

# Cambridge University Hospitals NHS Foundation Trust

## Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a full follow up inspection between 20th and 22nd September with an unannounced inspection on 29th September 2016. This inspection was to follow up our comprehensive inspection in April 2015 where the concerns identified by the inspection team had resulted in my recommending the trust for special measures. A smaller focussed inspection in February 2016 followed up our most serious concerns and those areas rated Inadequate.

At this inspection we saw significant improvement across most of the areas we inspected. This included outstanding effectiveness in the critical care units and improvements in safety and leadership in maternity services and outpatients which we have now rated as good. These had been rated inadequate in 2015. There were similar improvements in medical care, surgery and urgent and emergency services with all services now rated as good overall. The improvement was in line with the trusts improvement plan and was assisted by constructive challenge from stakeholders at regular meetings.

Cambridge University Hospitals NHS Foundation Trust is one of the largest in the UK with around 1400 beds. The trust provides a major trauma centre for the east of England and specialist services in immunology, fetal medicine, IVF, neurosurgery, ophthalmology, genetics and metabolic diseases, specialised paediatric, cancer and transplant services.

The trust also provides district general hospital services to patients predominantly coming from Cambridgeshire, Essex, Suffolk and Hertfordshire. The demographics vary during the year due to the large student population of approximately 24,488.

The clinical departments are clustered together into five divisions:

**Division A:** Musculoskeletal; Digestive Diseases and ICU/ Periops

**Division B:** Cancer; Laboratory services; Imaging and Clinical support

**Division C:** Acute Medicine; Inflammation/Infection; Transplant

**Division D:** Neuroscience; ENT/ Head and neck/ Plastics; Cardiovascular-Metabolic

**Division E:** Medical Paediatrics; Paediatric Critical Care and Paediatric Surgery; Obstetrics and Gynaecology

During this inspection we inspected all key questions in all of the eight core services. The organisation had been through a significant change in senior leadership in the preceding 12 months which had resulted in a number of governance changes within the organisation. The trust was continuing progress against an overarching improvement plan in response to concerns found at our previous inspections.

Our key findings were as follows:

- The trust had received support from NHS Improvement since it was placed in special measures in September 2015 and had undertaken a review of governance structures across the organisation. This had included the implementation of the improvement plan and regular oversight of its implementation from regulators, commissioners and stakeholders.
- There was improvement in the quality and safety of all services with the exception of children and young people's services which found the demand on the service challenging. This improvement was in line with the trusts improvement plan.
- There was improved learning from incidents across the divisions. Most staff we spoke with had a good understanding of the duty of candour.
- There had been an increase in permanent staffing levels resulting in very low levels of agency nurse usage across the trust. There remained use of bank staff and some locum consultants.
- The trust had developed a system of monitoring patient acuity on several occasions each day. This allowed senior managers and clinical staff to flex staffing levels to meet patient need.
- There were ongoing capacity issues within the trust resulting in cancelled and delayed surgeries. Children's services were also under pressure though the imminent opening of additional beds should alleviate some of this pressure.

# Summary of findings

- Internal capacity issues were also seen in delayed discharges from the critical care units. There were also delays in transferring some patients from recovery post operatively to a ward for post-operative care.
- There were ongoing capacity issues within maternity services meaning the unit diverted high risk deliveries on 17 occasions between December 2015 and July 2016.
- Significant improvement had been made into reducing the numbers of patients waiting for outpatient appointments. However, further work was required to further reduce the waiting lists for appointments and some investigations.
- The trust failed to achieve the national target for treating, admitting or discharging 95% of patients within four hours. In December 2015, the trust met the target, however performance began to fall in January 2016 and fell to 83% in May 2016
- The revised governance systems were sufficient to ensure that the senior team had robust information on which to make decisions.
- There was a large audit programme. However, we saw results in medicine were below the England average and the stroke national audit scored 'D' – the second lowest score. There was very limited audit in end of life care though the trust had identified this and were developing an audit plan.
- The electronic patient record (Epic) had now been in place for some 2 years. Many of the concerns we had identified at previous inspections had been addressed and staff were more familiar with the system though care planning was not always individualised and personalised.
- Staff were very caring and on some occasions went to great lengths to support and care for patients.
- There was an open culture. Staff reported incidents and there was increased evidence of learning from incidents.
- Staff spoke positively of local (divisional) management. Managers in all areas were well sighted on risks as well as developing new pathways and delivering care.
- Patients spoke highly of the care they received. Friends and Family Test results were generally positive across the trust however, there were very poor response rates in some areas.

Importantly, the trust must:

- Ensure medicines including controlled medicines are securely stored at all times.
- Ensure that end of life care is properly audited (such as preferred place of death and DNACPR) and actions taken in response to those audits.
- Ensure that complaints are responded to in a timely way wherever possible.
- Ensure resuscitation decisions are always documented legibly and completed fully in accordance with the trusts own policy and the legal framework of the Mental Capacity Act 2005.

