



## Quality Account 2010/11

Innovation and excellence in health and care



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# 1 Statement on quality from the chief executive

Quality is central to everything we do at CUH. It's one of the principal themes of our strategic plan and helps us to shape and deliver our services to the standards that our patients expect. But quality is more than a word or part of a strategy – it's about the day-to-day reality on the wards, clinics and theatres – and how we can make that the best possible experience for our patients and for our staff.

I see this every week as I go on my walkabouts around the Trust – the passion and the commitment of our staff to giving the very best possible care. Our 'You made a difference' staff awards, with nominations from patients and colleagues, demonstrate their commitment and service time and again with wonderful accounts of how staff are living our Trust values of being 'kind, safe and excellent' in everything they do.

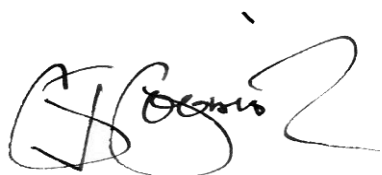
But there is absolutely no room for complacency and I know that staff are aware of how and where we need to do better. We place a lot of emphasis on involving patients in service design and asking patients about their experience – only by doing this and monitoring, reviewing and improving what we do, can we truly achieve a quality service which meets our patients' needs.

This is a continual process of improvement. It is what matters to me, to our staff and it is what our patients have a right to expect from an organisation which aspires to be one of the best in the world.

This year we have achieved some excellent results: we have again been singled out as one of the safest hospitals in the country; our infection control rates have been a testament to the hard work of staff in this important area of clinical care; 96% of patients felt we met or exceeded their expectations. However, we need to focus on key areas such as the waiting times in A & E, cancer waits and delayed discharges. We will be working hard to address these areas over the coming year.

All of this has taken place against a backdrop of financial pressure and the uncertainty surrounding the NHS reforms. Undoubtedly next year will be a testing one, but I know that quality will be the principle for patient care here at CUH.

To the best of my knowledge, the information contained in the quality report is accurate.



**Dr Gareth J Goodier**  
**Chief Executive**

## 2 Introduction

Cambridge University Hospitals is many things: a teaching hospital for a world-famous university; a centre for international research; a specialist centre for treatment ... but it is also the district general hospital delivering care through Addenbrooke's and the Rosie for our local community.

Our combined strengths in specialist care, teaching and research offers our community the benefits of international care on their doorstep as we translate work from the laboratory directly into new treatments and therapies in clinics, theatres and wards.

Quality is both a system and philosophy of care at CUH and it must be continuous. Through collaboration with research, academic and health care colleagues and engagement with community, families, carers and patients our aim is to provide quality healthcare and a first-class service.

Our five priorities were developed to keep us focused on providing a quality service so that patients are treated as individuals with kindness and care in an environment which is clean, safe and comfortable.

Our five priorities for a quality service are:

- **improving** the experience of patients
- **improving** patient care and safety
- **ensuring** clinical excellence and effectiveness
- **valuing** our staff and partners
- **striving** for innovation in all we do

Supporting our framework for quality we have a rigorous set of standards for monitoring against local and national standards and targets. This helps us to continually assess our performance and tackle issues as they arise. You can find more detail about targets and performance in section 4 of this report.

We have also developed specific strategies to help us focus our effort. 'Our Way' for working at CUH has been embedded across the Trust. This encapsulates the Trust's vision for the future and outlines our priorities, values and behaviour so all staff are fully involved and engaged in the delivery of care and take responsibility for their actions and are empowered to drive change themselves. Linked into this is the patient safety strategy. Launched in 2009, it defines the responsibilities and actions all staff must take to ensure that 'safety is at the heart of all we do' and that our culture for safety is one for continual learning and improvement. The impact of this strategy is demonstrated as for the second year CUH has been identified as the safest hospital trust in the East of England by NHS research organisation *Dr Foster*. The Trust has the region's lowest standardised mortality ratio, with a particularly low rate for deaths following hip fracture. Overall, the results demonstrate that CUH is one of the safest hospitals in the country.

The strength of the Trust and the benefit to the local population is also seen in the strong relationships with our partners both on and off the campus. Our *2020 Vision* for the development of the Cambridge Biomedical Campus is now becoming a reality. New treatments benefit patient care faster if there is a co-existence of teaching, research and clinical care in one location; clinicians seeing patients in clinics and wards, whilst also teaching at the University and conducting research in one of the other institutions on campus for example, Cancer Research UK, the

Medical Research Council and the Wellcome Trust. More detail about the Trust's research and development activity is available in the annual report.

The Trust is also part of Cambridge University Health Partners, (CUHP) the academic health science partnership with Cambridgeshire and Peterborough NHS Foundation Trust, Papworth NHS Foundation Trust and the University of Cambridge, CUHP is moving forward with the funding of innovative educational projects linked to quality and sustainability and exploration of projects such as telehealth. The role of CUHP as the coordination forum for research has been affirmed.

As well as our staff, we are proud of our strong relationships with our partners: the involvement of patients, the public, governors, local information networks, and health system partners is integral to our development.

Our governors are involved throughout the year in monitoring and scrutinising our performance and are able to discuss this in detail with directors in a joint working group on quality and public engagement – there is also strong governor representation on our patient experience committee and our patient safety council.

The governors continue to demonstrate their enthusiasm and commitment to fulfilling their role as elected representatives of patients and the public, through their direct activity with the community as well as their participation in Cambridgeshire LINKs meetings, and other community forums. Active – the children's board – has continued to give a voice to young patients and next year we plan to include their unique perspective in our process for setting quality priorities.

During the year, we have continued to be actively engaged with the Cambridgeshire Overview and Scrutiny Committee, and its meetings on subjects of importance to the community. As well as our own governors, we have strengthened our partnership with the Local Involvement Networks (LINKs) and comments from Cambridgeshire and Suffolk LINKs can be found in section 5 of these accounts, together with the comments of our PCT, NHS Cambridgeshire.

CUH recorded a strong performance for infection control this year. We recorded six cases of MRSA bacteraemia with an annual ceiling set in contract of 10 cases. For *C. difficile* we had a total of 92 cases for the end of the year with an annual ceiling set by our PCT of 108 cases. This is a superb performance by staff and reflects the efforts and support in this important area of clinical care.

CUH regularly surveys patients to find out what they think about their treatment so that we can monitor our performance and drive improvement.

The most recent patient survey results show that 96% of patients felt we met or exceeded their expectations. Large numbers said that staff were kind and caring, and that they had time to ask questions and discuss their care with their doctor.

The most recent Care Quality Commission survey of inpatients showed good results in a number of categories, with doctors and nurses receiving average scores of 87 out of a maximum of 100 and 82 out of a maximum of 100 respectively.

Patients were pleased with the clear information they were given both before and after their treatment, and felt that they had confidence and trust in the staff looking after them. Nationally, the hospital was in the top 20% of trusts for providing single sex sleeping areas.

However, there are areas for improvement noted for this year. The target for the emergency department – patients to be treated within four hours – has been under significant pressure with our fourth quarter performance falling just below the national threshold of 95% (internal threshold of 98%). We declared non-compliance against this target for Q4. Although the target had been reduced nationally to 95%, it has remained at 98% in the *NHS Constitution* and in the contract with the PCT.

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Contributing factors include an 8.1% increase in attendances over the year in A&E 'majors' activity, putting pressure on capacity within the department. We will be looking at improving processes and pathways to support patient flow as well as finding solutions to the capacity constraints.

The 62-day cancer wait has also been under increasing pressure, and we missed the target in quarters 2 and 3. We have conducted an analysis which shows that a number of breaches were outside our control, and are declaring an amber-red rating for governance for quarter 4.

More detail on the Trust's performance can be found in the annual report.

This year has been tough especially in view of the financial situation. The Trust has succeeded in making substantial savings but this performance must now be repeated in the next year against the backdrop of continuing uncertainty regarding the NHS reforms and an ever-increasing pressure on the national economy. Our challenge is to find new and different ways of working – better, fitter and smarter – while at the same time maintaining what matters to our patients – a quality service.

This report gives a snapshot of performance across four key targets for the Trust which illustrates our commitment to providing a quality service for patients. The report also outlines our measures for assuring and sustaining performance for the future.

