

**There will be a meeting of the Council of Governors on
Monday 19 December 2022 at 17.00 in Rooms 8 and 9, Deakin Centre,
Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ
(and via videoconference)**

(*) = paper enclosed

(+) = to follow

AGENDA

General Business			Purpose
17.00	1.*	Welcome and apologies for absence Including confirmation of any changes to the composition of the Council of Governors since the previous meeting of the Council	For note
	2.	Declarations of interest Copies of the Register of Governors' interests are available from the Trust Secretariat	For note
17.05	3.*	Minutes of the previous meeting To approve the minutes of the meeting held on 21 September 2022	For approval
	4.*	Council of Governors action tracker and matters arising not covered by other items on the agenda	For review
17.10	5.*	Chair's Report To receive the report of the Trust Chair	For receipt
17.15	6.*	Chief Executive's Report (including Integrated Performance Report) To receive the report of the Chief Executive	For receipt

17.55	7.*	Governors' Reports 7.1 Lead Governor To receive the report of the Lead Governor 7.2 Governors' Strategy Group To receive the report of the Governors' Strategy Group 7.3 Membership Engagement Strategy Implementation Group To receive the report of the Membership Engagement Strategy Implementation Group	For receipt
18.05	8.*	Membership Engagement Strategy update To receive an update on the implementation of the Strategy	For receipt
Items for information			Purpose
18.25	9.	Any other business Items of any other business to be identified to the Secretary in advance of the meeting	For note
	10.	Date of the next meeting The next meeting of the Council of Governors will be on Wednesday 22 March 2023 at 17.00.	
18.30	11.	Close of meeting	

Report to the Council of Governors: 19 December 2022

Agenda item	1
Title	Changes to the Council of Governors since the previous meeting
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To note changes to the composition of the Council of Governors.
Previously considered by	n/a

Executive Summary

Since the previous meeting of the Council of Governors in September 2022, there have been no changes to the composition of the Council of Governors.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	The composition of the Council is defined by the Trust Constitution.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council of Governors is asked to note that there have been no changes to the composition of the Council since the previous meeting.

Composition of the Council of Governors as at 1 December 2022

Public (7)		Patient (8)		Staff (4)		Partnership (10)				
Samira Addo	1 st term (2024)	Brian Arney	1 st term (2023)	Mahad Nur	1 st term (2025)	Peter St George-Hyslop	University of Cambridge	2 nd term (Jun 2024)		
John Lee Allen	1 st term (2024)	Ruth Greene	3 rd term (2025)	Polly Rushton-Ray	1 st term (2023)	Karen Woodey	Campus Research Organisations	1 st term (Jan 2024)		
Jane Biddle	2 nd term (2023)	Julia Loudon	3 rd term (2024)	Gill Shelton	1 st term (2024)	Rachael Cubberley	Anglia Ruskin University	1 st term (Jun 2025)		
David Dean	2 nd term (2023)	David Noble	1 st term (2024)	William Watson	1 st term (2024)	Gerri Bird	Cambridgeshire County Council	2 nd term (Jun 2023)		
Gemma Downham	1 st term (2024)	Colin Roberts	2 nd term (2023)			Carol Black	University of Cambridge	1 st term (Aug 2023)		
Melissa Lee	2 nd term (2025)	Howard Sherriff	2 nd term (2025)			Mairead Healy	Cambridge City Council	2 nd term (May 2023)		
Carina Tyrrell	1 st term (2023)	Neil Stutchbury	2 nd term (2023)			Stephen Webb	Royal Papworth NHS Foundation Trust	1 st term (Oct 2023)		
		Adele White	2 nd term (2024)			Stephen Legood	Cambridgeshire and Peterborough NHS Foundation Trust	3 rd term (Feb 2024)		
						-	[Public health – Cambridgeshire County Council]	-		
						-	[nomination of the former Cambridgeshire and Peterborough CCG]	-		
The figure in () refers to the end of the current term of office.										

1. Terms of service

- 1.1 All governors are eligible to serve up to nine years in office. The nine years is calculated cumulatively.
- 1.2 Elected governors may serve single terms of up to three years. Elected governors who are elected for part terms are eligible to serve up to a maximum of nine years, therefore may only be eligible for a reduced length of service in a final term.
- 1.3 The Council of Governors cannot extend appointments beyond the nine year maximum limit or (for elected governors) individual terms beyond three years.
- 1.4 The Trust and individual nominating organisations will agree a review cycle which will normally be a maximum of three years between reviews.
- 1.5 Governors may only hold one governor role at a time, therefore may not be a governor at another trust while being a CUH governor.

2. Vacancy procedure (elected governors)

- 2.1 In the event of a vacancy arising outside of the normal election cycle, the vacancy will be filled at the next scheduled election unless the number of vacancies will result in one or more of following occurring:
 - a) The Council of Governors will not be quorate.
 - b) The number of vacancies in the Public, Patient or Staff Constituency is greater than 50% of the places in the relevant constituency.

2.2 In the event of a) or b) applying, the following will be implemented:

- a) Candidates from the last scheduled election who secured at least 10% of the overall number of ballots in the relevant constituency may be co-opted to the Council of Governors until the next scheduled election.
- b) In the event of the number of vacancies exceeding the number of potential or actual co-options, and there is greater than six months until the next scheduled election, a by-election will be convened for all current vacancies. The six months shall be calculated from the date of issuing of the formal notice of election. The successful candidates in the election will be elected for the remaining components of the departing governors' terms.

3. Vacancy procedure (partnership governors)

- 3.1 In the event of a vacancy arising for a partnership governor, the Trust will contact the nominating organisation and seek a new nomination.

Cambridge University Hospitals NHS Foundation Trust

**Minutes of the meeting of the Council of Governors held on
Wednesday 21 September 2022 at 17.00 via videoconference**

Member	Position	Present	Apologies
Dr M More	Trust Chair		X
Dr S Addo	Public Governor	X	
Dr J Allen	Public Governor	X	
Mr B Arney	Patient Governor	X	
Dr J Biddle	Public Governor	X	
Cllr G Bird	Partnership Governor (Cambridgeshire County Council)		X
Prof Dame C Black	Partnership Governor (University of Cambridge)		X
Dr R Cubberley	Partnership Governor (Anglia Ruskin University)		X
Mr D Dean	Public Governor	X	
Ms G Downham	Public Governor	X	
Miss R Greene	Patient Governor	X	
Cllr M Healy	Partnership Governor (Cambridge City Council)		X
Ms M Lee	Public Governor	X	
Mr S Legood	Partnership Governor (Cambridgeshire and Peterborough NHS Foundation Trust)		X
Dr J Loudon	Patient Governor	X	
Mr D Noble	Patient Governor		X
Mr M Nur	Staff Governor	X	
Dr C Roberts	Patient Governor		X
Ms P Rushton-Ray	Staff Governor	X	
Ms G Shelton	Staff Governor	X	
Dr H Sherriff	Patient Governor	X	
Prof P St George Hyslop	Partnership Governor (University of Cambridge)		X
Dr N Stutchbury	Patient Governor and Lead Governor	X	
Dr C Tyrrell	Public Governor		X
Dr W Watson	Staff Governor	X	
Mrs A White	Patient Governor		X
Dr S Webb	Partnership Governor (Royal Papworth Hospital NHS Foundation Trust)		X
Ms K Woodey	Partnership Governor (Campus Research and Funding Organisations)		X

In attendance	
Mr D Abrams	Non-Executive Director
Mr A Chamberlain	Non-Executive Director (Chair)
Dr A Doherty	Non-Executive Director
Prof I Jacobs	Non-Executive Director
Mr M Keech	Chief Finance Officer
Ms A Layne-Smith	Non-Executive Director
Prof P Maxwell	Non-Executive Director
Mr S Patel	External Auditor – Mazars
Prof S Peacock	Non-Executive Director
Mr R Sinker	Chief Executive
Mr R Sivanandan	Non-Executive Director
Ms L Szeremeta	Chief Nurse
Mr I Walker	Director of Corporate Affairs
Ms J Leigh	Secretariat Officer (minutes)

19/22 Apologies for absence

Apologies for absence received from governors are recorded in the attendance summary.

20/22 Declarations of Interest

No additional interests or changes to previously declared interests were reported.

21/22 Minutes of the previous meeting

The minutes of the meeting of the Council of Governors held on 29 June 2022 were approved as a true and accurate record subject to amendment of minute 13/22 to clarify that Mike More had represented the Trust at Jonathan Nicholls' memorial service.

22/22 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: The action tracker.

23/22

Presentation from the External Auditor

Suresh Patel, Audit partner at Mazars LLP, presented the annual report of the External Auditor.

Noted:

1. It was explained that external auditors are engaged to carry out an audit of the Trust in accordance with National Audit Office code of practice. The audit comprises two parts, an opinion on the Trust's accounts and an assessment of value for money factors covering financial sustainability, governance arrangements and use of resources.
2. An unqualified opinion had been reported on the 2021/22 accounts allowing audited accounts to be submitted to NHS England by the stipulated deadline. There had been no issues to report on value for money arrangements.