In addition the trust should:

- Ensure it improves the environment for children in the ED to ensure children's safety at all times.
- Review staffing in the emergency department with respect registered nurses (child branch) to ensure children's needs and national guidance are met.
- Review staffing of the specialist palliative care team against national guidance.
- The trust should ensure that all staff complete mandatory training and safeguarding training to ensure it complies with the 90% compliance target.
- Continue to work to improve delayed discharges and discharges that occur between the hours of 10pm and 7am in the critical care and intensive care units.
- The trust should ensure the actions from the safeguarding review they have conducted for level three training for staff in adult areas caring for patients under the age of 18 years are implemented.
- The trust should review the level of children's safeguarding training healthcare assistants undertake to ensure it is in line with the Intercollegiate Role Framework for Looked After Children and the trusts own Safeguarding Children's Policy.
- Review consultant hours in maternity in line with national guidance.
- Continue to improve referral to treatment time performance including for cancer services and reduce the number of cancelled operations.
- Consider improvements to the response rate for the Friends and Family Test which are poor across the trust.
- Ensure that systems are in place to reduce the risk of confidential information leaks.
- Work to reduce the number of diversions of high risk deliveries in maternity services.

# Summary of findings

- Continue to reduce the time for end of life patients to be discharged to their preferred place of care.
- Ensure that all equipment is appropriately checked and safety tested where required.

We saw areas of outstanding practice including:

- Ward J2 ran weekly ‘music and movement’ classes to help meet the holistic needs of patients during their long-term recovery. A volunteer specialising in music and movement ran the classes and staff encouraged patients and their relatives to attend. This had received excellent feedback from patients and relatives.
- The teenage cancer unit provided outstanding facilities for young people diagnosed with cancer and receiving treatment for cancer. The teenage cancer unit provided a welcoming, age appropriate environment for young people to receive treatment, but also meet other young people and relax and socialise.
- The ED team had developed a mobile phone application called “Choose Well.” The application offered guidance on waiting times and hospital services across Cambridge in order to improve the patient experience and offer choices in health care.
- The emergency department had secured £100,000 of funding from the Small Business Research Initiative (SBRI) to support the development of a crowd prediction modelling tool to enable the trust to understand and map patient flow through the department.
- The charitable trust was in the process of setting up a trauma ICU centre in Burma in which a number of the ICU/NCCU staff were involved, as well as the Burma nurse specialist visiting later on in the year.
- The initiative for ‘Family Facetime’ proposed the purchase of two technology tablets to enable mums on the Obstetric Close Observation Area (OCO) who are too unwell to visit their baby on the neonatal intensive care unit to receive a video link via Facetime with their baby.
- The bereavement follow up scheme saw a reduction in complaints of approximately 50%.

On the basis of this inspection I am recommending that Cambridge University Hospitals NHS Foundation Trust is removed from special measures.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to Cambridge University Hospitals NHS Foundation Trust

### Sites and locations

Cambridge University Hospitals (CUH) comprises 12 locations registered with CQC. Addenbrooke's Hospital and the Rosie Hospital (Women's Hospital) in Cambridge provide healthcare and specialist services such as transplantation, treatment of rare cancers and neurological intensive care. The trust became a NHS Foundation trust in December 2004. The trust has around 1486 beds covering a wide range of specialties.

### Population served:

Patients predominantly come from Cambridgeshire, Essex, Suffolk and Hertfordshire. The demographics vary due to the large student population of approximately 24,488. The 2011 census has the usual population of Cambridge at 123,900 people in the non-metropolitan

area. The town is the 167th most populated in the UK. Within the urban area, the estimated population is 130,000; the county area of Cambridgeshire has an estimated population of 752,900 people.

### Deprivation:

The Indices of Multiple Deprivation indicates that Cambridge District is the 130th least deprived borough out of the 326 boroughs in the UK. (1st being the most deprived.) Deprivation is lower than average, however about 15.7% (2,600) children live in poverty. Hip fractures in people aged over 65 years as well as hospital stays due to self-harm, drug misuse, and sexually transmitted infections are above the England average for Cambridge.

## Our inspection team

Our inspection team was led by:

**Inspection Chair:** Jane Barrett, Chair, Thames Valley Clinical Senate

**Head of Hospital Inspections:** Fiona Allinson, Head of Hospital Inspection, Care Quality Commission

The team included two CQC inspection managers, twelve CQC inspectors, two CQC pharmacy inspectors, an assistant inspector and a variety of specialists including, a

pharmacist, two medical consultants, a consultant in emergency medicine, a consultant obstetrician, a consultant surgeon, an intensive care consultant, a consultant paediatrician, a junior doctor, 14 nurses at a variety of levels across the core service specialities, a midwife and an two experts by experience. (Experts by experience have personal experience of using or caring for someone who uses the type of service that we were inspecting.)

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection took place between 20th and 22nd September 2016 with an unannounced inspection on 29th September 2016. Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); NHS Improvement; NHS England and the local Healthwatch.

# Summary of findings

We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

## What people who use the trust's services say

The experience of patients using Addenbrooke's and the Rosie Hospitals was mixed. The cancer patient's survey showed that patients were getting a service that was generally above average. Patients felt that the information they received from the trust and its staff was good, that they were given time to ask questions and that they were given a choice of treatments.

The NHS in patient survey for 2015 showed that the trust performed in line with other trusts surveyed across all areas. There was a small improvement in many questions compared to the 2014 survey.

We continued to receive enquiries from patients who felt that the complaints system was neither timely nor effective at getting them a suitable response. The number of complaints received by the trust remained about the same as the previous year.

Feedback we received from local Healthwatch showed a mixed picture with some very positive comments about the care and treatment received alongside some concerns about treatment times and communication.