# 3 Priorities for improvement and statements of assurance from the board

Ensuring the safety of patients is one of the most important challenges facing healthcare today.

As mentioned in the introduction, we launched our three-year patient safety strategy in September 2009, demonstrating reinforcing patient safety as one of our five priorities and also central to our values – kind, safe, excellent.

The strategy set out our vision for how a culture of safety would become embedded across CUH and in the everyday work of our staff. The majority of what we set out to do in year one of the strategy has been achieved, however we fully recognise that there are issues outstanding and our year two work plan is more informed and reflects our learning from the first year. The progress on our implementation of the strategy is regularly reviewed by the Trust's patient safety executive and forms part of the annual safety report to the quality committee.

Regular feedback from our patients is important in order to ensure we focus on what really matters to them. In our 2009/10 quality report our aim was to achieve a patient rating equal to or greater than 8.6 (rating 1-10, with 10 being the highest score) in relation to patients' willingness to recommend CUH to a friend or relative. We use this measure as we believe this is an accurate indicator of the experience of our patients when using our services. Whilst we again achieved the score we had set we remain committed to making further improvements identified through our extensive patient survey programme, and through patient focus groups.

We have selected four top priorities for improvement in 2011/12 through a process of consultation with our quality committee and the board of directors. These have been discussed with and confirmed by governors. The three priorities which we have chosen in previous years and where we want to continue to achieve more are:

- **to further reduce** healthcare associated infection
- **to further reduce** the number of patient falls
- **to further improve** the experience of our patients

**In addition we have chosen:**

- **to further reduce** the number of pressure ulcers

Detailed action plans have been established in order to ensure that improvements are made and targets achieved. Performance against the action plans are systematically and routinely monitored at Trust, division and clinical level.

### 3.1 Priority 1 Reducing healthcare associated infections

Reducing healthcare associated infections remains a key priority for CUH and our aim is that not a single preventable infection is allowed to develop. Control of infection has always been taken very seriously and a robust strategy is in place to further reduce infections.

#### Aim

To further reduce our healthcare associated infection rates to:

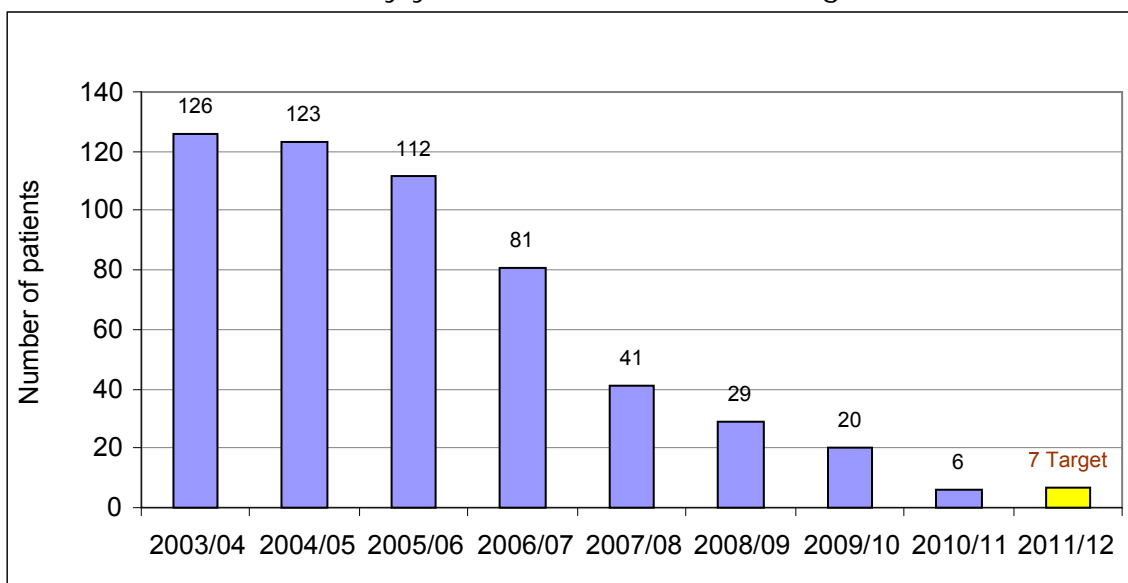
Methicillin-resistant *Staphylococcus aureus* (MRSA) – 7 (post 48 hour specimens\*)

*Clostridium difficile* (*C. difficile*) – 85. These targets have been set by the DoH.

\*If a patient develops the infection (either MRSA or diarrhoea) on or after the third day of admission, this is regarded as having been acquired during the patients stay in hospital. Prior to this it is regarded as having developed outside of the hospital environment.

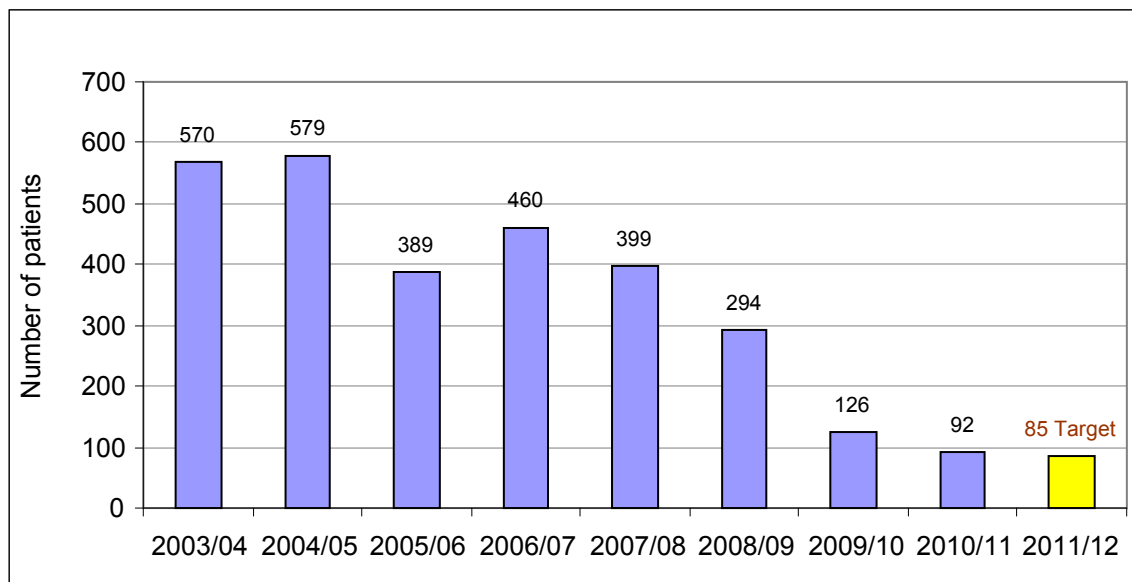
**Table 1**

CUH MRSA bacteraemia by year 2003/004-2011/12 target



**Table 2**

CUH *Clostridium difficile* (Trust-acquired) by year 2003/04-2010/11 and 2011/12 target



### Trends and HCAI targets 2011/12

The target reductions for 2011/12 are shown in the graph above.

The Trust will be concentrating on sustainability and embedding best practice in order to further reduce infections.

### Sustainability measures for 2011/12

- All new staff undertake training in hand hygiene and infection control education, and all existing staff have annual updates and refresher training.
- Weekly audits of hand hygiene compliance and performance management of non-compliance are in place with follow up actions as necessary.
- Trust-wide implementation of HCAI competency programme.
- Deep cleaning programme and rolling refurbishment programme for wards, including use of hydrogen peroxide vapour.
- Regular environmental audits and swabbing to ensure standards of cleanliness
- New equipment cleaning process in place for all departments.
- A multidisciplinary root cause analysis is undertaken on all MRSA bacteraemia, with shared learning.
- Ongoing monitoring of compliance against the Department of Health MRSA screening guidance for all elective and emergency cases.
- Weekly audits undertaken into practice for intravascular catheter care, urinary catheter care and MRSA decolonisation.
- Participation in national 'safety thermometer audit' looking at catheter associated urinary tract infections.
- *Clostridium difficile* root cause analysis undertaken on each case.
- Daily medical review of all *Clostridium difficile* positive patients.