In response to a question regarding the increase in audit costs of 55% between 2020/21 and 2021/22, the Chief Finance Officer noted that the service had been re-tendered following the expiry of the previous contract. A robust tendering process had been undertaken. The increased cost reflected the change in risk profile and scope of the audit and the scale and complexity of some of the Trust's operations. Benchmarking had been undertaken and the cost compared favourably against other similar-sized organisations.

The following points were made in discussion:

1. Governors asked for assurance regarding the audit arrangements for the Integrated Care System (ICS) and that they would be similarly thorough to those of the Trust. It was explained that the ICS had responsibility for its own audit which would be subject to the same guidelines as for other public bodies. The scope of the Trust's audit did not stretch to other organisations apart from where there were organisational interactions. To the extent that ICS audit arrangements impacted on the Trust, this would be considered by the Audit Committee.

Agreed:

1. To receive and note the annual report of the External Auditor.

24/22

Chair's report

Mike More, Trust Chair, presented his report.

Received and noted: the Chair's report.

Chief Executive's Report (including Integrated Performance Report)

The Chief Executive presented his report.

Noted:

1. The report covered the five areas of operational performance – quality, waiting times, workforce, improvement and finance, followed by a brief summary of three elements of the Trust strategy – improving patient care, supporting staff and building for the future.
2. The health and care system continued to operate under significant pressure and it was anticipated that the winter period would be extremely challenging. Staffing pressures would also continue to be a concern.
3. The approach to planning for winter would involve applying the lessons from the Trust's Covid-19 response over the past two and a half years including clarity of objectives, supporting and empowering staff, aligning teams around taskforces, identifying areas to de-prioritise for a period, and effective assurance and challenge through governance processes.
4. The Trust strategy refresh had been launched over the past two months and the Board recognised that the pace of implementation of some areas of the strategy would need to be slowed down while others would be accelerated as part of delivering the winter plan.

The Chair invited the Lead Governor to introduce questions from Governors.

It was noted that two questions submitted regarding congestion charging and volunteer recruitment would be answered separately outside the meeting.

1. *What is the impact of the delay to completion of the U block and the loss of approximately 20 beds on the Trust's winter plan?*

The following points were noted:

- The U Block had been delayed and would not be available for winter 2022/23. It was now due to open in June 2023. This meant that there would be 20 fewer non-elective medical beds when compared to last winter.
- Actions would focus on increasing efficient use of existing capacity within the hospital and identifying off-site capacity where possible.

- The Management Executive and Board had taken the decision to close P&Q wards to allow the orthopaedic theatre scheme to go ahead. This was expected to open in June 2023.
- In response to a Governor question about the effect on the planned staffing for the U block, it was confirmed that the wards had not yet been fully recruited to and those staff who were in post would be redeployed across the Trust.
- With regard to the failure of the original contractor, an after action review would be carried out.
- Going forward, the Performance Committee would receive a monthly report on the progress of major projects highlighting any possible delays and the measures being taken to address these.
- The Audit and Performance Committees would discuss the approach to the management of large scale construction projects.

Governors would continue to seek assurance on and monitor progress with the development of the U Block over the coming months.

2. *Based on statistics from the southern hemisphere/elsewhere, can the Medical Director/Chief Nurse comment on the anticipated extent of flu infections and Covid cases over the winter period?*

The following points were noted:

- The Australian surveillance programme had reported an early high peak of positive laboratory tests for flu compared with previous years which fell sharply in July. The the number of consultations with influenza-like illness appeared similar to that seen in other years, raising the possibility that there was some bias in the statistics (i.e. people were more likely to get a test because of suspected Covid than in previous years).
- The Australian flu surveillance data showed that children and young people were being particularly affected.
- The numbers presenting would depend on a range of factors including weather, resilience of primary care and the behaviour of population regarding social distancing and mask-wearing.
- The following measures were in preparation at CUH:
 1. Vaccination programmes for all staff for both influenza and Covid-19 starting from early October 2022.

2. Rapid diagnosis of symptomatic patients with point-of-care testing for flu, RSV (Respiratory Syncytial Virus) and Covid-19.
 3. Differentiated assessment areas for those with respiratory symptoms.
 4. Established operational protocols for the management of those with flu in cohorted areas and also for Covid.
 5. Virtual wards would be in place to enable management of some cases outside the hospital.
3. *Are the Non-Executive Directors assured that the winter plan will effectively manage flu, Covid and high ED attendances in the coming months?*

The following points were noted:

- A proposal for the governance of winter planning was due to be finalised by Management Executive on 22 September 2022. The Winter Plan group would be led by the Chief Operating Officer and would include task and finish sub-groups covering all aspects of winter preparedness, including infection prevention and control (IPC).
- The two key groups focused on IPC were as follows:
 - i. **Winter Modelling:** partnering with the University of Cambridge.
 - ii. **Infection, Prevention and Control:** This new group would develop a clinically-led approach for safely cohorting patients this winter which minimised nosocomial infections and limited the number of closed beds. It would also lead the staff flu vaccination programme and the Emergency Department (ED)/inpatient testing approach to seasonal viruses. The Group would be led by the Deputy Director of Infection Prevention and Control.
- Other groups focused on managing flow with the ED and onward into inpatient capacity were as follows:
 - iii. Virtual wards.
 - iv. Safe patient flow for winter.
 - v. Identification of additional physical capacity.
 - vi. Impact of cost of living.
 - vii. Supporting services.
 - viii. 7-day matron cover: develop the case for 7-day matron cover to support inpatient flow.
 - ix. Winter schemes and community capacity: oversee the funding and delivery of internal and external winter schemes.

- The overarching Urgent and Emergency Care Board would meet fortnightly during the winter and regularly report into the Management Executive for executive escalation and input.
 - Governors asked whether there was sufficient point of care testing (POCT) capacity to meet demand and avoid delays in diagnosing. It was confirmed that additional analysers had been put in place to maintain testing at the same levels as seen last winter. The clinical team felt that the right level of testing was in place with a range of turnaround times available.
 - The Chair informed Governors that the Performance Committee had received a comprehensive update on the winter plan from the executive at its September 2022 meeting. Non-Executive Directors assured Governors that the implementation of the Winter Plan would be rigorously reviewed, primarily at the Performance Committee and also by the Board, to monitor its effectiveness.
4. *Can the Executives/NEDs comment on which of the ongoing improvement projects (in collaboration with the Institute of Healthcare Improvement) will deliver service and operational benefits in the next six months, and how they expect these improvements to be demonstrated in performance metrics?*

The following points were noted:

- Urgent and Emergency Care (UEC) – projects supporting the Emergency Department (ED) and medical and surgical workstreams:
 - These would provide pathway efficiencies in the treatment of patients who attend the ED, reducing their time in the department and ensuring they are seen in the right place, by the right team at the right time. This would include ED attendance and hospital admission avoidance initiatives.
- Virtual Wards – projects supporting specific specialties to provide out of hospital care:
 - This would provide virtual ward beds for patients that would otherwise be inpatients and utilising an actual bed. The initial patient groups this would cover were Acute Medicine, Heart Failure, Frailty, Trauma and Orthopaedics, OPAT (Outpatient parenteral Antibiotic Therapy), COPD (Chronic Obstructive Pulmonary Disease) and Covid.
- High Volume Low Complexity (HVLC) – projects delivering more elective care to tackle patient backlogs:

- This included increasing the utilisation of the Ely Day Surgery Unit as well as specific pathway initiatives for Urology, Upper GI, Neurosurgery, Ophthalmology, ENT and Gynaecology.
 - Outpatients – projects delivering the national planning guidance requirements:
 - This included working with Nephrology, Cardiology and Gynaecology on increasing new outpatient activity, reducing follow-up activity, increasing the use of patient initiated follow-up and increasing the use of specialist advice and guidance to avoid unnecessary appointments.
 - The second wave of the Institute for Healthcare Improvement (IHI) supported improvement coach programme was currently underway and all 37 delegates had an improvement project that they would be supporting. Some of these will be included in the above, for example within HVLC, UEC and Virtual Wards but many more will be in addition. The details of the majority of these projects were yet to be fully worked up but were expected to have an impact on service delivery and include operational benefits too.
 - In addition, the second wave of the IHI supported improvement programme for teams would commence on 30 September 2022. There would be 19 teams undertaking the programme and their associated improvement projects covering 'a better day at work' (16 projects) and 'treating/preventing the deteriorating patient'. Again these would include projects that would have service delivery and operational benefits for the Trust.
5. *The Mazars Annual Audit Report concludes that the Trust's financial planning is under control, and there are no concerns as regards value for money (VFM). Given the assessment was made in April, could the Executive/NEDs expand on how the significant increase in inflation and energy charges since April will impact the 2022/23 Financial Plan (both for the Trust and across system), and what contingencies are being developed to manage such financial challenges?*
- The audit opinion from Mazars was issued in June 2022 and followed the announcement of additional £1.5bn of funding that was made available nationally to support pressures relating specifically to inflation, including energy cost increases. With its fair share of this funding, the Trust had submitted a break even financial plan on 20 June 2022 and this was reflected in the commentary from Mazars.