## Facts and data about this trust

### Key figures

• **Beds:** 1486

– 1394 General and acute

– 92 Maternity

• **Staff:** 8930

– 1238 Medical

– 2978 Nursing

– 4714 Other

• **Revenue:** £890,810,000

• **Full Cost:** £1,004,137,000


• **Surplus (deficit):** £(113,327,000)

### Activity type

Outpatient (total attendances; July 2014 to June 2015)  
1,336,900

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p><b>We rated safe as Good because:</b></p> <ul style="list-style-type: none"><li>• Incident reporting and learning from incidents was improved since our last inspection. Staff could tell us of changes to practice following learning from incidents and concerns.</li><li>• There was good infection control practice in most areas of the trust. The last MRSA bacteraemia had been in January 2016. The trust was in line with the England average for the number of C. diff cases and for nine months, below the England average for MSSA cases.</li><li>• In the emergency department there was prompt assessment of patients entering the department.</li><li>• Patient acuity was measured several times a day enabling managers to ensure staffing levels matched patient dependency.</li><li>• There had been an increase in clinical staff since our last inspection. At this inspection the only agency nurse use was in the emergency department. Other shortfalls were made up of bank staff. There was continued locum use of medical staff in some areas.</li><li>• Patients were appropriately monitored and early warning scores were used. Patients were escalated for clinical review and more frequent observation in response to the warning scores.</li><li>• Records were contemporaneous and complete. Staff had easy access to clinical records. Since our last inspection a significant number of modifications had been made to the electronic record system and concerns we had raised previously had been addressed. (Epic)</li><li>• There was a major incident and business continuity plan in each area. Staff were aware of their responsibilities under these plans.</li></ul> <p>However:</p> <ul style="list-style-type: none"><li>• Medicines were not always stored securely in different areas of the trust.</li><li>• There had been two never events in surgery since our last inspection.</li></ul>	<p><b>Good</b> </p>

# Summary of findings

- In the emergency department the dedicated paediatrics area was not secure and had no controlled access or staff reception area. There was a period of 2 hours when there was no registered nurse (child branch) working in the ED.

## Duty of Candour

- There was a good understanding amongst staff across the trust of the duty of candour requirement.
- We saw instances where the duty had been triggered. A meeting and apology had been offered to the individuals concerned and an investigation completed.

## Safeguarding

- Staff had a good knowledge of safeguarding principles and were aware how to make a safeguarding referral if it was required. They were supported by a safeguarding team which all the staff we spoke with knew how to contact.
- There was generally good compliance with level one and level two safeguarding training. Where there was non-compliance with safeguarding training, this was predominantly with medical staff.
- There were a number of 16 and 17 year old patients in the trust being cared for on adult wards at the time of our inspection. The annual safeguarding report had recognised this as a risk and had identified a cohort of staff to receive safeguarding level 3 training. While this had started it had not been completed and not all staff would be trained until 2017.

## Incidents

- Incidents were reported using a computer based system. Staff told us that they were aware of how to report incidents and that they received feedback from incidents. Learning from incidents were fed back to staff in a number of ways from informal 'huddles', team meetings and newsletters.
- Incidents we reviewed had been investigated. Where a root cause analysis had been completed it showed the root cause of the incident, lessons to be learnt and identified the individuals required to take the learning forward.
- Two never events had been reported in surgery since our last inspection. These had been investigated and other influences such as human factors had been considered as part of the investigation.

## Staffing



# Summary of findings

- Since our last inspection the trust had recruited additional clinical staff. At the time of our inspection the only agency nurse use was in the emergency department. Other clinical areas used bank staff to fill gaps in rotas.
- There were vacancies for some medical staff which impacted some outpatient's clinics. Some areas such as the emergency department did not locum medical staff and covered any gaps in rotas from their own staff. In other clinical areas there was the use of locum staff to ensure rotas were filled.
- Where there was agency and locum use, staff were properly inducted to the area they were working in and had their competencies checked before starting work.
- In some areas staffing did not meet national guidance. This included in the specialist palliative care team, consultant hours in maternity and registered nurses (child branch) in the emergency department.

## Are services at this trust effective?

### We rated effective as Good because:

- In most services there was a comprehensive audit plan in place for the coming year with clinical leads identified for each one. Audits that had been completed had action plans in formulated and implemented. There was re auditing of any areas of concern as well as sampling of positive audit outcomes.
- Staff followed local policies and procedures which were up to date and regularly reviewed.
- Policies and care pathways followed national guidance and best practice. Staff were aware of the standards set by guidance within their areas, for example stroke and critical care.
- Patients received pain relief in a timely way and through a variety of routes which ensured each person received the correct pain relief for their condition. Pain scores were used in most areas to manage the effectiveness of pain relief.
- There was a good understanding of the Mental Capacity Act and staff were aware of their responsibilities under deprivation of liberty safeguards.
- Effective multidisciplinary team (MDT) working was evident across and between services. There was also positive MDT engagement with other hospitals and health and care services, for example regional MDT's for cancer and surgical services.
- The use of Epic (electronic patient record) meant that patient records were always readily available. Test results were also available on the system.