- Ongoing monitoring and audit of compliance against antibiotic prescribing policy

**New for 2011/12**

- For 2011/12 in line with national recommendations we will be monitoring two additional infection categories – Methicillin sensitive *Staphylococcus aureus* (MSSA) and *Escherichia coli* (E. coli). This year baseline data will be collected to further inform targets for next year. The Trust will be looking to formulate our reduction plan around these infections.

## 3.2 Priority 2 Reducing the number of patient falls

With patient safety at the heart of all we do falls prevention is a priority at CUH.

**Aim**

To further reduce the number of inpatient falls in inpatient areas by at least 10% compared to last year.

Nurse-sensitive outcome indicators for NHS provided care were introduced in April 2010. This led to changes in the definitions and criteria of falls reported for the year 2010/11, specifically falls from faints and fits have now been reported in line with the new national guidance. In previous years falls incurred as a result of a faint or a fit were excluded from reporting. From April 2010 the following exclusion criteria has also been used:

- intentional falls [new category]
- falls in children with minor grazes [have been reported in previous year]
- falls in non-inpatient areas [have not been reported in previous year]

In 2010/11 we made a commitment to ensure that 95% of adult inpatients had a falls assessment undertaken on admission. This target was achieved, in March 2011 98% (717 out of 732) of patients had a falls assessment undertaken.

Specific measures that have been introduced in 2010/11 to improve the care provided to patients and to help reduce the number of falls include:

- non-slip slipper socks for patients at risk of falling. They can be worn for walking around the ward and while in bed
- a new patient information leaflet called 'preventing falls in hospital', sets out simple steps for patients and relatives/carers to minimise the risk of falls in hospital
- the falls management policy has been updated in view of changes in best practice, including the nurse-sensitive outcome indicators for NHS provided care
- an electronic referral form ensures that staff can refer patients to the falls prevention co-ordinator in a timely fashion
- the falls care record for patients at risk of falls allows staff to highlight potential issues and document actions taken to minimise the risk to patients. The care record includes assessment of the need for bedrails and other falls prevention aids
- falls management and prevention competency training has been introduced for nursing staff in the management and prevention of falls in adult inpatients

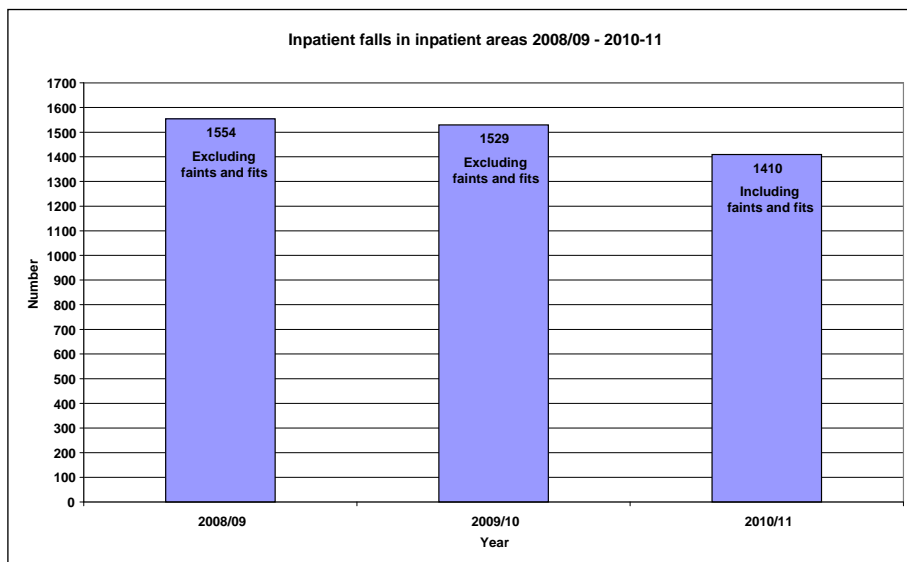
- monthly falls management and prevention workshops have been introduced for staff
- falls ‘champions’ are in place on all inpatient clinical areas. They act as a role model and resource, disseminate changes in practice and assist in audits. In December the first away day for falls champions was held which saw 13 champions from different clinical areas come together to share their experiences. They also took part in some spot audits on falls management in eight clinical areas, heard about future plans and were given a falls resource folder for their clinical area
- a falls focus group was held to get feedback from patient and public members of the Trust as to how they would like the Trust to move forward with falls management and prevention
- a patient profile is being piloted for patients who suffer from recurrent falls. This will highlight the ongoing risks these patients have and the actions that are taken within their home environment to minimise these risks and maintain their safety

“It really is important to reduce falls. The impact on the patient can be significant because any fall can result in the patient losing confidence and developing a fear of falling. The fear of falling has the potential to negatively impact on a patient’s rehabilitation, then of course there’s the potential for injury and obviously we don’t want patients to injure themselves.”

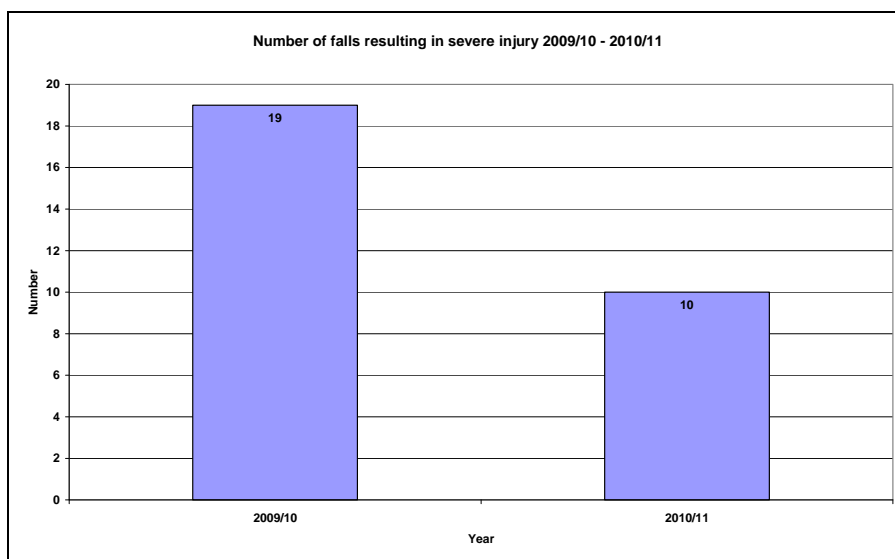
**Debbie Quartermaine, falls prevention co-ordinator**

**Table 3**

Inpatient falls in inpatient areas



**Table 4**  
Falls resulting in severe harm



The aim for 2011/12 is to further reduce the number of inpatient falls in inpatient areas, (including falls from faints and fits) by a further 10%.

The measures planned to further reduce falls and improve patient care are:

- introduction of the 'falls leaf' symbol to help staff quickly identify those patients at particular risk of falling
- purchase of pressure alarm pads for beds and chairs to indicate to ward staff when vulnerable patients are moving to get out of their bed or chair
- roll out of patient profile for patients who suffer from recurrent falls
- development of the information available for patients and the public about falls prevention on the Trust's public website and in an information leaflet for patients on discharge to include simple tips to minimise the risk of falling when at home
- compilation of library of aids available for falls prevention and pilot appropriate aids/equipment
- work with risk management and falls champions to ensure that falls prevention resources are targeted at the areas most in need

### 3.3 Priority 3 Improving the experience of our patients

We set ourselves a number of targets for the 2010/11 year in relation to improving the experience of our patients. These targets were linked to the organisation's values of kind, safe and excellent and reflected issues which patients themselves have told us really matter. We also set ourselves a target linked to how likely our patients would be to recommend us to a friend or relative. The table below shows how we did.