- Inflation had continued to increase since June 2022 and this presented a risk to the CUH, system and national NHS financial position. However, the Trust had largely protected itself from increases in the cost of energy through a forward purchase agreement, with more than 90% of energy prices fixed for 2022/23 within budget levels. The Trust remained on plan as at month 5 and would continue to seek to manage inflationary pressures, for example through effective procurement practices.

26/22 Governors' Reports

Lead Governor

Neil Stutchbury, Lead Governor, presented his report.

Noted:

1. The Lead Governor encouraged all Governors to attend the forthcoming training session on 20 October 2022 on the governor role and effective questioning and holding to account.

Agreed:

1. To note the report of the Lead Governor.

27/22 Membership Engagement Strategy Implementation Group

Ian Walker, Director of Corporate Affairs, presented the report

Noted:

1. An update on the implementation of the Membership Engagement Strategy would be presented to the Council of Governors' meeting in December 2022.

Agreed:

1. To note the report of the Membership Engagement Strategy Implementation Group.

28/22 Any other business

Governors were reminded that the Trust's Annual Public Meeting would be held on Wednesday 28 September 2022 at 17.00.

29/22

Date of next meeting

The next meeting of the Council of Governors would be held on Monday 19 December 2022 at 17.00.

Meeting closed: 18.23

Council of Governors: Action Tracker

Minute	Action	Lead	Target date	Status	RAG rating
There are no outstanding actions					

Report to the Council of Governors: 19 December 2022

Agenda item	5
Title	Chair's Report
Sponsoring director	Mike More, Trust Chair
Author(s)	As above
Purpose	To receive the Chair's report.
Previously considered by	n/a

Executive Summary

This paper contains an update on a number of issues pertinent to the work of the Chair.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council of Governors is asked to note the contents of the report.

Cambridge University Hospitals NHS Foundation Trust

19 December 2022

Council of Governors
Chair's Report
Mike More, Trust Chair

1. Introduction

- 1.1 Work is ongoing operationally, via a Winter Plan and supporting governance machinery, to optimise our performance in very challenging circumstances. These changes in approach are showing benefits in terms of flow.
- 1.2 Anxiety about the cost of living is prevalent across many millions of people and across many businesses. These are additional pressures on top of the long-term fatigue and concerns which arose from Covid. The outcome is a worry about our ability to retain colleagues, especially in the lower paid grades. This is my number one concern and we are doing all we can to support our teams, without whom we are nothing.
- 1.3 We have to work on a resumption of relative stability in government in coming months and this will be important as we continue to pursue plans for the Cancer and Children's Hospitals. We are also working within the Integrated Care Board (ICB) to ensure that there is a clear and commonly agreed pathway towards integrated health and care arrangements in the south of the county, in which we are a leading player.
- 1.4 To celebrate 256 years since Addenbrooke's Hospital opened, St Catharine's College gifted the Trust a birthday cake baked by their college chefs. The hospital's founder John Addenbrooke was a former student, Fellow and Bursar at St Catharine's College. Joined by several CUH colleagues, I had the pleasure of accepting the cake from a small group of medical fellows from the college.

2. 'You Made A Difference' Awards/Staff Awards

- 2.1 I was pleased to attend a 'You Made A Difference' award events on 2 and 28 November. 174 individual and 36 Team nominations were received and I would like to personally congratulate the winners Sandra Kent, Kate Baldwin, Danuta Fabiszczuzak, Tracy Richardson, Manjumol Aji and the Medical Records/Patient Services team.
- 2.2 I will be attending a further 'You Made A Difference' award event tomorrow.

- 2.3 I would also like express our thanks and gratitude to the Addenbrooke's Charitable Trust (ACT) and the Alborada Trust for sponsoring these awards so generously, which enables us to recognise so many of our Trust colleagues.

3. Diary

- 3.1 My diary has contained a number of meetings and discussions, both virtually and physically, and both within and outside the hospital, over the past two months including some visits to clinical areas.

CUH

Performance Committee

Workforce Committee

Audit Committee

End of Life Committee

'You Made A Difference' Awards

Consultant Development Programme

Launch and closing events for 'Black History Month'

Council of Governors Strategy Group

Remuneration and Nomination Committee

Meeting with the undergraduate teaching leads to discuss our approach to undergraduate teaching

- 3.2 Other meetings attended during this period include:

NHS Confederation Chairs meeting

ICB – Health and Wellbeing Board

Cambridge Biomedical Campus (CBC) Local Liaison Group Meeting

Cambridge University Health Partners (CUHP)/CBC Masterplanning

Meeting with local officials to discuss the CBC Local Plan submissions

Chair/CEO meeting to discuss the new integrated arrangements

Precision Medicine Westminster Event

Cambridge ARU Graduation Event

The Health Systems Design Group

NHS Providers: Chair & Chief Executives Network Meeting

4. Recommendation

- 4.1 The Council of Governors is asked to note the contents of the report.

Report to the Council of Governors: 19 December 2022

Agenda item	6
Title	Chief Executive's report
Sponsoring executive director	Roland Sinker, Chief Executive
Author(s)	As above
Purpose	To receive and note the contents of the report.
Previously considered by	n/a

Executive Summary

The Chief Executive's report is divided into two parts. Part A provides a review of the five areas of operational performance. Part B focuses on the Trust strategy and other CUH priorities and objectives.

Related Trust objectives	All Trust objectives
Risk and Assurance	A number of items within the report relate to risk and assurance.
Related Assurance Framework Entries	A number of items covered within the report relate to Board Assurance Framework entries.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council of Governors is asked to note the contents of the report.

Council of Governors
Chief Executive's Report
Roland Sinker, Chief Executive

1. Introduction/background

- 1.1 The Chief Executive's report provides an overview of the five areas of operational performance. The report also focuses on the three parts of the Trust strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives. Further detail on the Trust's operational performance can be found within the Integrated Performance Report.
- 1.2 The health and care system nationally, regionally and locally remains under pressure, with challenges ahead in terms of waiting times, demand for services, uncertainty around Covid-19 and other conditions including flu, and staffing pressures. As an update on one indicator, as at 8 December 2022, the Trust was caring for 50 inpatients with Covid-19, with five in critical care. Current modelling of conditions including Covid-19, flu and RSV does not indicate the very significant increases or 'waves' experienced in the previous periods of the Covid-19 pandemic; but the collective impact is anticipated to be significant, and the Trust is planning accordingly.
- 1.3 Across the five areas of operational performance the Trust faces particular challenges in waits in the Emergency Department, although we continue to achieve relatively strong performance on ambulance handover times. We are also experiencing challenges in staffing levels (with an impact to some elements of care provision), and we are closely engaging with staff around their wellbeing. Alongside these areas of challenge the Trust sees relatively strong performance in terms of outcomes, access for cancer care, elective activity, financial delivery and improvement / transformation in a number of services.
- 1.4 In this context the Trust has mobilised for the fourth time since February 2020. This involves applying the lessons from our previous responses to Covid-19 and includes development of a Winter Plan. A Winter Taskforce has been established; including Task and Finish Groups aligned to the following five pillars:

- Maximising and expanding capacity including e.g. working in partnership on capacity with Royal Papworth Hospital
 - Safety and efficiency including e.g. a balanced approach to infection control
 - Communication and engagement including e.g. supporting partners outside of the Trust, and listening to in-hospital teams on areas for improvement'
 - Supporting staff including e.g. ongoing recruitment, support for wellbeing, recognition and cost of living pressures'
 - New models for winter including e.g. maintaining vital elective activity and core enabling services.
- 1.5 Work continues on the three domains of the Trust strategy: improving patient care; supporting staff; and building for the future. There is particular focus on integrating with our partners in the 'southern place'; pushing forward with the Outline Business Cases for the Children's and Cancer Hospitals; and developing our strategies around digital, sustainability, specialised services and inclusion.

Part A

2. The five areas of operational performance

2.1 Quality

Areas of challenge

Staffing

- 2.2 The availability of nurses remains a challenge with specific areas of concern around critical care units, including the paediatric intensive care unit and the neonatal intensive care unit.

Capacity

- 2.3 Capacity remains a significant quality and safety risk and the Emergency Department continues to see high activity resulting in long waits. There have been two significant long waits (in excess of 60 hours) and a full review is being undertaken to identify learning. In both incidents there was no harm to the patients.

Blood products

- 2.4 A national amber alert has been issued from NHSBT relating to a shortage of red cell products. An Incident Management Team (IMT) has been established, led by the Medical Director's office. The Trust has reduced red cell usage and established several new pathways to mitigate this risk going forward.

Complaints and Patient Advice and Liaison Service (PALS)

- 2.5 Both services remain under extreme pressure with increased complexity of contacts and high sickness rates coupled with vacancies, resulting in longer waits for responses. An external review of the service commissioned by the Chief Nurse to look at processes has been completed and an improvement plan is being developed in co-production with the team and external project support. Additional temporary staffing and reduced opening hours is also underway. Divisional processes are currently being reviewed to ensure clear oversight of complaints to reduced response times.

