health Committee statement for inclusion in the 2015/16 quality account

The Health Committee within its scrutiny capacity has examined the following issues with CUHFT over the past year:

- Update on e-hospital issues at CUHFT (28th May 2015)
- CUHFT Care Quality Commission Inspection report (5th November 2015)
• Older People and Adult Community Services – Termination of the Uniting Care Contract (21st January 2016)

• Update on progress on CQC Inspection of CUHFT (12th May 2016)

Minutes of these discussions can be found following the link below:
http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee.aspx?committeeID=76

In reviewing the draft Quality Account for 2015/16, shared with the committee for comment, the Health Committee recognises the honest picture the quality account gives of the problems faced by CUHFT, following the inadequate rating given by the CQC during their inspection of the hospital in September 2015.

Over the last year the Health Committee has had improved communication with CUHFT receiving formal reports and seminars updating members on the progress the hospital has made to address the issues following the launch of the E-hospital programme in 2014. Members have been encouraged by the improvements in the EPIC IT system and containment of critical issues but are still concerned over potential issues of cyber security.

The Health Committee welcomes the priorities identified for 2016/17 with a particular reference on focusing on safety and staff. The new organisational development programme should also take account of the economic pressures relating to staff recruitment and retention in the health system. Following the CQC’s inspection the Health Committee has been kept informed of the Trusts Improvement Plan through inclusion in CQC’s stakeholder reviews and the more recent introduction of quarterly liaison meetings with the Chief Executive of CUH and members of the Health Committee.

It would be helpful if the quality performance on 2015/16 was summarised up front rather than in the appendix. Members have been encouraged by the progress being reported and willingness of the Trust to engage however the Health Committee will not be comfortable until the CQC rating is improved.

**Cambridgeshire Healthwatch statement for inclusion in the 2015/16 quality account**

The Trust has had a challenging year; the collapse of the Older People’s and Adult Community Services contract and the CQC inspection which resulted in the Trust being placed in Special Measures. Healthwatch Cambridgeshire is delighted that the Trust was rated as ‘Excellent’ for caring; this reflects what people tell us. Healthwatch Cambridgeshire welcomes the opportunity to work with the Trust on elements of its Improvement Plan. The Trust’s responsiveness to concerns raised is very welcome and indicative of the increasingly positive and constructive relationship with the Trust.

In previous Quality Accounts Healthwatch Cambridgeshire has highlighted the benefits that could be gained from deeper analysis and year on year comparisons of both PALS and complaints data. The Trust could do more to demonstrate this and how learning from feedback takes place.

Healthwatch feedback from patients tells us that discharge not just an external delayed transfer issue. Patients and other service partners tell us that there are opportunities to streamline internal hospital processes to improve discharge safety and experience. Healthwatch Cambridgeshire is aware that the Trust is working on its internal processes, this is welcomed and needs to be prioritised.

Healthwatch Cambridgeshire is concerned about the increasing waiting times for patients and has worked very productively with the Trust to carry out Enter and
View visits to three Out Patient clinics. These visits explored patient experience of waiting, quality of information and if people knew what to do should their condition deteriorate. Healthwatch Cambridgeshire is starting to receive concerns from patients who are breaching the 18 week wait standard. We would like to be assured that these patients are receiving information about their position and what choices are available.

The Trust’s commitment to equalities issues is highly positive; Healthwatch work with Gypsy and Traveller Communities has been very well supported. As has our partnership work with the children and young people’s Active group which has provided opportunities for young people to discuss mental health and wellbeing. The findings from these discussions have been fed back to commissioners. Staff in these two areas have been particularly helpful.

Healthwatch Cambridgeshire is aware that the Trust has shortages of staff in many areas. The Trust’s workforce do a wonderful job, very often under difficult circumstances, and all staff are thanked for their commitment to patient care.

Healthwatch Cambridgeshire recognise that many of the challenges for the Trust result from the pressure on the whole system, but we look to the Trust to work where it can to maintain safety and quality and improve experience. It is pleasing to note the increasing cooperation between the Trust and other providers and commissioners in the local Cambridgeshire health economy. We are convinced that this path will bring the greatest benefits to our local communities.

Healthwatch Suffolk statement for inclusion in the 2015/16 quality account

Healthwatch Suffolk have advised that they will not be providing a statement this year, but will instead be sharing their feedback with Healthwatch Cambridgeshire to inform their response.
Annex 3: Summary of our safety improvement plan

Vision
The vision for CUH is to be a leader in quality improvement and patient safety.