**Table 5**

Targets for improving the experience of patients

<b>Target for 2010/11</b>	<b>How we did</b>	<b>Target for 2011/12</b>
Overall recommender score to be equal or more than 8.6 out of 10	We achieved 8.6	Overall recommender score to be equal or more than 8.6 out of 10
At least 95% of inpatients surveyed reporting that the ward appearing clean or tidy met or exceeded their expectations	We achieved 96.7%	At least 96% of inpatients surveyed reporting that the ward appearing clean or tidy met or exceeded their expectations
At least 95% of inpatients surveyed reporting that being treated with dignity and respect met or exceeded their expectations	We achieved 97.1%	At least 96% of inpatients surveyed reporting that being treated with dignity and respect met or exceeded their expectations
At least 95% of inpatients surveyed reporting that staff being kind and caring met or exceeded their expectations	We achieved 96.7%	At least 96% of inpatients surveyed reporting that staff being kind and caring met or exceeded their expectations
At least 95% of inpatients surveyed reporting that feeling safe as a patient met or exceeded their expectations	We achieved 96.5%	At least 96% of inpatients surveyed reporting that feeling safe as a patient met or exceeded their expectations

Specific measures that have been introduced/continue to develop in 2010/11 include:

- A patient experience committee with senior representation from across the organisation as well as a patient governor and PCT representative, which holds the divisions to account in terms of the experience of their patients, continues to meet on a quarterly basis. This committee reports to the quality committee.
- Continuation of in-house patient survey programme, including the Rosie Hospital, to provide regular, reliable patient experience feedback to those delivering the service as well as the board of directors and board of governors.
- High level results of these surveys will be available on the Trust's website.
- A joint working group of governors and directors, the quality and public engagement working group, is the forum at which governors have an opportunity to hold the organisation to account in respect of all aspects of quality – with particular emphasis on patient experience and patient safety.
- Patient experience reports continue to be provided to all divisions, detailing their survey results, complaints and claims information in order to highlight issues of

concern. The director of patient experience and public engagement liaises with divisional leads in order to monitor actions.

- Continued programme of patient focus groups, especially in order to delve further into the results of more quantitative feedback such as patient surveys and identify actions for improvement. The action plans arising from these focus groups are monitored by the patient experience committee.
- Continued targeted support to departments identified as in need of support and additional training on issues relating to customer care, including communication and behaviour towards patients, provided by the patient experience support team. This year, this team has also provided a series of workshops to all of the staff in a department at another foundation trust.
- Continued recruitment of new members to Active – the children’s board at CUH. Active has completed a number of pieces of work this year and has also won the Cambridge City Youth Opportunity team project of the year award for their work redesigning the garden outside one of the children’s wards, and a website is being developed for the appropriate age ranges in style and content.

In relation to improving the experience of our patients, our measures remain the same as last year – linked to the organisation’s values of kind, safe and excellent and reflecting issues which patients themselves have told us really matter. We will seek to maintain a high recommender score of 8.6 and to improve the already high scores in relation to how well we met or exceeded the expectations of patients by another percentage point. The targets for the 2011/12 year in relation to improving the experience of our patients can be seen in table 4 above.

### 3.4 **Priority 4** **Reducing the number of pressure ulcers**

We are committed to reducing avoidable pressure ulcers to a minimum.

Pressure ulcers usually occur in people with conditions that inhibit movement of body parts that are commonly subject to pressure such as heels, sacrum and hips. From a recent audit we know that 60% of the patients admitted to CUH are at elevated risk of developing pressure ulcers whilst in hospital. This will be mostly due to their lack of mobility and clinical condition. It is our job to ensure that all measures are taken to prevent any pressure damage occurring.

We are committed to:

- **assessing** each patient’s risk of developing a pressure ulcer and evaluate their clinical condition
- **planning and implementing** interventions to reduce the risk
- **monitoring** and revise the interventions in accordance with the patients need and condition

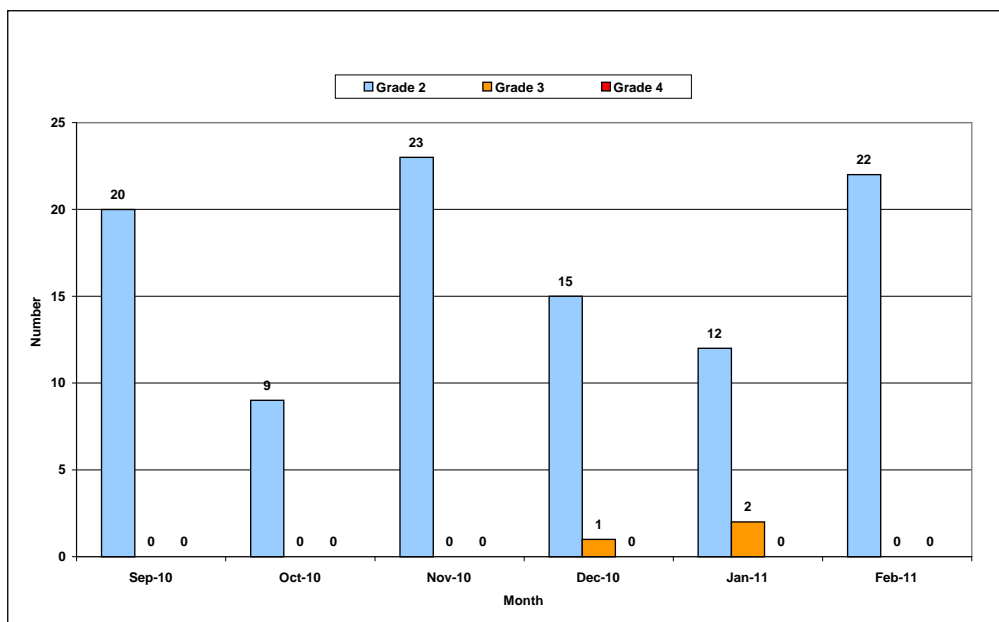
#### **Aim**

This is the first year that we have been collecting in-depth information on pressure ulcers in the organisation. We are signing up to a 25% reduction in avoidable pressure ulcers, which matches with the national drive by the chief nurse’s office for England to have an 80% reduction by the year 2014. We will be gathering our baseline data in the first quarter of the year to inform our target for the rest of the

year. Pressure ulcers are graded from 1 to 4, with 4 being the most serious damage. We report any pressure ulcers at grade 3 or above as serious incidents.

**Table 6**

CUH Trust-acquired pressure ulcers (by grade) Sept 2010-Feb 2011



Specific measures that have been introduced in 2010/11 include:

- using nursing audit to show us that 97.6% (731 out of 749) patients admitted to the hospital are assessed to see if they are at risk of developing pressure ulcers (March 2010)
- the employment of a new tissue viability nurse with a specific remit for pressure ulcer prevention and equipment management
- monthly reporting of all hospital acquired pressure ulcers by grade, down to ward and department level
- having a tissue viability link nurse on every ward who attend tailored training and updates throughout the year. It is their role to act as a specialist resource on the ward, providing clinical advice and ensure that the ward is following all the necessary processes to prevent pressure ulcers developing in their patients
- trialling our new root cause analysis tool for all grade 3 and grade 4 pressure ulcers and continuing to refine it to gain the best information we can
- re-negotiating our pressure relieving equipment contracts to ensure ease of access and quick response times for delivery.

The measures planned for 2011/12 are as follows:

- ensuring that learning from the root cause analysis is understood and disseminated
- reviewing our training and education on skin care and pressure ulcer prevention to ensure consistent and best practice
- targeting interventions in areas with high reporting of pressure ulcers ie

- tissue viability ward rounds
- additional training and education
- regular equipment checks
- working closely with colleagues to improve patients' nutrition, as this is very important in preventing pressure ulcers
- introducing pressure ulcer prevention ward rounds by tissue viability team
- introducing a new pressure ulcer prevention bleep carried by the tissue viability nurses, for urgent advice to the clinical areas
- continuing monthly meetings with our community colleagues to ensure that patients with pressure ulcers are managed across the health community and their needs are met. In addition we will be running joint education days
- integrating the pressure ulcer evaluation process with safeguarding adults responsibilities/procedure

## 3.5 Statements of assurance

### Statement of assurance from the board

The directors are required under the *Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010* 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 legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

Indicators relating to the quality accounts 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.

Scrutiny of the information contained within these indicators and its implication as regards patient safety, clinical effectiveness and patient experience takes place at the quality committee, reporting to the board. There are a number of committees and executive groups with direct responsibility for key aspects of the quality agenda reporting to the quality committee. The patient experience committee reviews the data from the patient experience surveys and provides feedback to the quality committee. The patient safety executive informs the quality committee on performance relating to the Trust's patient safety strategy through a number of means, which include three-yearly clinical area safety assessments as a form of independent audit on systems of internal control in respect of patient safety, patient safety walkabouts and continuous monitoring of defined safety triggers.