However:

Good



# Summary of findings

- There had been limited audit in end of life care with the exception of national audit. The trust had recognised this was a concern and an audit plan was being formulated and planned to get under way in 2017.
- There had been audit completed in other areas though the results were sometimes mixed. For example, the trust scored below the England average for all in-hospital care indicators in the National Heart Failure Audit in 2014. The overall Sentinel Stroke National Audit Programme (SSNAP) score decreased from C to D between January and March 2016 (where band A is the highest and band E the lowest).
- The trust had taken part in the National Care of the Dying Audit 2016 and had achieved three of the eight organisational Key Performance Indicators (KPIs). The trust scored lower than the England average on four of the five Clinical KPIs.
- We found half do not attempt cardiopulmonary resuscitation forms had not been completed correctly which included lack of evidence of appropriate discussion and consideration of the implications of the Mental Capacity Act.

## **Evidence based care and treatment**

- Care pathways followed national guidance. For example, the emergency department was the trauma centre for the region. Clinical protocols for managing patients with severe trauma were available in a standard manual (TEMPO) that all other units used. Other evidence based pathways included stroke, sepsis, pulmonary embolus, chronic obstructive pulmonary disease and cardiac care
- Surgery had a clinical audit programme which assessed compliance with National Institute for Health Care and Excellence (NICE) guidelines and local policy. For example we saw that an action plan was in place to implement the assessment and management of complex fractures in line with NICE guideline 37 (Feb 2016).
- Care within the intensive care units was being provided in line with best practice guidelines. For example the intensive care society had released new guidance in August 2016 regarding the use of chlorhexidine dental gel. Practice had been changed in both ICU and NCCU and guidelines updated. The unit had introduced a number of measures in line with the National Institute of Clinical Effectiveness (NICE) sepsis guidelines 2016.
- Data provided showed that 96% of policies had been reviewed with plans in place to review the outstanding 4%. Staff followed policy and procedure when carrying out their work.

# Summary of findings

- There was an audit plan in place for most services across the trust with named clinicians leading. Audit results had action plans created in response to findings and areas of concern were re-audited following action plan.
- However there had been limited audit in end of life care with the exception of national audit. The trust had recognised this was a concern and an audit plan was being formulated and planned to get under way in 2017.

## Patient outcomes

- Patient outcomes showed mixed results across services.
- The trust performed well in the national critical care audits (ICNARC) as well as for a number of measures in the emergency department. The bowel cancer and hip fracture audits had also both improved. There was improved performance in the national diabetes audit (Nadia) for 2015 though 6 standards were below the England average. The trust scored below the England average for all in-hospital care indicators in the National Heart Failure Audit in 2014. The overall Sentinel Stroke National Audit Programme (SSNAP) score decreased from C to D between January and March 2016 (where band A is the highest and band E the lowest).
- There was a full audit plan in place for most services and a plan was in development for end of life care services. A full data set for the national critical care audit was now in place which had not been the case at our inspection of April 2015.
- There were a number of accredited services at the trust. This included specific parts of the laboratory (registered under Cambridge University Hospitals) that had Clinical Pathology Accreditation and the endoscopy suite which was JAG accredited.

## Multidisciplinary working

- There was positive multidisciplinary working across the trust both within and between services. We saw that each professional's role was respected and that all contributed to the care of patients.
- Effective multidisciplinary care also occurred with other care providers. We saw staff working to ensure that patients were transferred successfully to other units. The trust also participated in regional MDT's to ensure that patients' care were properly discussed and the most appropriate care considered.

## Consent, Mental Capacity Act & Deprivation of Liberty safeguards

# Summary of findings

- Most staff had a good knowledge and received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw a number of occasions where the appropriate applications were made to the local authority.
- There were a number of occasions, particularly in end of life care, where documentation was not clear that the Mental Capacity Act had been properly considered. This was the case on 8 out of 20 DNACPR's.

## Are services at this trust caring?

### We rated caring as Outstanding because:

- Friends and Family Test (FFT) scores across the divisions were generally very positive though this was on a poor response rate in a number of areas.
- Staff provided compassionate care to patients. We saw staff talking to patients and explaining procedures, even if heavily sedated.
- Relatives gave overwhelming praise and positive feedback in a number of areas we visited including critical care and maternity.
- Staff were seen to go the extra mile in providing care to patients. In critical care staff for example enabling a patient to go home for their birthday.
- Relatives told us that they felt involved in the loved ones care and were kept informed of their care.
- Staff listened to patients and relatives concerns and responded proactively. For example, in critical care visiting times were extended to allow relatives to spend more time with their loved ones.
- Patients and their families could access a number of different staff for emotional support, including the chaplaincy service and psychology services as well as dedicated bereavement services.

### Compassionate care

- Feedback was mostly very positive about the way staff treated them whilst they were patients. Patients told us they were treated with dignity and respect.
- Friends and Family Test results for the trust were at or above the England average for the number of patients who would recommend the service and care they received. There was however very poor response rates in some areas including outpatients.

Outstanding



# Summary of findings

- We observed patients being treated with dignity and respect throughout the inspection. Staff were aware of the importance in ensuring patients were cared for in a sensitive manner.
- We saw examples of staff going the extra mile to provide care and support for patients. This included critical care staff making arrangements for a long term patient to go home for their birthday. In another case we saw a patient allowed to have their pet dog with them in the side room which was walked by staff on their breaks.
- Relatives also spoke of compassionate care they received, particularly in end of life care services.