Areas of Success

- 2.6 The outcomes for allogeneic Bone Marrow Transplant (BMT) and CAR-T cell therapies in hematological malignancy have been published and shows that the Trust has outcomes significantly better than the national average.
- 2.7 A new clinical sepsis lead has been appointed and will commence in post on 1 November 2022.

Regulatory and Compliance visits

- 2.8 The CQC State of Care report was published on 21 October 2022. The report highlights a number of key concerns nationally and the Trust are reviewing the recommendations.
- 2.9 A national report on learning disability is expected from the CQC during November 2022.
- 2.10 All maternity units will be inspected by the CQC in early 2023. To support preparation of this the regional team will be conducting a peer review for the Trust using CQC methodology during November 2022.

3. Access to Care

The Trust continues to implement the four part operational strategy, aligned to the Winter Taskforces referred to in Section 1. In particular the focus is on waits for emergency or urgent care, looking at improvements in the core of the hospital, the Emergency Department and appropriate discharge of patients. This focus sits alongside maintaining and improving access to cancer and elective care, where performance is relatively strong.

- 3.1 **Emergency Department (ED).** Overall ED attendances were 11,909 in October 2022, which is 760 (6.8%) higher than October 2019. This equates to a rise in average daily attendances from 360 to 384 over the same period. 1,831 patients had an ED journey time in excess of 12 hours, compared to 256 in October 2019. This represents 15.4% of all attendances.
- 3.2 **Referral to Treatment (RTT).** The total RTT waiting list size decreased for the first month since July 2020, a drop of just 30 to 59,930. The Month 7 planning submission had forecast growth to 53,208 so the Trust were now 12.6% higher than plan. Compared to pre-pandemic the waiting list had grown by 76%.
- 3.3 **Delayed discharges.** For October 2022 the Trust is reporting 5.5%, which is a decrease of 0.5% from the previous month. Within the 5.5%, 60% were attributable to Cambridgeshire and Peterborough ICB, and the remainder across a further eight ICB's.
- 3.4 **Cancer.** The volume of 2 week wait patients seen in September 2022 was 3.2% higher than in September 2019, the baseline year. 2 week wait breaches increased to 617 in September 2022 leading to performance of 70.8%. 76% were capacity related.
- 3.5 **Operations.** Elective theatre activity in October 2022 compared to 2019 baseline reduced to 84%. Taking account of the loss of the A Block theatres from Trust capacity, this would bring the performance up to 95%. The plan for October 2022 was to deliver 92% of baseline so the Trust fell short by 193 operations.
- 3.6 **Diagnostics.** Total diagnostic activity in October 2022 delivered to 115% of the October 2019 baseline. The total waiting list size reduced by 54 to 13,827, and the volume of patients waiting over 6 weeks decreased by 501 this month.

- 3.7 **Outpatients.** In October 2022 outpatients delivered 106.6% new activity against baseline which has been adjusted for working days per month.

4. Finance – Month 6

- 4.1 The Month 6 year to date position is a £2.4m surplus and the Trust remains on target with our plan to deliver a break-even year-end financial position. Significant capital investment has continued in year in line with our plan supporting the creation of additional physical capacity for services. Planning has commenced for what is anticipated to be a very challenging financial year in 2023/24.
This is in the context of significant levels of uncertainty over budgetary pressure on the NHS due to the current political and economic environment.
- 4.2 The following points should be noted in respect of the Trust's Month 6 financial performance:
- The Month 6 year to date surplus includes £4m of income receipts relating to a specific one-off transaction in Month 2. The surplus in the year to date is offset in later months leading to a full year planned breakeven position.
 - The Trust is currently delivering on its planned reduction in Covid related expenditure with year to date costs of £12m. This remains an area of risk for the Trust and the health system due to volatility of Covid rates in the community. Costs relating to Covid will remain under review.
 - The Trust has recognised Elective Recovery Fund (ERF) income of £7.3m year to date in line with plan. The Trust's expectation is that NHSE/I will support ERF funding for the 22/23 financial year but this has not yet formally been confirmed. This funding will, therefore, remain at risk until the final process for qualifying for and calculating the value of ERF has been published.
- 4.3 The Trust has received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) and Orthopaedic Theatre Scheme (14.9m) and additional funding for theatre equipment (£5.1m). Together with capital contributions from ACT, this provides a total capital programme of at least £65.9m for the year.

- 4.4 The Trust has invested £15.0m of capital at Month 5, £11.0m below the planned figure of £26.0m. The Trust expects to recover this under performance by year-end and achieve the forecast plan of £65.9m of capital expenditure.

2022/23 CUH Financial Plan

- 4.5 The Trust plan for 2022/23 is to deliver a break-even position for the year.
- 4.6 It should be noted that the following key areas of risk still remain and have been included as part of the overall plan submission, to be monitored in year:
- Inflation pressures above the (revised) funded level
 - Covid costs exceeding budgeted levels (e.g. due to an increase in Covid rates)
 - Non receipt of forecast ERF income.
- 4.7 The Trust is continuing to review and mitigate these risks, alongside Cambridgeshire and Peterborough ICS colleagues on an ongoing basis.
- 4.8 The Trust continues work on a 5 year financial plan linked to the refreshed strategy; and to deliver the Cost Improvement Plan set out in section 6.

5. Workforce

- 5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work, Resourcing, Ambition, Inclusion and Relationships. Given the challenges and pressures of the last two years, this five part strategy will look at the additional staff support mechanisms required across the Trust in the medium to long term. In addition the workforce winter plan has been developed to set out areas of focus that require delivery in the coming months.

Good Work

- 5.2 The Trust have set out an ambition plan, focussed on six initial priority areas under the Good Work agenda where progress has already been made.

The focus areas are:

- Accommodation
- Travel and transport – commuting to and from work
- Nourishment and hydration

- Spaces
- Hybrid working
- Market forces – cost of living and working in Cambridge

5.3 There has been significant investment in travel support with the introduction of subsidised onsite parking costs, funded park and ride travel and other public transport subsidies. Additional investment has been approved to support a number of additional initiatives around nourishment and hydration and also rest space.

Resourcing

5.4 During October 40 nurses, and 21 midwives joined the Trust. We were also delighted to welcome 83 new Healthcare support workers (HCSW) during September and October 22. The Trust recently undertook a recruitment campaign in the Philippines where 74 offers of employment were made to experienced nurses.

5.5 In October the trust undertook a joint weekend recruitment event with Royal Papworth Hospital (RPH). Over 250 people attended and, undertaking same day interviews, we were able offer 29 HCSW posts. RPH had similar success so a great outcome for the campus.

5.6 A system wide event which we participated in (a recruitment bus, touring the region) was also well attended and resulted in 24 offers made, mainly for administrative posts.

5.7 Retention remains a key focus with increased attrition seen across all staff groups. A full review of the reasons for attrition has been undertaken and a strategy has been developed and shared both internally and with the wider system retention collaborative.

Ambition

5.8 CUH has expanded its “Admin Academy” offer to include a new enhanced induction for administrative staff. The aim of academy is to support skills enhancement and careers development for those in admin roles who are so vital to the successful running of services.

Inclusion

5.9 The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2022 data set has been submitted and corresponding actions plans developed. A broader inclusion strategy to include staff and patients is in development; and a process to appoint a single lead and refresh our governance is underway.

- 5.10 Black History Month ran during October 2022 with an incredible programme of events, including guest speakers, panel debate, workshops and social events. A Diwali celebration was held for all staff on 24 October with local faith leaders also in attendance.
- 5.11 In October the newly titled REACH (Race Equality and Cultural Heritage) staff network, formally the BAME (Black, Asian and Minority Ethnic) network, was launched. Members of the network do an incredible amount of work, not least delivering incredible events such Black History Month, mentioned above.

Relationships

- 5.12 A review of the first CUH Annual Awards process has been undertaken with a view to building on the success of 2022 to launch the 2023 process early in the New Year.
- 5.13 Leadership Support Circles continue to run and review well and the New Year will see the leadership offer expanded through the introduction of line management support and a senior leadership alumni programme.

6. Improvement and Transformation

Building Capability

- 6.1 The Trust continues to work with its improvement partner, the Institute for Healthcare Improvement (IHI), on embedding a culture of sustainable continuous improvement.
- 6.2 On 12 and 13 October 2022, senior IHI colleagues undertook an annual site visit, meeting with a wide range of Trust staff, including those undertaking improvement projects, as well as with the Board of Directors and Management Executive. A summary report, including supporting recommendations, will be discussed by Management Executive. The Trust is at a pivot point, considering how to accelerate the current programme around improvement, including alignment with strategic priorities, additional training, alignment with a wide range of improvement activities and focus on system and hospital opportunities.
- 6.3 In relation to the Trust's work with the IHI on building improvement capability and capacity across our 11,500 staff, wave two of the improvement coach programme concluded on 20 October 2022, with 37 new coaches progressing to graduation. Wave two of the improvement programme for teams is underway, with 19 teams participating in the first face-to-face workshop held in October 2022.