The inter-relationship between the indicators in the quality report and other measures of the Trust's performance (financial and operational) is reviewed monthly by the finance, operations and performance committee, also reporting to the board. Reviews of data quality and the accuracy, validity and completeness of all CUH performance information falls within the remit of the audit committee. This committee is informed by the reviews of internal and external audit and internal management assurances. The board is further assured by the external assurances on the quality report which now forms part of the mandatory scope of the external auditor.

### Statement re review of services

During 2010/11 Cambridge University Hospitals NHS Foundation Trust provided and/or sub-contracted 113 NHS services.

The Cambridge University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 113 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represented 100% of the total income generated from the provision of NHS services by the Cambridge University Hospitals NHS Foundation Trust for 2010/11.

## 3.6 Participation in clinical audits

During 2010/11, 54 national clinical audits and 11 national confidential enquiries covered NHS services that Cambridge University Hospitals NHS Foundation Trust provides.

During that period CUH participated in 95% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Cambridge University Hospitals NHS Foundation Trust were eligible to participate in during 2010/11 are as follows:

**Table 7**

National clinical audits and national confidential enquiries – **eligible** for participation

<b>National clinical audits</b>
<b>Peri- and neonatal</b>
Perinatal mortality (CEMACH)
Neonatal intensive and special care (NNAP)
<b>Children</b>
Paediatric pneumonia (British Thoracic Society)
Paediatric asthma (British Thoracic Society)
Paediatric fever (College of Emergency Medicine)
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
Paediatric intensive care (PICANet)
Diabetes (RCPH National Paediatric Diabetes Audit)
<b>Acute care</b>
Emergency use of oxygen (British Thoracic Society)
Adult community acquired pneumonia (British Thoracic Society)
Non invasive ventilation (NIV) – adults (British Thoracic Society)
Cardiac arrest (National Cardiac Arrest Audit)
Vital signs in majors (College of Emergency Medicine)
Adult critical care (ICNARC CMPD)
Potential donor audit (NHS Blood & Transplant)
<b>Long-term conditions</b>
Diabetes (National Adult Diabetes Audit)
Heavy menstrual bleeding (RCOG National Audit of HMB)

Parkinson's disease (National Parkinson's Audit)
Ulcerative colitis & Crohn's disease (National IBD Audit)
COPD (British Thoracic Society/European Audit)
Adult asthma (British Thoracic Society)
Bronchiectasis (British Thoracic Society)
Inflammatory Bowel Disease (IBD) Audit :
UK IBD Audit (Biologics Audit & related PROMS)
UK IBD Audit (Organisational audit)
UK IBD Audit (Clinical audit including related GP & Inpatient Questionnaires)
<b>Elective procedures</b>
Hip, knee and ankle replacements (National Joint Registry)
Elective surgery (National PROMs Programme)
Liver transplantation (NHSBT UK Transplant Registry)
Peripheral vascular surgery (VSGBI Vascular Surgery Database)
Carotid interventions (Carotid Intervention Audit)
<b>Cardiovascular disease</b>
Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)
Acute Myocardial Infarction & other ACS (MINAP)
Heart failure (Heart Failure Audit)
Stroke care (National Sentinel Stroke Audit)
<b>Renal disease</b>
Renal replacement therapy (Renal Registry)
Renal transplantation (NHSBT UK Transplant Registry)
Patient transport (National Kidney Care Audit)
Renal colic (College of Emergency Medicine)
<b>Cancer</b>
Lung cancer (National Lung Cancer Audit)
Bowel cancer (National Bowel Cancer Audit Programme)
Head & neck cancer (DAHNO)
<b>Trauma</b>
Hip fracture (National Hip Fracture Database)
Severe trauma (Trauma Audit & Research Network)
Falls and non-hip fractures (National Falls & Bone Health Audit)
<b>Psychological conditions</b>
Dementia
Dementia (core audit)
Dementia: Enhanced audit excluding observation
Dementia: Observation module
<b>Blood transfusion</b>
O neg blood use (National Comparative Audit of Blood Transfusion)
Platelet use (National Comparative Audit of Blood Transfusion)
<b>Other</b>
Pleural procedures (British Thoracic Society)
Chronic pain (National Pain Audit)
Pain Database Audit

**Confidential enquiries****National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**

- parenteral nutrition
- cosmetic surgery
- surgery in the elderly
- peri-operative care
- surgery in children
- cardiac arrest procedures

**Centre for Maternal and Child Enquiries (CMACE)**

- head injury in children
- saving mother lives
- perinatal mortality surveillance
- obesity in pregnancy
- diabetes in pregnancy

The national clinical audits and national confidential enquiries that Cambridge University Hospitals NHS Foundation Trust participated in during 2010/11 are as follows:

**Table 8**

National clinical audits and national confidential enquiries – **participation**

<b>National clinical audits</b>
<b>Peri- and Neonatal</b>
Perinatal mortality (CEMACH)
Neonatal intensive and special care (NNAP)
<b>Children</b>
Paediatric pneumonia (British Thoracic Society)
Paediatric asthma (British Thoracic Society)
Paediatric fever (College of Emergency Medicine)
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
Paediatric intensive care (PICANet)
Diabetes (RCPH National Paediatric Diabetes Audit)
<b>Acute care</b>
Emergency use of oxygen (British Thoracic Society)
Adult community acquired pneumonia (British Thoracic Society)
Non invasive ventilation (NIV) – adults (British Thoracic Society)
Cardiac arrest (National Cardiac Arrest Audit)
Vital signs in majors (College of Emergency Medicine)
Adult critical care (ICNARC CMPD)
Potential donor audit (NHS Blood & Transplant)
<b>Long-term conditions</b>
Diabetes (National Adult Diabetes Audit)
Heavy menstrual bleeding (RCOG National Audit of HMB)
Parkinson's disease (National Parkinson's Audit)

Ulcerative colitis & Crohn's disease (National IBD Audit)
COPD (British Thoracic Society/European Audit)
Adult asthma (British Thoracic Society)
Bronchiectasis (British Thoracic Society)
Inflammatory Bowel Disease (IBD) Audit :
UK IBD Audit (Biologics Audit & related PROMS)
UK IBD Audit (Organisational audit)
UK IBD Audit (Clinical audit including related GP & Inpatient Questionnaires)
<b>Elective procedures</b>
Hip, knee and ankle replacements (National Joint Registry)
Elective surgery (National PROMs Programme)
Liver transplantation (NHSBT UK Transplant Registry)
Peripheral vascular surgery (VSGBI Vascular Surgery Database)
Carotid interventions (Carotid Intervention Audit)
<b>Cardiovascular disease</b>
Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)
Acute Myocardial Infarction & other ACS (MINAP)
Heart failure (Heart Failure Audit)
Stroke care (National Sentinel Stroke Audit)
<b>Renal disease</b>
Renal replacement therapy (Renal Registry)
Renal transplantation (NHSBT UK Transplant Registry)
Patient transport (National Kidney Care Audit)
Renal colic (College of Emergency Medicine)
<b>Cancer</b>
Lung cancer (National Lung Cancer Audit)
Bowel cancer (National Bowel Cancer Audit Programme)
Head & neck cancer (DAHNO)
<b>Trauma</b>
Hip fracture (National Hip Fracture Database)
Severe trauma (Trauma Audit & Research Network)
Falls and non-hip fractures (National Falls & Bone Health Audit)
<b>Psychological conditions</b>
Dementia
Dementia (core audit)
Dementia: Enhanced audit excluding observation
Dementia: Observation module
<b>Blood transfusion</b>
O neg blood use (National Comparative Audit of Blood Transfusion)
Platelet use (National Comparative Audit of Blood Transfusion)

**Confidential enquiries****National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**

- parenteral nutrition
- cosmetic surgery
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- peri-operative care
- surgery in children
- cardiac arrest procedures

### **Centre for Maternal and Child Enquiries (CMACE)**

- head injury in children
- saving mother lives
- perinatal mortality surveillance
- obesity in pregnancy
- diabetes in pregnancy

For each national audit that the Trust takes part in, a lead clinician is identified who is responsible for ensuring that the required number of cases are submitted. The number of cases submitted is not held centrally. The Trust is exploring ways of developing internal processes to resolve this without duplication of effort. Submission to Confidential Enquiries is the responsibility of individual clinicians, with the Enquiry being in direct contact with them. Any information received from an Enquiry regarding overdue submissions is followed up by the Trust wherever possible.