## **Understanding and involvement of patients and those close to them**

- Across the trust patients, relatives and carers told us that they were involved with their care, were offered different treatment options and had sufficient information to make a decision.
- In the critical care units, inpatient surveys showed that families of patients in the unit found the restriction of visiting times difficult, as patients were not always accessible due to having investigations, or timing was difficult for family to visit. The unit had responded to this by introducing an open visiting culture for a three month trial period which was due to end in November 2016.
- Relatives and carers told us that staff were “super”. In one case staff enabled the family to be involved in their rehabilitation phase and ensured that they understood goals set and how the day was structured. The family stated that they were kept updated, as they were waiting for a bed at a specialist unit.
- We observed multidisciplinary meetings. Following the teams meeting staff met with the families and patients to discuss plans, for example in relation to rehabilitation, nutrition and patient pathways.
- In maternity services midwives delivered parent education classes which included information about labour, birth and the postnatal period and were held at numerous local children’s centres across the area.

## **Emotional support**

- Patients told us they felt emotionally supported by staff. There was access to a range of counselling and psychology services for patients and we saw examples of when patients were referred for additional support.
- In maternity services a specialist mental health midwife who supported women living with mental health conditions during and after pregnancy.

# Summary of findings

- There was a trust wide chaplaincy team supporting patients, relative carers and staff from different religions and denominations. In the emergency department the chaplaincy team had developed strong links with the local Muslim community in order to support the death of patients who followed or practised the religion of Islam. This included specific support for dealing with the deceased, ensuring that Islamic practises were followed after death of the patient and local community representatives attending the hospital to support the family.
- There were six Specialist Nurses for Organ Donation (SNO DS). The nurses supported families and staff through the organ donation process, which included completing last offices, taking hair locks or hand prints for memory boxes and following up with families once the retrieval had been completed.
- As well as the bereavement follow up scheme, ward staff took pride in writing personalised cards of condolence and making personal phone calls to bereaved relatives two weeks after the death, to see how they were and offer emotional support. We found this to be fully embedded throughout the trust.

## Are services at this trust responsive?

We rated responsive as **Requires Improvement** because:

- Access to planned care was not responsive due to capacity within the hospital.
- The number of cancelled patients was 3% and a number were not rebooked within 28 days. The surgical service was performing significantly worse than the national average on meeting referral to treatment times (RTT).
- Main recovery was regularly used to accommodate patients when their speciality ward did not have capacity.
- There were 776 delayed discharges (discharges delayed between 4-24 hours) from the critical care units. Bed capacity throughout the hospital contributed to the delays. These delays meant that 32 patients in September 2015 were transferred from the unit between 10pm and 7am.
- The capacity of children's services was insufficient for the numbers of patients being admitted with 250 planned admissions having been cancelled within 9 months.
- The trust was failing to meet referral to treatment times (RTT) for 6 out of 18 specialties. At the time of our inspection there were approximately 1000 patients waiting longer than 18 weeks though this represented an improving performance.

**Requires improvement**



# Summary of findings

- Between June 2015 and November 2015, the trust failed to achieve the national target for seeing, treating, admitting or discharging 95% of patients within four hours. In December 2015, the trust met the target, however performance began to fall in January 2016 and fell to 83% in May 2016.
- There were ongoing capacity issues within maternity services meaning the unit diverted high risk deliveries on 17 occasions between December 2015 and July 2016.

However:

- Cancellations in surgery, while still a concern, were showing gradual improvement since our last comprehensive inspection carried out in April 2015. In August 2016, there were 116 cancellations on the day, which was notably lower than any month of the previous 12 months. There was a proactive bed management system to address these issues.
- Patients discharged from critical care were followed up via an outpatient appointment. The appointments offered patients support and referral (if required) in relation to on-going rehabilitation needs as well as psychological support.
- Compliance with the 18 week target for non-admitted paediatric patients was 93.5% on average between July 2015 and August 2016.
- All the patients waiting follow up appointments had been risk assessed by a consultant and appointments were being booked according to clinical risk and 80% of patients now had an appointment booked.
- Staff monitored appointment slot issues (ASIs) and referred any concerns to the appropriate specialty. At the time of our inspection we saw ASIs had been reduced to 35 from 270 in April 2016.

## **Service planning and delivery to meet the needs of local people**

- The trust was working with stakeholders to ensure that health and social services evolved to meet changing needs of the local area. This included active participation with the Cambridgeshire Sustainability and Transformation plan (STP).
- We had identified at our inspection in April 2015 that the trust faced a challenge of being a regional centre for many specialties as well as providing district general hospital facilities for local people. This continued to be the case. The trust was at capacity in children's services which was resulting in a number of admission cancellations.
- There were examples across the divisions of planning service to meet the needs of local people including the expansion of

# Summary of findings

children's inpatient bed numbers and the emergency department developing a crowd prediction-modelling tool to enable the trust to understand and map patient flow through the department.

## Meeting people's individual needs

- All areas had access to learning disability and dementia specialist nurses available during the week. We saw examples across the different clinical areas where patients with specific care needs had them met. Patients had their individual needs recorded as part of their initial assessment. We observed that staff had sought advice for patients identified as having additional care needs.
- There were translation services available if required. Specialist equipment was also either available or could be ordered for prompt delivery. Staff told us they had no problems in accessing these services.
- There were initiatives to meet people's holistic needs such as the music and movement classes in surgery and follow up clinics in critical care designed to ensure physical and psychological rehabilitation needs were met.