Our improvement plan
CUH has made a commitment to the implementation of a patient safety improvement plan aligned to the Trust’s quality strategy, our values of ‘Together – safe kind excellent’, and to the recommendations in the following reports:

- ‘A Promise to Learn, a Commitment to Act’ – Donald Berwick, Department of Health, (2013)

Implementation of the patient safety improvement plan will be driven by the key principles of leadership, standardisation and resilience; as reflected in the reports above and quality improvement theory. This strategy is also aligned to the NHS England’s ‘Sign up to Safety’ campaign and the quality improvement goals of the Eastern Academic Health Science Network.

The following table shows how the patient safety improvement plan will address the safety elements within each objective set out in the quality strategy.

<table>
<thead>
<tr>
<th>Quality objective</th>
<th>Patient safety targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety as the first priority</td>
<td>No avoidable harm</td>
</tr>
<tr>
<td>Staff as agents of safe care</td>
<td>Staff motivated and equipped to continuously seek out and reduce patient harm</td>
</tr>
<tr>
<td>Clinically effective care</td>
<td>Achieving the highest levels of reliability of clinical care – both process and outcomes</td>
</tr>
<tr>
<td></td>
<td>Care is delivered at the right time, in an appropriate setting</td>
</tr>
<tr>
<td></td>
<td>Safety initiatives put patients and carers at the centre of decisions</td>
</tr>
</tbody>
</table>

Governance arrangements
Oversight group: Patient Safety Improvement Committee
Executive lead: Chief Nurse
Clinical lead: Deputy Medical Director: Patient Safety
Programme lead: Director for Clinical Quality
Programme facilitator: Head of Clinical Quality Improvement

The patient safety improvement plan will be managed by the Patient Safety Improvement Committee, reporting to the Quality Committee, and progress formally reported annually in the Trust’s quality accounts.
The patient safety improvement plan in outline
The two key objectives of our plan in the first three years will be to:

- improve the effectiveness of clinical care
- strengthen the organisation’s patient safety culture and quality improvement capabilities

These objectives are summarised in the driver diagram below. The clinical pathways have been chosen to align to current national and professional standards, such as national CQUINS, and NHS England’s patient safety priorities. All improvement workstreams will have a number of high level outcomes measures as well as detailed measurement plans to track progress against the process and outcome measures related to improvement initiatives.
The deteriorating patient
The ‘rRecognise and Respond’ committee (previously the Deteriorating Patient Group) will oversee the implementation of this element of the plan.

Evidence-based care bundles
An evidence-based care bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices (generally three to five) that, when performed collectively and reliably, have been proven to improve patient outcomes.

The patient safety improvement plan proposes to: identify all evidence-based bundles that should be in place in the Trust; using quality improvement methods, support the implementation of new bundles; strengthen systems and processes for the monitoring of the effectiveness and compliance with these bundles (locally and central oversight); and to support the continuous improvement of patient safety related to these bundles.

Evidenced Based Care Bundles
- Falls
- Pressure Ulcers
- VTE
- Catheter-associated UTI
- Ventilator Associated Pneumonia
- Central line-associated bloodstream infections
- Hospital Acquired Infections
- Hand Hygiene
- UFTO (DNAR)
- WHO checklist
- USS for central line placement
Learning and Improving from safety data
Determining the safety of a healthcare organisation is complex and cannot be verified by a single measure. A measurement and monitoring framework is designed to help organisations monitor both its safety (past, current and future) and whether or not quality improvement initiatives do in fact result in sustained improvements.

The initiatives in the diagram below are the proposed key priorities to help this Trust identify: how safe our patients are; the contributory factors compromising patient safety; and whether or not our improvement initiatives are improving patient safety.