The reports of 19 national clinical audits were reviewed by the provider in 2010/11 and Cambridge University Hospitals NHS Foundation Trust has currently identified 99 actions that it is in the process of implementing arising from national audits, therefore it is not possible to list them all.

The reports of 111 local clinical audits were reviewed by the Trust in 2010/11. We operate a full clinical audit programme with all specialty areas taking part, therefore it is not possible to list all actions, but some examples are:

- fluid balance charts redesigned
- awareness raised in a variety of topics leading to increased knowledge in clinicians of policies, procedures and best practice
- improved process for monitoring antibiotic prescribing
- surgical checklist implemented and developed and now used in radiology and endoscopy
- improved patient information
- additions made to breast care patient resource pack

## **3.7 Participation in clinical research**

The research strength of CUH is its ability to harness the strengths in biomedical science within the Trust and University of Cambridge to translate its research into clinical settings that benefit our patients.

That translation means taking laboratory based pre-clinical research into our clinical settings with the intention of improving our healthcare delivery to all our patients.

Our partnership with the university brings together the talents of our scientists, clinical investigators, nurses and other health care professionals. The Trust is leading in research that is tackling some of the highest priority diseases and illnesses that affect our patients.

The number of patients receiving NHS services provided or sub contracted by Cambridge University Hospitals NHS Foundation Trust in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 9368 (2009/10 figure 9385).

### 3.8 Use of the CQUIN payment framework

1% (£6.22mm) of CUH income (£590.4m) in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between CUH and NHS Cambridgeshire for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The potential income available if the Trust had met all its targets was £6.40m.

Further details of the agreed goals for 2010/11 and for the following 12-month period are available on request from [Debbie.morgan@addenbrookes.nhs.uk](mailto:Debbie.morgan@addenbrookes.nhs.uk)].

### 3.9 Care Quality Commission (CQC) registration and compliance

From 1 April 2010, Cambridge University Hospitals NHS Foundation Trust became registered with the Care Quality Commission and declared compliance with all the essential standards of quality and safety. The Trust's current registration status is 'registered' without any compliance conditions. The CQC has not taken any enforcement action against CUH during 2010/11. Cambridge University Hospitals NHS Foundation Trust has participated in special reviews or investigations by the CQC relating to the following areas during 2010/11: support for families with disabled children. CUH intends to take action to address the conclusions or requirements reported by the CQC, when that report is received.

As part of the CQC's monitoring programme, the Trust had two unannounced visits, one in December 2010 and one in March 2011. No actions were identified from the December visit, which related to reviewing the care and welfare of service users in the emergency department. The March 2011 unannounced visit related to reviewing compliance with the nutrition and dignity standards within medicine. We await the report from the March visit.

The Trust continues to monitor compliance against all the essential standards of quality and safety on an ongoing basis by reporting monthly to the board of directors on the content of the Trust's quality and risk profile (QRP) and reporting quarterly in more detail to the quality committee.

### 3.10 Data quality – statement, information governance toolkit attainment levels, clinical coding error rate

#### **NHS number and general medical practice code validity**

CUH submitted records during April 2010 to Jan 2011 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid **NHS number** was:

99.2% for admitted patient care  
99.4% for outpatient care  
94.3% for accident and emergency care

The percentage of records in the published data which included the patient's valid general medical practice code was:

100% for admitted patient care  
100% for outpatient care  
100% for accident and emergency care

**Information governance toolkit attainment levels**

CUH information governance assessment report score overall score for March 2011 was 81% (110/135) and was graded green – satisfactory.

**Clinical coding error rate**

CUH was not subject to the payment by results clinical coding audit during 2010/11 by the Audit Commission.

CUH continues to review and improve the quality of its data. Our primary work stream for 2011/12 will focus on improved patient safety through the use of the NHS Number as a unique patient identifier. Our aim is to ensure that by March 2012 99% of communications (letters, results) concerning patients (except patients with NHS number status code 7) and 99% of all patient level datasets provided to Commissioners should contain a valid NHS Number (excluding exceptions).

## 4 Review of quality performance

The quality indicators detailed in table 27 were selected through a process of consultation with our clinical executive and board of directors. The indicators and targets build on those identified in the 2008/09 quality report, although some have been refined and/or replaced where it was felt appropriate. This was in order to ensure alignment and comparison with local, regional and national priorities.

From the outset, the quality indicators in table 27 form an integral part of a comprehensive range of performance indicators for CUH. These include national targets and regulatory requirements detailed in table 10.

The delivery of each indicator against its respective target is the responsibility of a range of clinical leads, who have developed action plans to ensure delivery. The indicators are routinely monitored and reviewed on a monthly basis and where performance is adverse, corrective action plans are developed. Performance is ultimately reviewed by the clinical executive and board of directors, and is regularly scrutinised by governors.

Indicators have been divided into three domains relating to patient safety, clinical effectiveness and patient experience. These include the four priority indicators discussed on pages 9-17 of this report.

Whilst performance across the three indicators which have been in place has improved from 2008/09 to 2010/11, we are not complacent and, indeed, are reinforcing our efforts to ensure we achieve our targets identified for 2011/12 including those relating to the new indicator on pressure ulcers.

**Table 9**

Quality Indicators 2011/12

Indicators	2008/09 Performance (where applicable)	2009/10 Performance (where applicable)	2010/11 Target & Actual year end performance	2011/12 Targets
<b>Patient Safety</b>				
1. To further reduce the number of healthcare acquired infections: <ul style="list-style-type: none"> <li>▪ Patients with MRSA bacteraemia</li> <li>▪ Patients with C.difficile infection in the over 2 age group</li> </ul>	*29 (19 Post 48 hrs) 294	*20 (12 post 48 hrs) 126	*10 (post 48 hrs) actual: 6 108 actual: 92	*7 post 48 hours 85
2. To reduce the number of patients that fall or faint whilst in hospital	4.5 per 1000 bed days excl faints	1,529 falls excl faints (4.4 per 1000 bed days)	10% reduction on 09/10 actual: 1,410 falls incl faints (4.3 per 1000 bed days)	10% reduction on 10/11
3. To reduce avoidable pressure ulcers to a minimum	new	new	new	25% reduction of category 3 & 4 pressure ulcers on 10/11 Baseline tbc Qtr 1
4. To reduce the number of errors made when high risk drugs are administered: <ul style="list-style-type: none"> <li>▪ Insulin</li> <li>▪ Potassium</li> <li>▪ Opiates</li> <li>▪ Heparin</li> <li>▪ Methotrexate</li> </ul>	new	137 incidents <ul style="list-style-type: none"> <li>▪ 0 major</li> <li>▪ 16 moderate</li> <li>▪ 92 minor</li> <li>▪ 29 None</li> </ul>	<ul style="list-style-type: none"> <li>▪ No major</li> <li>▪ 20% reduction for moderate</li> </ul> actual: 89 incidents 0 major 4 moderate 39 minor 46 none	No major 20% reduction on 10/11 for moderate

5. To reduce the number of preventable hospital-acquired blood clots (venous thromboembolism) by carrying out risk assessments on all eligible patients.	new	new [risk assessments implemented]	90% actual: 96.7% (in Mar 2011)	90%
<b>Clinical Effectiveness</b>				
6. To maintain the aggregate hospital standardised mortality ratio (HSMR) - comparisons made with other hospitals	80.0 [Relative Risk Rating]	72.1 (April-January 2010)	Maintain aggregate HSMR within the upper decile nationally actual: 64.3 (to Feb 11)	Maintain aggregate HSMR within the upper decile outer London peer (* see fig. 1)
7. To reduce the number of patients that are re-admitted as an emergency within 28 days of their discharge	8.3%	8.1%	8% actual: 9.3%	Metric changed to <b>within 30 days</b> in line with national definition Baseline tbc Qtr 1
8. Through the Effective Patient Care programme:				
▪ Increase the number of patients admitted as day cases	74.6%	76.2%	79.8% actual: 77.4%	Overall 214 bed equivalents saved by Sept 2012
▪ Increase the number of patients admitted on the day of surgery	63%	68.6%	80.9% actual: 80.0%	
▪ Reduce the planned length of stay of patients	3.8	3.9	2.6 actual: 3.5	
▪ Reduce the emergency length of stay of patients	5.8	5.7	4.0 actual: 5.3	
9. To ensure that patients who have had a stroke spend at least 90% of their time on a stroke unit.	new	65%	80% actual: 79.0%	80%
<b>Patient Experience</b>				
10. Willingness to recommend to a friend [scale 1 to 10, 10 being highest score]	8.5	8.6	≥8.6 Actual: 8.6	≥8.6
11. Cleanliness – did the ward appear clean and tidy	95.6%	96.7%	At least 95% Actual: 96.7%	At least 96%
12. Treated with dignity & respect – dignity respected at all times	96.5%	97%	At least 95% Actual: 97.1%	At least 96%
13. Empathy –staff kind and caring	96.5%	96.4%	At least 95% Actual: 96.7	At least 96%
14. Assurance – I felt safe as a patient	new	96.1%	At least 95% Actual: 96.5%	At least 96%