## Dementia

- Staff had received additional training in how to care for patients with dementia. Staff told us they felt confident in caring for patients with these additional needs.
- Staff were responsive to the specific needs of patients living with dementia. Door signs indicating this and the service was also using the 'forget-me-not' system to indicate these patients. There was a dementia link nurse, who ward staff reported to be very accessible.
- We saw that pictorial menus were used throughout the medical and elderly care wards. This enabled patient's living with cognitive impairment such as dementia to interpret the different choices that were available.
- The specialist advice for the frail elderly team, (SAFE) saw all patients aged over 75. This multidisciplinary team provided a seven-day service and assessed patients within four hours as they came into the emergency department. When patients were allocated to their wards, they also provided advice to staff at ward level that supported patients over the age of 75 years.

## Access and flow



# Summary of findings

- Delayed transfers of care continued to impact on the flow of patients through the hospital. Patients awaiting a care package in their own home, a nursing home placement or other NHS non acute care placement were all a larger proportion of delayed transfers than the England share as a whole.
- At the time of our inspection bed occupancy was slightly greater than 90%. Data showed that bed occupancy had increased between July 2015 and March 2016. It is generally accepted that when bed occupancy rises above 85% it can start to affect the quality of care provided to patients and the orderly running of the hospital.
- The trust held bed meeting several times a day. A number of senior staff told us they had become more effective and allowed some flexibility in managing admissions.
- However, there remained cancellations across surgical services and also children's services due to insufficient bed capacity. The trust had sight of these issues and had reduced the number of cancellations in surgery and were adding bed capacity to children's services to address these issues.

## Learning from complaints and concerns

- Prior to our inspection we had received a number of concerns from patients, relatives and carers that the complaints system at the trust did not treat them as individuals and was insensitive. We had already raised these issues with the chief nurse (as the board member responsible for complaints) prior to our inspection and there were actions in place to address these concerns.
- Data provided by the trust showed that in a number of instances there were delays in responding to complaints longer than the 25 days allowed in trust policy. Extensions to the process had been granted as there was a need for further information.
- Staff were aware of the complaints policy and endeavoured to resolve complaints informally at an early stage. Information was available across the trust informing patients, relatives and carers how to make a complaint should they wish to do so.
- Across different divisions there were examples of how practice had been changed in the response to learning from complaints such as the provision of different seating areas in outpatients.

## Are services at this trust well-led?

### We rated well-led as Good because

- The senior leaders were able to articulate the challenges the trust faced with clarity on the actions needed to address these.

Good



# Summary of findings

- The revised governance systems were sufficient to ensure that the senior team had robust information on which to make decisions.
- Staff were engaged and took ownership of driving improvements to quality.
- Staff were aware of the vision and strategy for the trust.
- Leader's role modelled the values of the trust.
- Engagement with patients, the public and staff had improved leading to enhanced care being delivered.
- There was recognition at all levels that the trust was on a journey towards excellence and that further work needed to be undertaken.

## Leadership of the trust

- Since our inspection in 2015 a number of the senior leadership team had changed. The new chief executive had been in post for 11 months. At the time of the inspection the trust had yet to appoint a chief operating officer and a chief financial officer. The non-executives had a strong background in health care or in related areas of experience relevant to the trust. Following our inspection the chair of the trust announced that she was leaving the trust. However the deputy chair of the trust was acting as interim.
- The senior leaders of the organisation had the capacity, capability, and experience to lead effectively. During this inspection we found that they had a good understanding of the issues facing the trust and the actions taken to address previous deficits and to resolve the current issues.
- The chief nurse had led the improvement programme. She had an in-depth knowledge of the issues and actions taken. She had been increasingly visible during the year between our inspections and had developed a forensic approach to problem solving.
- The senior team role modelled the approach to change and were open to suggestions from all members of staff. Staff we spoke to stated that they felt that the senior team was approachable.

## Vision and strategy

- The trust had a clear vision of being one of the best academic healthcare organisations in the world but also providing core services to local patients.
- Individual services had local visions to assist in the achievement of the overarching vision.

# Summary of findings

- Staff were aware of the vision of the trust and could articulate what this meant for their service. Staff stated that they were involved in the development of the trusts current thinking around the future vision. The chief executive had led these discussions with staff.
- There was a credible strategy in place to achieve the vision which much joint working with external stakeholders.
- Following being placed in special measures in 2015 the trust's senior management team had reflected on the vision and what it meant to local patients. Whilst offering world renowned treatments the trust had begun to focus more on the services it offered to local patients ensuring that this was both timely and of a good quality.
- The trust has also implemented CUH Together and initiative that describes how the staff will work together to make things better for patients and staff. This initiative develops leaders from within the organisation who role model for the staff. It focuses on making decisions at the appropriate level whilst developing accountability for those decisions. It is anticipated that this will help drive the vision and strategy for the future.