Urgent and emergency care

- 6.4 The improvement and transformation team has supported, or continues to support, a number of initiatives aimed to reduce patient length of stay in the Emergency Department (ED) and/or to stream patients to more appropriate care settings.

Outpatients

- 6.5 The improvement and transformation team continues to support colleagues with the Trust's outpatients programme, focusing on 2022/23 priorities and operational planning guidance objectives. Examples of the improvement projects supported include nurse led virtual clinics in gastroenterology, use of electronic referral systems in ophthalmology and waiting list and clinic template reviews in gynaecology. Other improvement projects are being scoped within colorectal dietetics, oncology, nephrology and cardiology.

Virtual wards

- 6.6 The virtual ward programme went live with its first patient on 31 October 2022; initial patient numbers will be low with, typically, low acuity. All elements of the supporting infrastructure have been planned, tested and implemented, with a core team now in place to run a 24/7 service. Appropriate pathways and escalations have been agreed to safely care for patients out of hospital. Using an improvement approach, early learning and adaptation will inform larger-scale implementation.

Productivity and efficiency

- 6.7 The improvement and transformation team continues to work with colleagues from across the organisation, to ensure that productivity and efficiency schemes for 2022/23 are identified to meet an overall requirement of £62m, which will deliver an end-of-year break-even position. As at end month 6, the Trust is £8k ahead of target, with a forecast year-end over-achievement of £16k; however, this is contingent on delivery of the divisional activity plans at agreed budget levels and securing ERF (elective recovery fund) funding in full. The Trust continues work on a 5 year financial plan linked to the refreshed strategy; and to deliver the Cost Improvement Plan.

PART B

7. Strategy update

NHS England Operating Framework

- 7.1 NHS England published its new operating framework in October 2022, setting out how it will work to best empower and support local system partners to deliver on their responsibilities following the establishment of Integrated Care Systems on a statutory footing earlier in the year. The framework outlines the medium-term priorities/long term aims for NHSE, and the accountabilities and responsibilities of the different organisations in the NHS.
- 7.2 As part of this transformation, NHS England, Health Education England and NHS Digital are due to merge on 1 April 2023, to create a 'new' NHS England, putting workforce, data, digital and technology at the heart of their plans to transform the NHS.
- 7.3 The organisation's stated focus will be on setting direction, allocating resources, ensuring accountability, supporting and developing people, mobilizing expert networks, enabling improvement, delivering services, and driving transformation. Aligned to this, they have set out five transformational priorities for the next 3-5 years:
- Stop avoidable illness and intervene early;
 - Shift to digital and community;
 - Share the best;
 - Strengthen the hands of the people they serve;
 - Support local partners.
- 7.4 The document reflects a move towards engagement and co-production with system leaders, based on more collaborative behaviours underlying the new statutory duties on NHS England and system partners, but without being too prescriptive about local arrangements for providers at System Oversight Framework level 3 (SOF3) or below. CUH is at SOF2 and will remain mostly accountable through the Board and Council of Governors, with additional oversight from ICB and not the NHS national or regional teams who are committed to support ICBs to deliver their plans and give systems the agency and autonomy, as well as practical support, to identify the best way to deliver agreed priorities in their local context.

Strategy engagement and implementation

- 7.5 Following the launch of the Trust's refreshed strategy in July 2022, the focus is now on its implementation through engagement with colleagues. A key area of focus is to support managers to set aligned strategies and plans for their local teams that will enable teams and individuals to understand and explore how the strategy applies to them and to recognise how they contribute to its delivery.
- 7.6 Work is also underway to develop a five-year strategy implementation plan to quantify key commitments in the strategy and consider their impact on the Trust's activity, capacity, income, expenditure, waiting lists, waiting times etc.
- 7.7 Progress on many of the 15 commitments outlined in the strategy are reported elsewhere in this update paper; further elements are included below.

Improving patient care

Integrated Care

- 7.8 The Trust continues to work with partners across the Cambridgeshire South Partnership (working across East Cambridgeshire, South Cambridgeshire and Cambridge City) to improve care for people in and outside of hospital. Within Cambridgeshire South, the focus over the coming year remains on co-developing new approaches (and aligning resources) to:
- Support people to receive urgent and emergency care within their own home or primary care practice;
 - Support people to receive care that would usually be provided in an Emergency Department or hospital ward in their own home, or return home as soon as possible after a hospital stay;
 - Identify people who would benefit most from more proactive and personalised care, delivered by neighbourhood-based inter-disciplinary care teams;
 - Test innovative models of care, learning from local experience and national / international evidence;
 - Put in place a practical plan to ensure our general practices are supported and sustainable;
 - Integrate and streamline aspects of patient discharge processes to improve patient and carer experience.
- 7.9 Conversations with the Integrated Care Board continue to determine what responsibility and resource will be devolved to South Place to support local integration work.

- 7.10 Within CUH, a Clinical Lead for Integrated Care has been identified who will work internally and across partner organisations to promote clinical engagement, establish clinical priorities and develop the processes required to support integration of clinical pathways.
- 7.11 The Primary Care Liaison Service hosted an event to share information with general practice colleagues about the development of the medical GP liaison service and how primary care can access this service. We plan to host similar events to share information and build cross-setting relationships and understanding every 6-8 weeks.

Health Inequalities, Equality, Diversity and Inclusion

- 7.12 The Trust has formed a Steering Group for improving equality, diversity and inclusion across our staff and patients, which is a core element of our new strategy. Over the coming months the group will assess our current performance in these areas, learn from NHS and other organisations who have made progress in these areas, identify opportunities to do more over the coming years, and secure the skilled resources needed to seize these opportunities.

Supporting our staff

- 7.13 The Trust has implemented a wide programme of work focusing on wellbeing and support of our staff. Detailed information has been covered in Section 5 of this report.

Building for the future

New hospitals and the estate

- 7.14 The focus of Addenbrooke's 3 remains primarily on the delivery of projects within phases one (addressing our highest risk issues) and phase two (the new cancer and children's hospitals) of our four-phase programme.
- 7.15 Phase one has successfully delivered four compelling business cases which now have full approval to proceed. Once implemented they will deliver: an additional 115 beds (across three surge units) by 2023; a ring-fenced surgical facility for elective orthopaedics by 2023; a new facility for our Histopathology laboratory by 2024; and over £5m of investment to support expansion of the Emergency Department together with an associated increase in staff and the relocation of orthotics as an enabler for the expansion.

The next challenge is to build a business case providing costed options to address improving capacity, managing growth whilst delivering efficiencies in our Genomics Service which is under pressure to manage current demand and predicted growth.

- 7.16 The key focus of the Cambridge Cancer Research Hospital (CCRH) project team over the summer has been on finalising the Outline Business Case (OBC), together with associated letters of support from our commissioners and partners, ready for submission to our regulators in October 2022, with expected approval in spring 2023. In parallel, the project has commenced working on the next, more detailed phase of designing the new hospital, working with stakeholders from across CUH and the University of Cambridge, as well as our design and development team and the New Hospitals Programme (NHP), to ensure the CCRH designs respond fully to the needs of our staff and patients. More broadly, communication and engagement continue to be of the highest importance to the project, with activities ranging from sessions with our Staff Reference Group and Patient Advisory Group, an MP briefing event in June 2022, and the first meeting of our Global Advisory Board in October 2022, taking place. This is paramount to ensuring that stakeholders are kept informed about and have confidence in the CCRH project as it progresses, and that they have maximum opportunity to be involved.
- 7.17 Cambridge Children's Hospital (CCH) is also working towards submitting its OBC to regulators before the end of 2022. The Trust is continuing to work closely with the NHP team to secure its position in an early cohort of the programme. The project's fundraising campaign has seen excellent progress, with some major steps towards its target over the summer. The design of the building is progressing well too; user engagement sessions for the next phase of the design started in September.

Specialised Services

- 7.18 The Trust is in advanced planning for the necessary resourcing and infrastructure to deliver the next phase of major capital development on the site.
- 7.19 Since September 2022, the EoE SPC has continued to progress our priorities including working with clinical leads, networks and the NHSE regional team to move forward opportunities for transformation e.g. developing proposals to address regional gaps in specialist dentistry and severe asthma.

- 7.20 The EoE SPC is also working with Integrated Care Boards (ICBs) and NHSE EoE to prepare for the delegation of specialised commissioning in March 2023. We facilitated a meeting with ICB specialised commissioning leads in early September to discuss how we can work more closely together. We also responded, both as CUH and as part of the EoE SPC, to an NHSE commission for transformation opportunities in specialised services.
- 7.21 Going forward, we are seeking to make further progress against the priorities we have identified, particularly where there are opportunities to produce tangible benefits in the short- to mid-term. We will also continue our engagement activities across the region, and to support our activities through evolving our governance and resourcing models over time. These steps are due to be confirmed with EoE SPC CEOs during the month.