**Table 10**

National targets and regulatory requirement, including performance against target 2010/11

<b>2010/11 NATIONAL TARGETS</b>	<b>2009-10 Actual</b>	<b>2010/11 Financial Year</b>	<b>2010/11 Target</b>	<b>Data up to:</b>
<b>Targets assessed by Monitor:</b>				
Number of MRSA Bacteraemias	20	6	<b>10</b>	Mar-11
% Elective in-patients screened for MRSA	81.6%	91.5%	<b>100%</b>	Mar-11
% Non-Elective in-patients screened for MRSA	89.2%	91.8%	<b>100% (from Dec 2010)</b>	Mar-11
Clostridium difficile infection in the 2 and over age group	126	92	<b>108</b>	Mar-11
Trust 4hr standard (incl. 70% partnered Cambs MIU activity)	97.9%	96.7%	<b>95%</b>	Mar-11
Cancer 2week wait from urgent referral to first seen	93.3%	95.0%	<b>93%</b>	Feb-11
2week wait for Breast symptoms	89.7%	97.7%	<b>93%</b>	Feb-11
Cancer 31day wait for first treatment from diagnosis	97.3%	96.4%	<b>96%</b>	Feb-11
Cancer 31day wait for subsequent treatment – anti-cancer drugs	99.8%	99.9%	<b>98%</b>	Feb-11
Cancer 31day wait for subsequent treatment – Surgery	95.3%	95.0%	<b>94%</b>	Feb-11
Cancer 31day wait for subsequent treatment – Radiotherapy	85.1%	98.6%	<b>94% (Jan 2011)</b>	Feb-11
Cancer 62-day wait for first treatment from Standard urgent referral	84.3%	85.4%	<b>85%</b>	Feb-11
Cancer 62-day wait for first treatment from Screening service urgent referral	90.1%	90.7%	<b>90%</b>	Feb-11
Cancer 62-day wait for first treatment from Consultant Upgrade	93.4%	84.5%		Feb-11
% of eligible patients with acute myocardial infarction who received thrombolysis within 60 minutes of calling for professional help	100.0%	No Cases	<b>68%</b>	Mar-11

<b>Targets no longer assessed by the Care Quality Commission:</b>				
% of patients occupying an acute bed whose transfer of care was delayed	4.09%	4.27%	3%	Mar-11
Access to GUM clinic within 48 hours	100%	100.0%	100%	Mar-11
Data quality on ethnic group	91.3%	91.0%	90%	Mar-11
% patients have Rapid Access Chest Pain Clinic appt within 2 weeks	99.5%	99.7%	100%	Mar-11
% Patients who spend at least 90% of their time on a stroke unit	59.38%	78.96%	80%	Mar-11
% Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are treated within 24 hours	21.88%	49.06%	60%	Mar-11
% patients not re-booked within 28 days	0.51%	0.90%	0%	Mar-11
% operations cancelled on or after the day of admission	0.64%	0.54%	0%	Mar-11
Breast feeding initiation rates	83.7%	85.3%	> 83.7%	Mar-11
Mothers smoking during pregnancy	8.1%	8.4%	< 9.0%	Mar-11
Same Sex Accommodation – incidents relating to breach of requirements	59 (Jan-Mar 10)	64	0	Mar-11

# 5 Annex: statements from NHS Cambridgeshire, governors, local involvement network and overview and scrutiny committees

## NHS Cambridgeshire – statement on quality account

NHS Cambridgeshire (NHSC) has reviewed the quality account produced by Cambridge University Hospitals NHS Foundation Trust (CUH) for 2010/11. NHSC was involved in the discussion informing the production of the report.

There is a structure of regular meetings in place between NHSC, CUH and other appropriate stakeholders to ensure the quality of CUH services is reviewed continuously with the commissioner throughout the year. Robust quarterly reports covering a range of quality indicators are presented. However, the PCT had experienced some reluctance from the Trust in sharing of board level reports regarding patient safety– this has now been resolved and the reports provide a high level of assurance that quality is reviewed robustly at board level. The reporting of the management of serious incidents and the learning as a consequence has also been prone to delays and the PCT is keen to continue to work with the Trust to progress our learning in this area.

The focus on reducing preventable healthcare associated infections resulted in a substantial reduction in MRSA bacteraemia in 2010/11. For 2011/12, the Trust has used the Department of Health figure in setting the ceiling in the contract. However, achievement of this would not result in further improvement. We recognise that the Trust has an ongoing commitment to deliver sustained reduction in healthcare associated infections.

For a number of weeks in 2010/11, CUH performance was below the 95% four-hour wait operating standard in terms of A&E. The PCT recognises the capacity constraints in the emergency department but expects the standard to be monitored and delivered for 2011/12.

The priority to improve the experience of patients focuses on areas identified last year as of particular importance to patients. The Trust performed well for these indicators in 2010/11 and will again focus on these areas for 2011/12. NHSC would like to see an additional analysis of issues identified from national and local surveys where patients' experience highlights areas for improvement.

CUH have established a clinical area safety assessment programme which involves structured peer review of wards and clinics leading to identification of areas of improvement and recognition of the good practice of hospital staff. NHSC commends the positive impact of the programme and the constructive role of peer review in strengthening patient safety awareness and best practice across the organisation.

In line with the national position the local NHS system is set to face some significant pressures over the next few years. The national funding landscape is far more difficult than before and there are joint pressures of population growth and an

aging population with increasing health needs. In order to address these challenges NHSC have been working closely with providers to consider how to develop safe and sustainable local services. CUH has worked hard with NHSC in the Sustainable Health Partnership programme which involves local partners working together to improve productivity and quality through changing the way that care is provided. This is starting to deliver change in the way services are setup and has seen real improvement in working relationships between primary and secondary care. This is allowing the partnership to address individual areas of service redesign and consider some cross-cutting themes that will deliver benefits to the local population.

There is a balance in the quality account between setting out the initiatives that have led to improvement and identifying the development areas where further work is needed. The focus of the report is on first showing how improvements were made for the three priorities for 2010/11 and then moving onto the further action planned to take these forward for 2011/12. An additional priority to reduce avoidable pressure ulcers has been added for 2011/12. The internal process for development of priorities is given, although there is no detail of patients' involvement in this.

The quality account is presented in an understandable and consistent format. A clear explanation of any clinical issues is given and jargon is avoided in most cases. The report includes all the nationally mandated sections. However, a list of services and specialties provided by the Trust is not given or signposted. The section on clinical audit does not give actions taken to improve quality of services or details of local audits.

NHSC has reviewed the data presented in the quality account. CUH state that 99% of records include valid NHS numbers. However, the NHS number is not used for SUS (secondary uses service) data in many cases. The Trust shows 100% inclusion of valid General Medical Practice code for patients. However, although the code used is valid (ie meets the definition of a GMP code), there are a substantial number of patients with incorrect codes.

The Trust has not included detail of workforce planning, and capability and capacity required to achieve the priorities set out in the quality account. However, this detail is given in the CUH annual report. Similarly intelligence from the staff survey is not included.

## **Governors**

The governors of Cambridge University Hospitals NHS Foundation Trust are pleased to have the opportunity to comment on the draft quality account for 2010/11.