## **Governance, risk management and quality measurement**

- The trust had focused attention on implementing robust governance processes to ensure that they had a good understanding of the challenges of the front line. Divisional governance meetings occur monthly to discuss issues of quality and safety. These feed into the corporate governance meeting who meet to review overarching issues. The corporate governance monitoring committee feeds into the quality committee and then into the trust board.
- Following receipt of the CQC report in 2015 the trust developed a trust wide improvement plan. The improvement plan is monitored within the trust and externally by stakeholders through stakeholder assurance meetings. The issues raised in the improvement plan were discussed in detail and senior staff able to address the detail behind high level summaries. This demonstrated that there was a deeper understanding of the issues affecting the trusts performance and delivery of a high quality service.
- The leadership at a senior level for quality was reviewed following our inspection in April 2015. The chief nurse is now the senior lead for quality. She has been responsible for driving improvements at ward and departmental level.
- The revised integrated report which is reviewed by board members includes high level summaries and underlying detail

# Summary of findings

from individual divisions. The revised report provides the board with sufficient information to make appropriate decisions and recognise emerging trends. This integrated report has improved in quality since our inspection in 2015.

- The board assurance framework is discussed at the quality committee each month. It is reviewed in detail with the risk register to ensure that risks to the organisation are captured. Senior leaders told us that there is an increased appetite to address risks that are highlighted through this process. The board assurance framework in June 2016 reported two issues rated as red risks. These were capacity and demand management and the long term financial sustainability of the trust. All risks were allocated an executive lead and had a previous review date. The senior members of the executive team were able to identify and discuss the risks on the risk register and board assurance framework.
- We reviewed the previous minutes of the board meeting and found that there was appropriate challenge by board members. Reports to the board contained sufficient detail of action taken and identified themes and risks for the trust. To mitigate the potential of lack of oversight of emerging issues the senior team and non executives undertook walk around to areas in order that staff could raise issues with them. The chief executive also leads a weekly 8.27 meeting at which staff can raise issues which are important to them. Due to the time limit on this meeting issues which require further information or discussion are then picked up with individual members of the senior team.

## Culture within the trust

- The senior team role modelled the values of the trust, working together to be safe, kind, and excellent. Staff we spoke with were able to articulate the values and what they meant to individual staff. The senior team were able to describe the ways in which staff were empowered to make appropriate decisions to improve the care provided to patients.
- The senior staff described the reaction to being placed in special measures as “a wakeup call.” They talked about how they had addressed the significant sense of loss and decline in morale following this. There had been a significant focus of the staff survey results and ensuring that staff understood the board to ward processes. Our previous report highlighted that there was a disconnect between the divisions and the board and that staff did not understand the decisions made by the senior team. The current leadership team held drop in sessions to meet the senior team which were well received by staff. They held a number of meetings which any member of staff could

# Summary of findings

attend. The senior team were increasingly visible within the hospital and ensured that the relationship between the senior team and the staff improved. Staff we spoke with on inspection said that they felt that communication and relationships had improved.

- There was evidence of devolvement and acceptance of responsibility and autonomy within the staff body. The trust had invested in a ward managers development programme which had empowered staff at this level to take ownership of their areas of responsibility. Staff reported a more positive culture within the organisation. Senior team recognised that this was a work in progress and that they still had some areas where more focused attention was required.

## **Equalities and Diversity – including Workforce Race Equality Standard**

- Of 8,564 staff the trust employed 1,392 BME staff. This equates to 16.25% of staff. There were 4.9% of BME staff in posts above band 8. White staff had a greater chance of being appointed to posts than BME staff. This was higher than the previous year. BME staff were 1.41 times more likely to be in a disciplinary process than white staff. The trust had actions in place to interrogate the data further in order to draw conclusions about remedial action necessary.
- In the staff survey the questions around bullying and harassment BME staff were as likely to experience this as white colleagues. However BME staff reported that they were more likely to experience discrimination.
- The WRES trust group had supported recruitment processes, performance management and disciplinary cases. A leadership scheme led by executives and senior leader improved awareness of line managers and interview panel's guidance on equality and unconscious bias.
- The equality and diversity staff group had planned equality events cultural diversity including: Windrush cultural diversity celebration event planned to celebrate long service and welcomed new staff from overseas and events for Black History month.
- Other areas of development for equality included mentoring and coaching schemes for staff, continued promotion of positive action programmes; improved awareness of line managers and interview panel's guidance on equality and unconscious bias.
- The workforce committee of the board agreed race equality action plans to address the gaps. These included the review of executive board appointments; board training; audit of

# Summary of findings

recruitment processes; audit of performance management and disciplinary cases; talent management of staff in Bands 6, 7 and 8; a mentoring and coaching scheme by Executives NEDS and senior leaders; continued promotion of positive action programmes; improved awareness of line managers and interview panels guidance on equality and unconscious bias.

## Fit and Proper Persons

- The trust had a policy in place which complied with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. There was a system in place for senior staff to make a declaration of fitness.
- We reviewed six files of senior executives and non executives and found that these contained all the information under the Regulation. Two of the three non-executive directors did not have occupational health checks. The trust acknowledged that the self declaration questions were different between executive members and non executive members and will seek to address this.