Research and life sciences

- 7.22 The National Institute for Health and Care Research (NIHR) has awarded £86 million to the NIHR Cambridge Biomedical Research Centre (BRC), a partnership between CUH and the University of Cambridge, to continue its ground-breaking research, translating new scientific insights into state-of-the-art diagnostics and treatments to transform healthcare. This bidding round implemented a £100m cap on BRC awards, with Cambridge retaining its status as one of the largest centres, and is the fourth round of funding for the NIHR Cambridge BRC and one of 20 such awards granted to leading NHS and University partnerships across the country.

Climate change

- 7.23 The Trust has successfully bid into the Public Sector Low Carbon Skills Fund to develop a technical heat decarbonisation plan for the CUH Hills Road Campus, a key step towards a low-carbon heating future for the Trust.
- 7.24 The Trust continues to work with partners on the Cambridge Biomedical Campus and beyond on options for sustainable development including transport, housing, callous development and greater contribution to Cambridge and the Eastern region.

8. Recommendation

- 8.1 The Council of G is asked to note the contents of the report.



Integrated Report

Quality, Performance, Finance and Workforce to end Oct 2022

Chief Finance Officer
 Chief Nurse
 Chief Operating Officer
 Director of Workforce

Report compiled: 30 Nov 2022

Key

Data variation indicators



Normal variance - all points within control limits



Negative special cause variation above the mean



Negative special cause variation below the mean



Positive special cause variation above the mean



Positive special cause variation below the mean

Rule trigger indicators

SP

One or more data points outside the control limits

R7

Run of 7 consecutive points;

H = increasing, L = decreasing

S7

shift of 7 consecutive points above or below the mean; H

= above, L = below

Target status indicators



Target has been and statistically is consistently likely to be achieved



Target failed and statistically will consistently not be achieved



Target falls within control limits and will achieve and fail at random

Quality Account Measures



Cambridge
University Hospitals
NHS Foundation Trust

2022/23 Performance Framework

2022/23 Quality Account Measures				Aug 22	Sep 22	Oct 22				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Baseline	LTM
Safe	Average % compliance with individual elements of NEWS2 escalation policy	Sep-22	85%	49%	43%	N/A	■	55%	50.0%	54.6%
	% of patients over 65 years of age who have a lying and standing blood pressure completed within 48 hours of admission	Oct-22	50%	15.8%	16.1%	13.3%	↓	15.0%	13.4%	15.0%
	% of patients who have a VTE risk assessment undertaken within 14 hours of admission	Oct-22	95%	N/A	N/A	95.3%	■	95%	N/A	95%
	Average % compliance with blood cultures within 60 minutes of Sepsis diagnosis	Oct-22	95%	80%	100%	33%	↓	72.8%	70.0%	72.8%
Patient Experience / Caring	Healthcare Inequality: Percentage of patients in calendar month where ethnicity data is not recorded on EPIC CheQs demographics report (Ethnicity Summary by Patient)	Oct-22	7%	12.3%	12.8%	13.9%	↓	12.4%	14.0%	12.2%
	Publication of actions and improvements undertaken as a result of feedback received from patients and their representatives	Oct-22	100%	8.3%	8.3%	8.3%	↔	8.3%	0.0%	8.3%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Oct-22	20%	16.0%	17.9%	17.5%	↓	16.5%	15.3%	16.1%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekday rate) Additional Filters Simple Discharges, G&A etc	Oct-22	80%	78.4%	89.8%	72.2%	↓	75.9%	74.0%	77.1%
	Same day emergency care (SDEC)	Oct-22	30%	16.6%	14.9%	15.6%	↑	17.8%	22.0%	19.6%
	Quarterly			Mar 22	Jun 22	Sep 22				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Sep-22	55%	N/A	25.9%	29.2%	↑	27.5%	29.2%	27.5%
	Retention of band 5 nurses (quarterly)	Jun-22	88.5%	N/A	N/A	N/A	■	N/A	87.0%	N/A
Staff Experience / Well-led	Annual			2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation		78.0%	75.0%	73.0%	74.0%	↑		75.0%	

Quality Summary Indicators



Cambridge
University Hospitals
NHS Foundation Trust

2022/23 Performance Framework

Performance Framework - Quality Indicators				Aug 22	Sep 22	Oct 22				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Oct-22	0	0	1	1	↔	3	4	5
	E.Coli Bacteraemias (Total Cases)	Oct-22	50% over 3 years	29	33	42	↑	239	384	401
	C. difficile Infection (hospital onset and COHA* avoidable)	Oct-22	TBC	20	8	13	↑	91	123	146
	Hand Hygiene Compliance	Oct-22	TBC	97.0%	96.4%	96.3%	↓	97.0%	97.5%	97.3%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Oct-22	100%	50.0%	71.4%	50.0%	↓	55.1%	33.8%	46.8%
	% of external visits where expected deadline was met (cumulative for current financial year)	Oct-22	80%	N/A	0.0%	N/A	■	46.2%	46.7%	47.1%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Oct-22	-	57.1%	20.0%	0.0%	↓	50.6%	17.2%	44.2%
	No national audit negative outlier alert triggered	Oct-22	0	0	0	0	↔	0	-	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Oct-22	85%	80.0%	N/A	80.0%	■	60.7%	84.6%	67.5%
Nursing Quality Metrics	Blood Administration Patient Scanning	Oct-22	90%	99.0%	99.7%	99.5%	↓	99.5%	99.1%	99.6%
	Care Plan Notes	Oct-22	90%	96.9%	96.6%	96.2%	↓	96.6%	95.8%	96.1%
	Care Plan Presence	Oct-22	90%	100.0%	99.9%	99.9%	↓	99.9%	99.6%	99.9%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Oct-22	90%	74.8%	74.3%	72.6%	↓	74.3%	74.2%	73.5%
	Nurse Rounding	Oct-22	90%	99.4%	99.5%	99.2%	↓	99.5%	99.6%	99.5%
	Nutrition Screening	Oct-22	90%	74.7%	75.3%	73.2%	↓	75.3%	77.1%	74.8%
	Pain Score	Oct-22	90%	85.5%	85.3%	84.6%	↓	85.6%	86.6%	85.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Oct-22	90%	63.9%	58.7%	67.5%	↑	62.7%	63.1%	62.7%
	PEWS Score Recording	Oct-22	90%	98.9%	99.1%	99.2%	↑	99.2%	99.2%	99.2%
	NEWS Score Recording	Oct-22	90%	97.6%	97.5%	97.3%	↓	97.3%	96.6%	96.8%
	VIP									
	VIP Score Recording (1 per day)	Oct-22	90%	86.0%	87.6%	86.8%	↓	88.3%	91.2%	88.7%
	PIP Score Recording (1 per day)	Oct-22	90%	90.7%	90.5%	85.2%	↓	88.5%	88.4%	89.0%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	↔	N/A	N/A	N/A
	Number of overdue complaints	Oct-22	0	18	6	3	↓	52	29	68
	Re-opened complaints (non PHSO)	Oct-22	N/A	1	0	0	↔	13	74	45
	Re-opened complaints (PHSO)	Oct-22	N/A	0	0	1	↑	1	4	2
				Aug 22	Sep 22	Oct 22				
	Number of medium/high level complaints	Oct-22	N/A	17	21	25	↑	151	244	252

Operational Performance



Cambridge
University Hospitals
NHS Foundation Trust

Operational Performance

POD	Performance Standards	SPC	Target	Target due by	Internal Target	In Month Actual	Actual	Productivity and Efficiency	SPC	In Month Actual	Actual
Urgent & Emergency Care More information on page 15	Ambulance handovers <15mins		65%	Immediate		29%		Non-elective LoS (days, excl 0 LoS)		9.2127	
	Ambulance handovers <30mins		95%	Immediate		67%		Long stay patients (>21 LoS)		231	
	Ambulance handovers > 60mins		0	Immediate		16%		Elective LoS (days, excl 0 LoS)		5.6122	
	12hr waits in ED (type 1)		2%	Immediate	4%	15%		Discharges before noon		17%	
	Cancer patients < 62 days		85%	Immediate		67%		Theatre sessions used		1256	
Cancer More information on pages 17,18	28 day faster diagnosis standard		75%	Immediate	85.1%	77.0%		In session theatre utilisation		83%	
	31 day decision to first treatment		96%	Immediate		88%		Virtual Outpatient Attendances		20.5%	
Outpatient Transformation More information on page 21	Advice and Guidance Requests		16%	Mar-23	14%	9.6%					
	Patients moved / discharged to PIFU		5%	Mar-23	3.7%	2.8%					
Diagnostics More information on page 19	Patients waiting > 6 weeks		5%	Mar-24		39%					
	RTT Patients waiting > 78 weeks		0	Mar-23	347	362					
RTT Waiting List More information on page 16	RTT Patients waiting > 104 weeks		0	Jul-22	-	1					
Key / notes											
Bar charts show data over the past 12 months, current month is highlighted depending on performance: green = meeting national standard, amber = meeting internal plan, red = not meeting standard or plan											
SPC variances calculated from rolling previous 12 months											