Strengthening the patient safety culture

**Patient Safety & QI Education**
- organisational QI capability
- Patient Safety & QI website
- Measuring our Safety Culture
- Patient Engagement

**Human Factors Programme**
- Human Factors investigation framework
- National Safety Standards for Interventional Procedures
- Human Factors Education Programme

**Leadership for Patient Safety**
- Board Development
- Leadership Walkrounds
- Ward Performance Charter Mark

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Annex 4: Example draft specialty specific outcome measures

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Suggested outcomes</th>
</tr>
</thead>
</table>
| Breast unit                 | Length of stay post resection post breast cancer surgery  
                       Reconstruction rate post mastectomy  
                       Cancer waiting times for patients referred via the rapid access pathway and those on 31 and 62-day target treatments |
| Vascular surgery            | 30-day mortality rates for elective EVAR  
                       30-day mortality for open elective AAA  
                       Stroke (30 day) and 30-day mortality for carotid endarterectomy |
| Hepatobiliary surgery       | 30-day mortality for all cancers – liver resections, pancreas and cholangiocarcinoma  
                       Length of stay post cancer resection  
                       30-day re-admission rate post resection of any malignancy |
| Colorectal surgery          | 30-day post-op mortality after cancer resection  
                       Elective length of stay (median) post cancer resection  
                       Unplanned return to theatre post resection of cancer |
| Upper GI surgery            | Post-operative mortality following resection of oesophageal and gastric cancer  
                       Length of stay for oesophagectomy or gastrectomy  
                       The proportion of histological positive longitudinal margins after cancer resection. |
| Neo-natal services          | The proportion of all babies (< or equal to 1500g or equal to 31+6 weeks gestation) that are screened by ophthalmology for retinopathy and comply to RCOphth standards.  
                       The proportion of all venous or arterial catheters that are associated with a line related infection |
| Trauma and orthopaedics     | Length of stay following total hip replacement.  
                       Infection rates in 1. Knee joint replacement and 2. hip joint replacement  
                       Length of stay for proximal femoral fracture patients (hip fracture). |
| Emergency medicine          | Time to assessment by decision making clinician  
                       Senior sign off  
                       Percentage of major trauma patients (ISS>15) with resuscitation led by EM consultant |
### Annex 5: National Quality Indicators – 2015/16 performance

Note1: only those indicators applicable to CUH are reported.