## Public engagement

- The trust actively sought the engagement of the public in developing and improving the service it offered. Examples of this can be seen in the location report but include the redesign of the emergency department through public engagement and seeking the views of schoolchildren in the redesign of the paediatric area.
- The trust had a large bank of volunteers who supported the trust in obtaining feedback from patients. Volunteers within the hospital ensured that the needs of patients, families and friends were met.
- The board had recently reintroduced a patient story at the board meeting. This enabled board members to hear from patients and their loved ones first-hand about their experience of care.
- The trust had begun to develop a patient experience strategy which is due to be presented to the board in February 2017.
- The Patient Liaison Service and the complaints team were able to provide numerous examples of where services had been changed as a result of complaints from the public. One such change was the introduction of a midwife lead for patient experience. Since this lead role had been filled there had been a significant reduction in the number of complaints received by the service. Further examples included the introduction of iPad to enhance the amount of feedback received by the trust.

## Staff engagement

# Summary of findings

- Staff reported feeling engaged with the senior team. A number of meetings had been held with staff to understand and engage with them.
- Non executive and executive members undertook walk arounds to talk to staff to appreciate their concerns.
- Ward managers were engaged in the delivery and improvement within their own areas of responsibility. They felt confident to raise issues of concern.
- The trust undertook a staff engagement survey between January and March 2016. This showed that the average engagement of staff was 78%.
- The survey had positive results for the statements 'I am aware of the trust's values and behaviours' (100%) and 'I am motivated to make a difference to patients (even if I don't have direct contact with patients)' (95%). However there was some negative feedback from the engagement survey. For example the statements 'I feel valued and recognised within my area of work' and 'senior managers demonstrate the trust's values and leadership behaviours' scored only 52% and 48% respectively. However, staff we spoke with told us that they felt valued and that senior leaders were visible.

## **Innovation, improvement and sustainability**

- The senior team were keen to develop a 5 year plan to ensure that services were sustainable for the future. They were undertaking four major programmes of work including, a comprehensive transformation programme, integrated models of care and development of specialist services whilst providing services to local people.
- During our inspection the IT system suffered a major failure. The trust enacted its recovery plan and reverted to paper based systems. Communication throughout this period was clear and all staff were aware of actions that needed to be taken.
- Throughout our inspection we saw a number of innovative practices in services. Within surgery staff were focused on improving the experience of patients through use of lasers for eye surgery, improved access to kidney transplantation and a dedicated emergency theatre.
- The initiative to grow your own staff had already begun to assist healthcare assistants with their nurse training.
- The trust had subscribed to the University of Cambridge Clinical Medicine Programme. An innovative, two year programme delivering subspecialty training in Intensive Care Medicine credentialed by the University of Cambridge.

# Summary of findings

- The trust had a “Great ideas in action” scheme, which recognises innovation and effectiveness. Staff members are invited to let the senior management team know about something new or exciting that has made a real, measurable difference to the trust or their service.
- Significant improvements to the facilities in Delivery Ward meant that more women could have the birth they chose.



# Overview of ratings

## Our ratings for Addenbrooke's and The Rosie

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Good	Requires improvement	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Outstanding	Outstanding	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children and young people	Good	Good	Good	Requires improvement	Good	Good
End of life care	Good	Requires improvement	Outstanding	Requires improvement	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
<b>Overall</b>	Good	Good	Outstanding	Requires improvement	Good	Good

## Our ratings for Cambridge University Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	Good	Good	Outstanding	Requires improvement	Good	Good

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

2. We rated effective as good overall due to there being an outstanding rating in critical care.
3. We rated end of life care as good overall due to there being an outstanding rating in caring.

# Outstanding practice and areas for improvement

## Outstanding practice

- Ward J2 ran weekly ‘music and movement’ classes to help meet the holistic needs of patients during their long-term recovery. A volunteer specialising in music and movement ran the classes and staff encouraged patients and their relatives to attend. This had received excellent feedback from patients and relatives.
- The teenage cancer unit provided outstanding facilities for young people diagnosed with cancer and receiving treatment for cancer. The teenage cancer unit provided a welcoming, age appropriate environment for young people to receive treatment, but also meet other young people and relax and socialise.
- The ED team had developed a mobile phone application called “Choose Well.” The application offered guidance on waiting times and hospital services across Cambridge in order to improve the patient experience and offer choices in health care.
- The emergency department had secured £100,000 of funding from the Small Business Research Initiative (SBRI) to support the development of a crowd prediction modelling tool to enable the trust to understand and map patient flow through the department.
- The charitable trust was in the process of setting up a trauma ICU centre in Burma in which a number of the ICU/NCCU staff were involved, as well as the Burma nurse specialist visiting later on in the year.
- The initiative for ‘Family Facetime’ proposed the purchase of two technology tablets to enable mums on the Obstetric Close Observation Area (OCoA) who are too unwell to visit their baby on the neonatal intensive care unit to receive a video link via Facetime with their baby.
- The bereavement follow up scheme saw a reduction in complaints of approximately 50%.

## Areas for improvement

### Action the trust MUST take to improve

- Ensure medicines including controlled medicines are securely stored at all times.
- Ensure that end of life care is properly audited (such as preferred place of death and DNACPR) and actions taken in response to those audits.
- Ensure that complaints are responded to in a timely way wherever possible.
- Ensure resuscitation decisions are always documented legibly and completed fully in accordance with the trusts own policy and the legal framework of the Mental Capacity Act 2005.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider failed to ensure the robust monitoring of end of life care through local audit.**

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**The provider failed to ensure that the Mental Capacity Act 2005 was consistently applied when a DNACPR decision was made.**

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider had failed to ensure that all medicines were stored securely and in line with local policy.**