Acute Priorities Delivery



Elective Inpatient Activity

95%	In Month Actual
92%	In Month Plan
87%	YTD Actual
82%	YTD Plan



Elective Daycase Activity

106%	In Month Actual
108%	In Month Plan
105%	YTD Actual
103%	YTD Plan



Emergency Admissions

83%	In Month Actual
102%	In Month Plan
80%	YTD Actual
93%	YTD Plan



New Outpatient Activity

107%	In Month Actual
105%	In Month Plan
102%	YTD Actual
100%	YTD Plan



Follow Up Outpatient Activity

107%	In Month Actual
122%	In Month Plan
109%	YTD Actual
122%	YTD Plan



Diagnostic activity (national planning submission)

116%	In Month Actual
152%	In Month Plan
110%	YTD Actual
124%	YTD Plan



RTT Clockstops (All)

94%	In Month Actual
104%	In Month Plan
91%	YTD Actual
101%	YTD Plan



RTT Clockstops (Admitted)

87%	In Month Actual
93%	In Month Plan
84%	YTD Actual
87%	YTD Plan



RTT Clockstops (Non admitted)

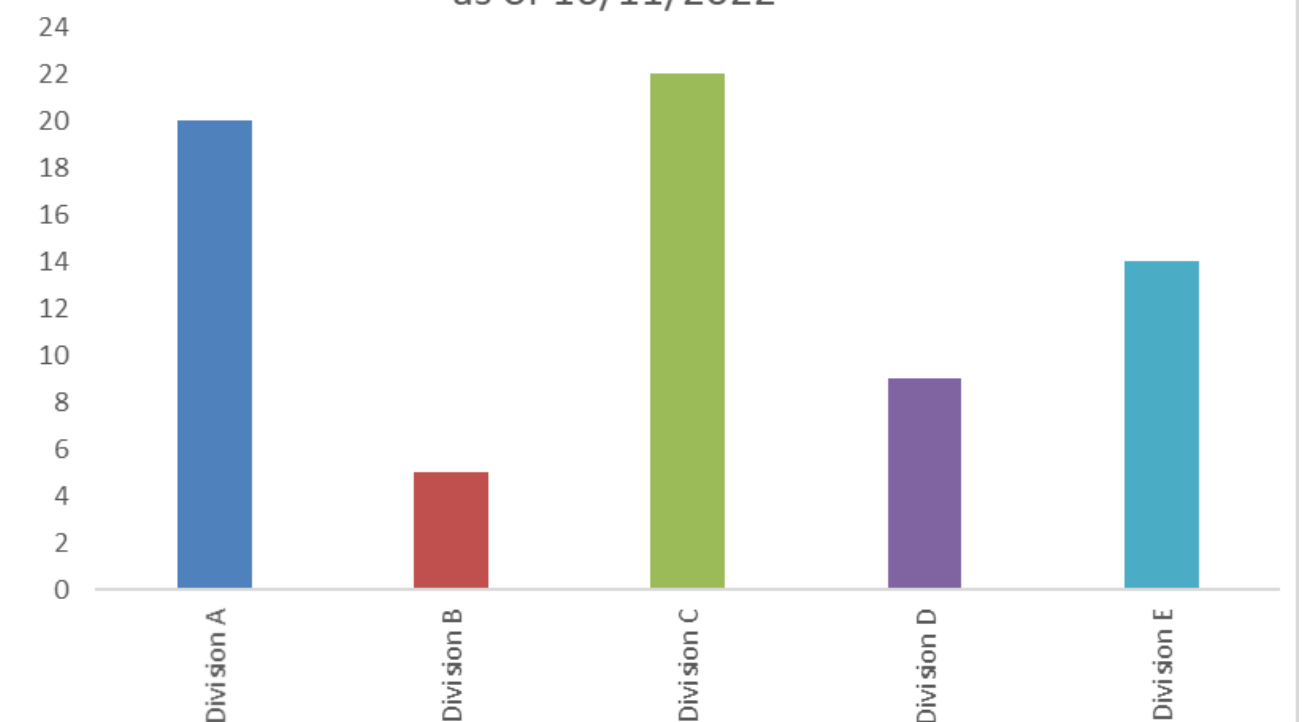
96%	In Month Actual
108%	In Month Plan
94%	YTD Actual
106%	YTD Plan

Serious Incidents

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Nov 19- Oct 22	month	-	1607	1414		-		The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Nov 19- Oct 22	month	2%	2.9%	2.0%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Nov 19 - Oct 22	month	-	9	5		-		9 Serious Incidents were declared with the ICB in Oct 2022, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Nov 19 - Oct 22	month	100%	57%	64%		-		7 Serious Incidents were due to the ICB in Oct 2022, 4 of which were submitted within the 60 day target and the remaining 3 SIs have had extensions granted.

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR146198	Unstageable PU (Thematic review)	Pressure Ulcer	Severe/Major	Division A	Ward C8
SLR146840	CT delay - AAA repair	Treatment delay	Death/catastrophic	Division B	CT Department
SLR147578	Deteriorating Patient	Sub-optimal care of deteriorating patient	Death/catastrophic	Division C	Ward D5
SLR148131	Delayed Coronary angiogram	Treatment delay	Death/catastrophic	Division D	Ward K2
SLR148407	Patient fall	Slips, Trips, falls	Severe/Major	Division C	Ward D5
SLR148681	Patient fall	Slips, Trips, falls	Moderate	Division C	Ward C5
SLR149690	Deteriorating Patient	Treatment delay	Death/catastrophic	Division D	Ward A4
SLR150506	Cardiac arrest in bathroom	Treatment delay	Severe/Major	Division C	Ward N3
SLR150886	Patient fall	Slips, Trips, falls	Severe/Major	Division C	Ward G2

Overdue SI Actions by Division
as of 16/11/2022

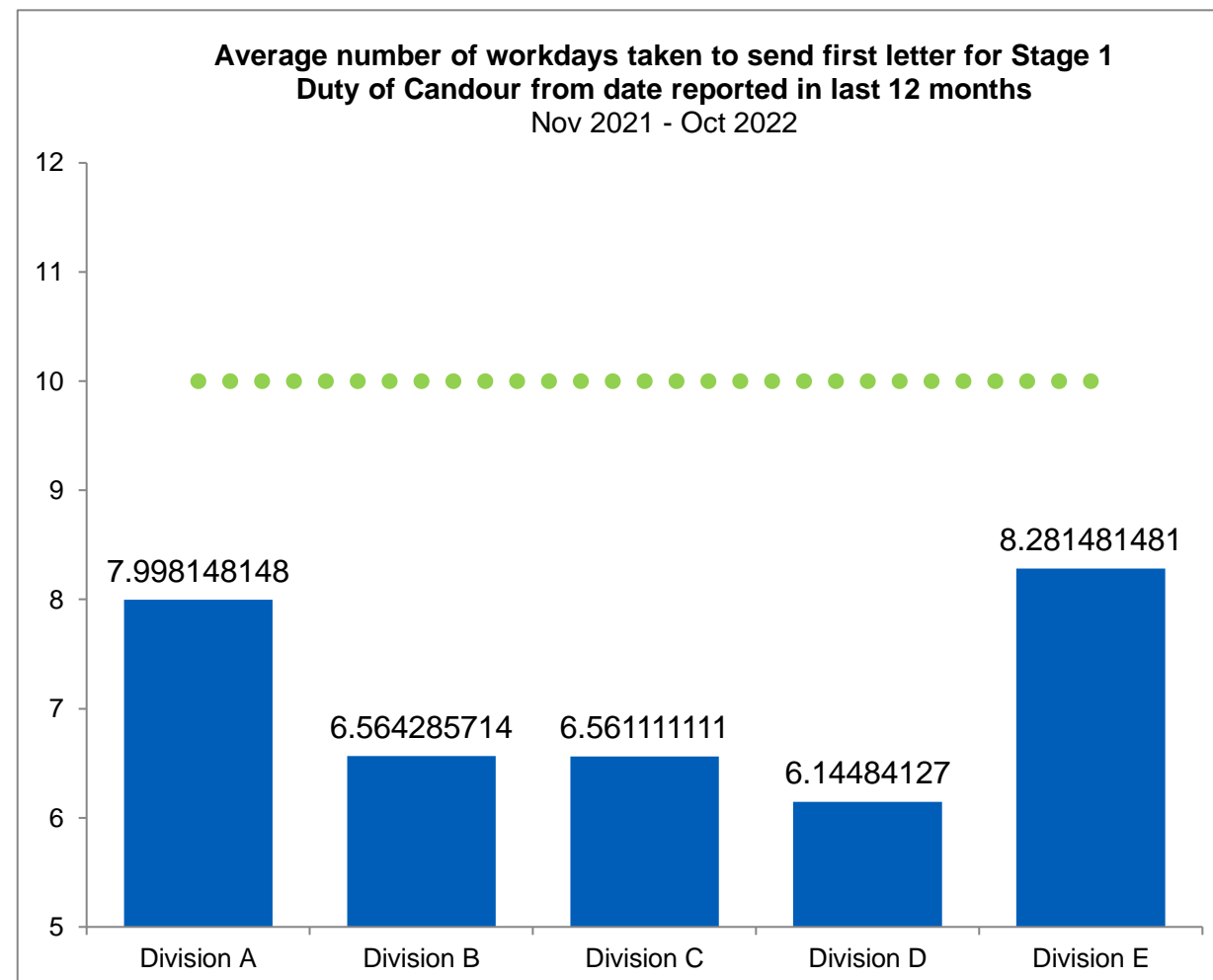


Together-Safe | Kind | Excellent

Duty of Candour

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Sep 19 - Oct 22	month	100%	70%	70%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Sep 19 - Oct 22	month	100%	41%	67%		-		The system may achieve or fail the target subject to random variation.