Note2: Data shown for 2014/15 or 2015/16 data is for the full reporting period indicated or, or up to the latest reporting period available.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014/15</th>
<th>2015/16</th>
<th>CUHFT considers that this data is as described for the following reasons…</th>
<th>CUHFT intends to take/has taken the following actions to improve this proportion/ score/rate/number, and so the quality of its services, by…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary Hospital-Level Mortality Indicator (SHMI)</strong></td>
<td>'Lower than expected' SHMI for July 2013 to June 2014</td>
<td>'Lower than expected' SHMI for October 2014 to September 2015</td>
<td>The Trust has a robust process for clinical coding and review of mortality data so is confident that the data is accurate.</td>
<td>The Trust reviews SHMI data (along with the HSMR) and always looks at how it can be at least sustained or reduced further.</td>
</tr>
<tr>
<td></td>
<td>9 Trusts had a ‘higher than expected’ SHMI; and 15 Trusts ‘lower than expected’</td>
<td>18 Trusts had a ‘higher than expected’ SHMI; 103 Trusts ‘as expected’; and 15 Trusts ‘lower than expected’</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient safety incidents</strong></td>
<td>(i) Trust number for October 2013 to March 2014 was 6,218</td>
<td>(i) Trust number for October 2014 to March 2015 was 6,448</td>
<td>Data is submitted to the National Reporting and Learning System in accordance with national reporting requirements. Note: these figures relate to incidents reported via the Trust incident reporting system which relies on the reporter identifying that an incident has occurred</td>
<td>The Trust has a positive reporting culture. Reducing harm to patients remains one of the key elements of our quality account and quality strategy.</td>
</tr>
<tr>
<td></td>
<td>(ii) 9.6 per 100 admissions</td>
<td>(ii) 40.6 per 1,000 bed days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(iii) 19 resulted in severe harm/death, 0.31% of incidents</td>
<td>(iii) 11 resulted in severe harm/death, 0.17% of incidents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Patient Reported Outcome Measures (PROMS)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014/15</th>
<th>2015/16</th>
<th>CUHFT considers that this data is as described for the following reasons…</th>
<th>CUHFT intends to take/has taken the following actions to improve this proportion/ score/rate/number, and so the quality of its services, by…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Groin hernia surgery</strong></td>
<td>Apr – Sep 14</td>
<td>0.09 (0.08)</td>
<td>0.1 (0.08)</td>
<td>The Trust has processes in place to ensure that relevant patients are given questionnaires to complete. However it has no control over their completion and return.</td>
</tr>
<tr>
<td></td>
<td>N/A (0.09)</td>
<td>-11.6 (-8.3)</td>
<td></td>
<td>PROMS data is reviewed and reported in the Integrated Report to the Board and Quality Committee each month, and in the Divisional Scorecards for the monthly Division-Executive performance meetings.</td>
</tr>
<tr>
<td><strong>Varicose vein surgery</strong></td>
<td>Apr – Sep 14</td>
<td>N/A (0.09)</td>
<td></td>
<td>For applicable measures, the Trust results are better than the national average in the latest reporting period.</td>
</tr>
<tr>
<td></td>
<td>Apr 13 – Mar 14</td>
<td>Primary: 0.44 (0.44)</td>
<td>Primary: 21.8 (21.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revision: N/A (0.26)</td>
<td>Revision: N/A (12.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Hip replacement surgery</strong></td>
<td>Apr 13 – Mar 14</td>
<td>Primary: 0.31 (0.32)</td>
<td>Primary: 15.9 (16.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revision: N/A (0.25)</td>
<td>Revision: N/A (12.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Knee replacement surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>2014/15</td>
<td>2015/16</td>
<td>CUHFT considers that this data is as described for the following reasons...</td>
<td>CUHFT intends to take/has taken the following actions to improve this proportion/ score/rate/number, and so the quality of its services, by...</td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
<td>---------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Readmission within 28 days of discharge: (i) aged 0-14</td>
<td>Trust rate was 8.36% for 2011/12 placing the Trust in Band B1</td>
<td>No later data released by HSCIC until August 2016</td>
<td>The Trust has a robust process for clinical coding so is confident that the data is accurate.</td>
<td>The Trust rates for 0-14 and 15 plus ages re-admissions show some improvement on last year and are both better than the national average. (Band B1 indicates significantly better than the national average at the 99.8% interval). The Trust monitors and looks to at least sustain current position</td>
</tr>
<tr>
<td>Readmission within 28 days of discharge: (ii) aged 15 or over</td>
<td>Trust rate was 10.64% for 2011/12 placing the Trust in Band B1</td>
<td>National average was 11.45%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsiveness to inpatients' personal needs</td>
<td>Trust score was 72.1 in 2013/14</td>
<td>Trust score was 71.5 for 2014/15</td>
<td>Undertaken independently as part of the annual national inpatient survey.</td>
<td>The latest score is slightly down on the previous year although still favourable to the national average. We continue to use feedback from surveys and complaints to address areas of performance which fall short of our standards.</td>
</tr>
<tr>
<td>Indicator</td>
<td>2014/15</td>
<td>2015/16</td>
<td>CUHFT considers that this data is as described for the following reasons…</td>
<td>CUHFT intends to take/has taken the following actions to improve this proportion/ score/rate/number, and so the quality of its services, by…</td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
<td>---------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Friends and Family Test – Staff</td>
<td>76% in 2014 survey, placing Trust in best 20% of Trusts</td>
<td>82% in 2015 survey, placing Trust in best 20% of Trusts</td>
<td>Undertaken independently as part of the annual national staff survey.</td>
<td>Already in the top 20%, and improvement on last year and relative to the acute Trust average. The Trust looks to at least sustain this position.</td>
</tr>
<tr>
<td>% of staff recommending the Trust to family or friends</td>
<td>Acute Trust average 66%</td>
<td>Acute Trust average 70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and Family Test – Patient [not statutory]</td>
<td>94% in February 2015 survey. This was based on 803 responses.</td>
<td>97% in February 2016 survey. This is based on 1,278 responses and is an improvement on the same month last year.</td>
<td>Monitored monthly in the Trust’s integrated performance report that is submitted for the Board and Quality Committee. Performance is now above the national average.</td>
<td></td>
</tr>
<tr>
<td>% of inpatients who would recommend the Trust to their family or friends</td>
<td>England average (incl. independent sector) 95%</td>
<td>England average (incl. independent sector) 96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>2014/15</td>
<td>2015/16</td>
<td>CUHFT considers that this data is as described for the following reasons...</td>
<td>CUHFT intends to take/has taken the following actions to improve this proportion/ score/rate/number, and so the quality of its services, by...</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>% risk assessed for VTE</td>
<td>Trust achieved 90.7% in 2014/15</td>
<td>Trust achieved 94.7% in Quarter 3 2015/16.</td>
<td>The Trust has a robust process assessing VTE risk assessment of patients and this is also part of the monthly Safety Thermometer audit. Compliance levels did drop (from above 96% to 80%) when we implemented eHospital in October 2014. However we have seen progressive improvement, and the internal target of 95% has been achieved every month since November 2015.</td>
<td>The Trust remains vigilant to ensure that this recent performance is sustained going forwards. It is monitored by the Trusts VTE Committee.</td>
</tr>
<tr>
<td></td>
<td>England average was 95.9%</td>
<td>England average 95.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases of <em>C. difficile</em> infection per 100,000 bed days</td>
<td>Trust rate was 15.9 in 2013/14 (50 cases)</td>
<td>Trust rate was 17.1 in 2014/15 (54 cases)</td>
<td>The Trust has in place robust mechanisms to record cases of <em>C. difficile</em>.</td>
<td>A number of wide ranging actions involving both the Trust and wider health economy are in place.</td>
</tr>
<tr>
<td></td>
<td>Acute Trust average was 14.7</td>
<td>Acute Trust average was 15.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Annex 6: National targets – 2015/16 performance