We fully support the Trust's continued focus on patient safety and quality and take this opportunity to reinforce our view that the safety of patients is paramount. We will continue to support the Trust in ensuring that safety and the quality of the patient experience are not compromised in the light of the savings the NHS is required to make over the coming year.

We commend the Trust for its focus on quantitative data to underpin the assessment of progress against its objectives. We support the emphasis on continuous improvement and fully support the Trust in setting realistic and achievable targets, factors which we as governors feel are essential for the staff being asked to deliver them.

If we have a criticism of the quality account it would be that it underplays the Trust's unique strengths in terms of research and innovative care for the benefit of

its patients; for example the initiative to safely transfer diabetic care into primary care whilst ensuring CUH's standards of assurance. We feel that the Trust is an exemplar of translating research into innovative healthcare delivery to improve the experience of patients.

We are pleased to confirm that governors have played and will continue to play a large part in the Trust's drive for quality and the improvement of the patient experience, along with the kind help and assistance of patients and the public through surveys, focus groups and other events.

### **Local improvement networks**

#### **Cambridgeshire LINK response to CUH quality accounts 2010/11**

Cambridgeshire LINK would firstly like to thank CUH for their early inclusion and discussion regarding this year's quality accounts with the work group; as well as welcoming the opportunity of being able to comment.

Whilst we appreciate the significance of CUH as a national and international bio-medical site of medicine, we would also like to qualify this by stating that firstly and foremost Addenbrooke's and the Rosie are the local hospitals for the local population.

The positive results achieved so far through the regular use and analysis from patient surveys is a positive reflection of the work being done by the Trust, through their staff who are committed, dedicated and professional. As part of the three year, patient safety strategy, we are very encouraged that patient experience and safety is reflected and embedded in the values and culture of the Trust.

The commitment to continuing to achieve existing priorities, especially with regards to, further reducing healthcare associated infection, we hope will also continue to contribute to embedded good practice, for example in hand washing and cleanliness standards. By ensuring a multidisciplinary approach and sharing/learning we hope will further reduce infection levels.

It is also positive to note the number of measures which have been put in place to further reduce falls, the plans to develop this further offer some simple solutions, for example, developing information, yet will hopefully make a significant difference and increase confidence in those affected and their careers.

We congratulate CUH on their achievements in patient experience survey results, and are pleased to see that this area is also being supported by the board of governors. The measures and organisational values continue to be reflected in the targets set for this year.

The measures introduced to reduce the number of pressure sores appears thorough and comprehensive, especially in terms of working more closely with community providers as a way of ensuring good practice.

The Addenbrooke's work group on behalf of Cambridgeshire LINK feel that the aims and priorities of the quality accounts for 2011/12 are clearly set out, with specific measures within which improvements and achievements can be made.. We shall of course continue to work closely with CUH and will ensure that these priorities are monitored and revised by our working group throughout the next year.

### **Suffolk LINK response to CUH quality accounts 2010/11**

Suffolk LINK thanks the Cambridge University Hospital board for the opportunity to comment on the quality accounts for 2010/2011 at this time.

In general we find this report very readable, and comprehensive, the indicators of quality selected seem appropriate.

The report clearly provides details of all the systems in place to monitor and improve outcomes across the organisation. The Cambridge University Hospital Foundation Trust has had good responses from its patient surveys.

However, in the latest draft, which we reviewed, there are some sections which make considerable use of percentages. It is generally more accessible to the general public if numbers are expressed in terms of how many out of 100. We accept that there is some data for which this becomes more difficult. We are pleased to see that some of the data presented has been clarified (from an early draft) so comparisons are more easily accessible.

The Cambridge University Hospital Foundation Trust is clearly focussed on offering an improving quality of care to its patients and this is very pleasing to note. The Cambridge University Hospital Foundation Trust has an excellent record of participation in research which improves treatment and care not only to the local population but also nationally.

The Suffolk LINK looks forward to hearing of the progress of the Cambridge University Hospital Foundation Trust and looks forward to working with the Trust in the year ahead.

### **Overview & Scrutiny Committee response to quality account 2010/11**

Cambridgeshire County Council's Adults, Wellbeing and Health Scrutiny Committee welcomes the continued progress that has been made in reducing healthcare associated infections, and the continued focus on this area, and the continuing priority being given to reducing patient falls, and improving patient experience.

We consider however, that in the light of progress that has been made in these areas, the targets for 2011/12 should be more challenging.

In addition to the new priority of reducing the number of pressure ulcers, we consider that CUH should choose further more challenging priority areas for improvement where performance is below target. In particular, we suggest that these include one or more of the following:

- reducing the number of patients that are readmitted as an emergency within 30 days of discharge
- reducing delayed transfers of care
- cancer 62-day waits for first treatment
- targets relating to stroke care

## 6 Annex: 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 2010* 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 foundation trust boards should put in place to support the data quality for the preparation of the quality report.

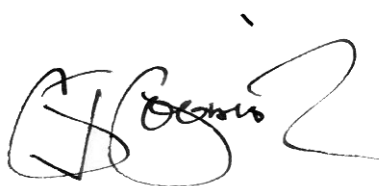
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2010/11*
- 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 2010 to June 2011
  - papers relating to quality reported to the Board over the period April 2010 to June 2011
  - feedback from the commissioners dated 17/05/2011
  - feedback from governors dated 09/05/2011
  - feedback from Cambridgeshire LINKs dated 18/04/2011 and from Suffolk LINKs dated 9/05/2011
  - Feedback from the Cambridgeshire Overview and Scrutiny Committee dated 09/05/2011
  - the Trust's complaints report published under regulation 18 of the *Local Authority Social Services and NHS Complaints Regulations 2009*, dated 31/05/2011
  - the [latest] national patient survey 31/03/2011
  - the [latest] national staff survey 31/03/2011
  - the head of internal audit's annual opinion over the Trust's control environment dated 25/05/2011
  - CQC quality and risk profiles monthly from September 2010 to the present
- 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; and the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the quality accounts regulations) (published at [www.monitornhsft.lireportingmanual](http://www.monitornhsft.lireportingmanual)) as well as the standards to support data quality for the preparation of the quality report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual))).

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:**



**Dr Gareth J Goodier**  
Chief Executive



**Jim Potter**  
Acting Chairman

6 June 2011

# 7 Independent assurance report

## **Independent auditor's report to the board of governors of Cambridge University Hospitals NHS Foundation Trust on the annual quality report**

We have been engaged by the board of governors of Cambridge University Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Cambridge University Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2011 (the quality report).

### **Scope and subject matter**

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

### **Respective responsibilities of the directors and auditors**

The directors are responsible for the content and preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual 2010/11* issued by the independent regulator of NHS foundation trusts ('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 content of the quality report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual* or is inconsistent with the documents.

We read the other information contained in the quality report and considered whether it is materially inconsistent with the documents listed below:

- board minutes for the period April 2010 to May 2011
- papers relating to quality reported to the board over the period April 2010 to May 2011
- feedback from the commissioners dated 20/04/2011
- feedback from governors dated 28/04/2011
- feedback from LINKs dated 16/04/2011
- the Trust's complaints report published under regulation 18 of the *Local Authority Social Services and NHS Complaints Regulations 2009*, dated 31/05/2011
- the 2010 national patient survey from the CQC
- the March national staff survey
- the head of internal audit's annual opinion over the Trust's control environment dated 25 May 2011
- CQC quality and risk profiles dated March 2011

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

This report, including the conclusion, has been prepared solely for the board of governors of Cambridge University Hospitals NHS Foundation Trust as a body, to assist the board of governors in reporting Cambridge University Hospitals 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 2011, to enable the board of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the quality report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the board of governors as a body and Cambridge University Hospitals NHS Foundation Trust for our work or this report save 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:

- making enquiries of management
- comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report
- reading the documents

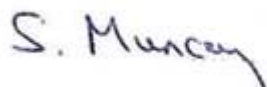
A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* 31 March 2011.

### **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the quality report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual*.



Steve Muncey  
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Chartered Accountants  
Cambridge

Date 6 June 2011

# 8 Feedback on the quality report and accounts

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

**Ann Alderton, Trust Secretary**

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This document is also available upon request in other languages, large print and audio format – please phone 01223 274470



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