#### 2015/16 Contractual targets

<table>
<thead>
<tr>
<th>Target</th>
<th>2014-15 Actual</th>
<th>Current Month</th>
<th>2015/16 Financial Year</th>
<th>2015/16 Target</th>
<th>Data up to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of MRSA bacteraemias</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>Mar-16</td>
</tr>
<tr>
<td>No. of <em>C. difficile</em> Trust acquired cases</td>
<td>54</td>
<td>4</td>
<td>53</td>
<td>&lt;= 49</td>
<td>Mar-16</td>
</tr>
<tr>
<td>Total A&amp;E - % of Patients who have waited less than 4 hours</td>
<td>84.4%</td>
<td>85.5%</td>
<td>89.8%</td>
<td>95%</td>
<td>Mar-16</td>
</tr>
<tr>
<td>Cancer 2 week wait from urgent referral to first seen</td>
<td>92.5%</td>
<td>96.2%</td>
<td>92.7%</td>
<td>93%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>2 week wait for Breast symptoms</td>
<td>92.7%</td>
<td>98.0%</td>
<td>93.1%</td>
<td>93%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>Cancer 31 day wait for first treatment from diagnosis</td>
<td>96.5%</td>
<td>96.6%</td>
<td>95.6%</td>
<td>96%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>Cancer 31 day wait for subsequent treatment - Anti cancer drugs</td>
<td>100.0%</td>
<td>99.9%</td>
<td>98%</td>
<td>98%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>Cancer 31 day wait for subsequent treatment - Surgery</td>
<td>92.4%</td>
<td>97.2%</td>
<td>93.2%</td>
<td>94%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>Cancer 31 day wait for subsequent treatment - Radiotherapy</td>
<td>96.8%</td>
<td>98.0%</td>
<td>94%</td>
<td>94%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>Cancer 62-day wait for first treatment from Standard urgent referral</td>
<td>79.9%</td>
<td>76.7%</td>
<td>78.3%</td>
<td>85%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>Cancer 62-day wait for first treatment from Standard urgent referral</td>
<td>83.6%</td>
<td>83.0%</td>
<td>81.2%</td>
<td>85%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>(with reallocations for late referral)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer 62-day wait for first treatment from Screening service urgent referral</td>
<td>89.2%</td>
<td>69.6%</td>
<td>92.0%</td>
<td>90%</td>
<td>Feb-16</td>
</tr>
<tr>
<td>18 weeks from GP referral to hospital treatment - Admitted patients</td>
<td>86.5%</td>
<td>69.6%</td>
<td>70.5%</td>
<td>90%</td>
<td>Mar-16</td>
</tr>
<tr>
<td>18 weeks from GP referral to hospital treatment - Non-admitted patients</td>
<td>95.2%</td>
<td>88.6%</td>
<td>85.9%</td>
<td>95%</td>
<td>Mar-16</td>
</tr>
<tr>
<td>18 weeks from GP referral to hospital treatment - Incomplete pathways</td>
<td>91.7%</td>
<td>89.5%</td>
<td>89.4%</td>
<td>92%</td>
<td>Mar-16</td>
</tr>
<tr>
<td>RTT waits over 52 weeks</td>
<td>4</td>
<td>6</td>
<td>72</td>
<td>0</td>
<td>Mar-16</td>
</tr>
</tbody>
</table>

#### Key:
- Red indicates adverse to absolute target or a deterioration in performance from 14/15
- Orange indicates adverse target, but an improvement from 14/15 year
- Green indicates favourable to target
Annex 7: Glossary of terms and abbreviations used in this report

**C. difficile**
A *clostridium difficile* infection (CDI) is a type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital.

**CFS (Clinical Frailty Score)**
An assessment tool used to determine the frailty of patients aged 75 and over admitted as emergencies. The assessment tool uses a 9 point scoring system.

**CQUIN (Commissioning for Quality and Innovation) indicators**
The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

**CT**
Computerised tomography

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

**DTOC (Delayed transfer of care)**
Medically fit patients who cannot be discharged from hospital until there are arrangements in place for their continuing care and support.

**Dr Foster**
Dr Foster Intelligence is a joint venture with the Department of Health. They have developed pioneering methodologies that enable fast, accurate identification of potential problems in clinical performance and also in areas of high achievement.

**eHospital**
eHospital is an exciting programme that is changing the way we work and how we care for our patients using latest technology. Every member of staff has access to the information they need, when they need it, without having to look for a piece of paper, wait to use a computer or ask the patient yet again. It went live in October 2014.

**HSMR (Hospital standardised mortality ratio)**
This is a nationally calculated rate prepared by Dr Foster http://www.drfosterhealth.co.uk/ where a score of 100 would mean actual deaths were in line with expected. An HSMR of less than 100 indicates less patients than expected died, a figure of greater than 100 indicated more than expected died.
HQIP
The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales:

HRG (Healthcare Resource Group)
Within the English National Health Service (NHS), a Healthcare Resource Group (HRG) is a grouping consisting of patient events that have been judged to consume a similar level of resource. For example, there are a number of different knee-related procedures that all require similar levels of resource; they may all be assigned to one HRG.

Human Factors
Human factors is the science which seeks to gain and apply knowledge of how people interact with each other and their environment, and how this affects behaviour, performance and wellbeing, particularly in the work setting.

Joint Commission International
Joint Commission International (JCI) works to improve patient safety and quality of health care in the international community by offering education, publications, advisory services, and international accreditation and certification.

MBRRACE
MBRRACE-UK is the collaboration appointed by the Healthcare Quality Improvement Partnership (HQIP) to continue the national programme of work investigating maternal deaths, stillbirths and infant deaths, including the Confidential Enquiry into Maternal Deaths (CEMD). The programme of work is now called the Maternal, Newborn and Infant Clinical Outcome Review Programme (MNI-CORP).

The aim of the MBRRACE-UK programme is to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services

Monitor
The Foundation Trust regulator until 1st April 2016, when it was incorporated into NHS Improvement.

MRSA (Meticillin-resistant Staphylococcus aureus)
MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections. The full name of MRSA is meticillin-resistant staphylococcus aureus. You may have heard it called a superbug.

National quality indicators
NHS England has mandated that all organisations providing NHS commissioned care are required to review their performance against a common set of measures across the new NHS Outcomes Framework, these measures are outlined below.
NCEPOD
The National Confidential Enquiry into Patient Outcome and Death reviews clinical practice and identifies potentially remediable factors in practice. NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.

‘Never event’
A 'never event' is defined as serious, largely preventable incident that should never happen if the right measures are in place. A defined list of Never Events is published annually by the Department of Health.

NHSBT
NHS Blood and Transplant (NHSBT) is a Special Health Authority who manages blood and organ transplantation.

NICE
The National Institute for Health and Care Excellence.

Palliative care
Palliative care focuses on the relief of pain and other symptoms and problems experienced in serious illness. The goal of palliative care is to improve quality of life, by increasing comfort, promoting dignity and providing a support system to the person who is ill and those close to them.

PROMS (Patient reported outcome measures)
These are nationally mandated and provide a patient perspective of the effectiveness of the care they received – in simple terms the improvement gain or loss following the procedure.

QSiS (Quality and Safety Information System)
A bespoke electronic risk management system based on the Datix software used by the majority of NHS Trusts in the UK. The system is made up of a number of modules, including safety incident reporting, risk register, complaints, claims, CQC compliance, and has excellent reporting features.

Special Measures
In serious cases where hospitals are not providing good and safe care to patients, and the management cannot fix the problems by themselves, action is taken to improve the hospitals. The term used for this is “special measures”.
Special measures involve action by three organisations: the Care Quality Commission, Monitor and the NHS Trust Development Authority (Monitor and the Trust Development Authority have now been brought together as NHS Improvement). All are independent but funded by the Department of Health, and as
regulators they work closely together to make sure patients get the best possible care from the NHS. More information is available at: 