Safety and Quality



Executive Summary

Trust wide stage 1* DOC is compliant at 85% for all confirmed cases of moderate harm or above in October 2022. 70% of DOC Stage 1 was completed within the required timeframe of 10 working days in October 2022. The average number of days taken to send a first letter for stage 1 DOC in October 2022 was 6 working days.

Trust wide stage 2** DOC is compliant at 88% for all completed investigations into moderate or above harm in October 2022 and 41% DOC Stage 2 were completed within 10 working days.









All incidents of moderate harm and above have DOC undertaken. Compliance with the relevant timeframes for DoC is monitored and escalated at SIERP on a Division by Division basis.

Indicator definitions:

*Stage 1 is notifying the patient (or family) of the incident and sending of stage 1 letter, within 10 working days from date level of harm confirmed at SIERP or HAPU validation.








**Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response), within 10 working days of the completion of the investigation report.

Falls

Safety and Quality	Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
	All patient falls by date of occurrence	Nov 19 - Oct 22	month	-	174	143		-	-	There were a total of 174 falls (inpatient, outpatient and day case) in October 2022. This is within normal variance
	Inpatient falls per 1000 bed days	Nov 19 - Oct 22	month	-	4.60	4.52			-	The Trust remains within normal variance.
	Moderate and above inpatient falls per 1000 bed days	Nov 19 - Oct 22	month	-	0.11	0.09			-	There were 4 falls categorised as Moderate or above harm in October 2022. The level of harm is classed according to injury and not lapses in care. This is within normal variance
	Falls risk screening compliance within 12 hours of admission	Nov 19 - Oct 22	month	90.00%	82.50%	87.30%				Completion of Falls risk screening within 12 hours of admission remains below the 90% target.
	Falls KPI: patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Nov 19 - Oct 22	month	90.00%	13.30%	11.00%				Lying and standing blood pressure continues to be an area of focus for improvement efforts due to continued low compliance.
	Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Nov 19 - Oct 22	month	90.00%	18.70%	15.10%				Improvement work is ongoing to address continued low compliance in care planning for patients with a cognitive impairment
	Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Nov 19 - Oct 22	month	90.00%	69.60%	77.10%				An issue with understanding of this question has been identified in the inpatient area, which is now being reviewed to ensure compliance is accurately reflected in this metric
Executive Summary Trust capacity remains an important factor in the number of falls across the Trust. When this is stratified by falls per 1000 bed days, data is well within normal variance. Compliance with the lying and standing blood pressure and confusion care planning KPI remains low. A thematic review of falls that met the serious incident criteria is being undertaken in collaboration with the CCG.										

Hospital Acquired Pressure Ulcers (HAPUs)

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Feb 18 - Oct 22	month	-	44	23		SP	-	The total numbers of HAPU's for October are higher than August and September, which is now over the Upper Control Limit.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Oct 22	month	-	13	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance. The KPI's will remain the same.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Oct 22	month	-	31	11		SP	-	Category 2 and above HAPU's are over the upper control limit for October, and the mean trajectory remains on an upward slope.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Oct 22	month	90%	76%	80%		-		PU screening risk assessment compliance remains lower than the target of 90%. The QI plan is currently 47% achieved.
KPI downward trend of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2022	Apr 19 - Oct 22	month	9	31	11		SP		KPI 2021-2022 - to decrease number of category 2 and above HAPU as a result of early reporting of category 1. Reporting for category 2 and above HAPU's remain on an upper trajectory, and unfortunately, it has been increased from 18 in September to 31 in October. This KPI has not been achieved so far and they will remain in the QI Plan.

Exec Summary

HAPUs remain on an upper trajectory, and the total numbers of HAPUs for October are higher than August and September 2022, which is now over the Upper Control Limit.

HAPU incidents; Category 1 = 13, Category 2 = 19, Category 3 = 0, Category 4 = 0, SDTI = 8, Unstageable = 4

A thematic review is almost completed of all serious incidents relating to HAPUs from April to October 2022. The quality improvement plan already incorporates actions from the review findings.

QI Plan update: Face to face Tissue Viability training sessions have recommenced on CSSIP, preceptorship for Division A, C and D and PDN study days.

Sessions for QPO and International Nurses will commence in the New Year 2023.

A new band 6 TVN has been appointed within the Emergency Department to facilitate the improvement of Pressure Ulcer Prevention at the beginning of the patients' hospital journey.

Change request for Epic updates have been submitted and approved for identifying accurate body location for skin inspection and prompts to assist in completing the Waterlow Risk Assessment tool.

Connect page for Tissue Viability have been updated for referrals and wound care treatment pathways.

The up-to-date Tissue Viability folders have been delivered to the majority of clinical wards, relevant outpatient clinics and departments.

Sepsis

Safety and Quality

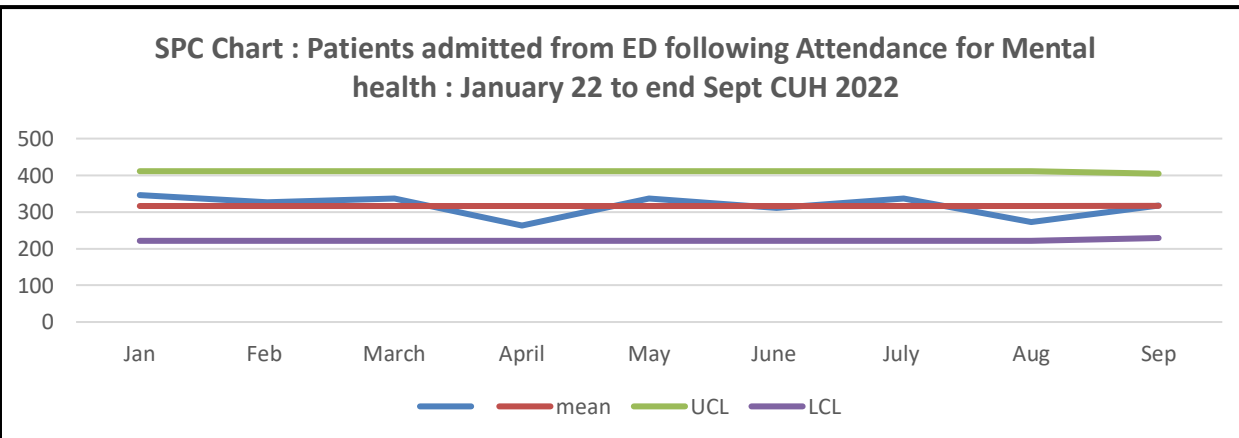
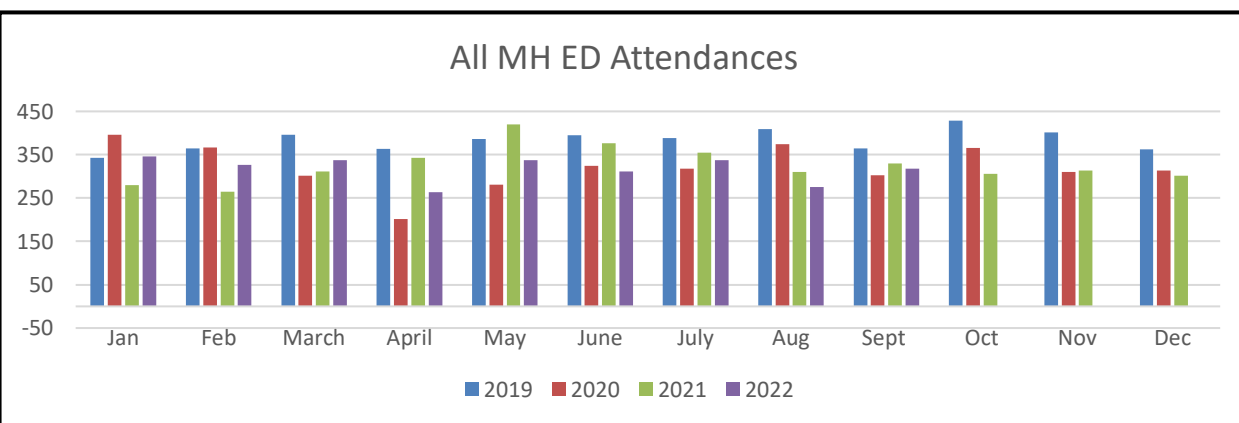
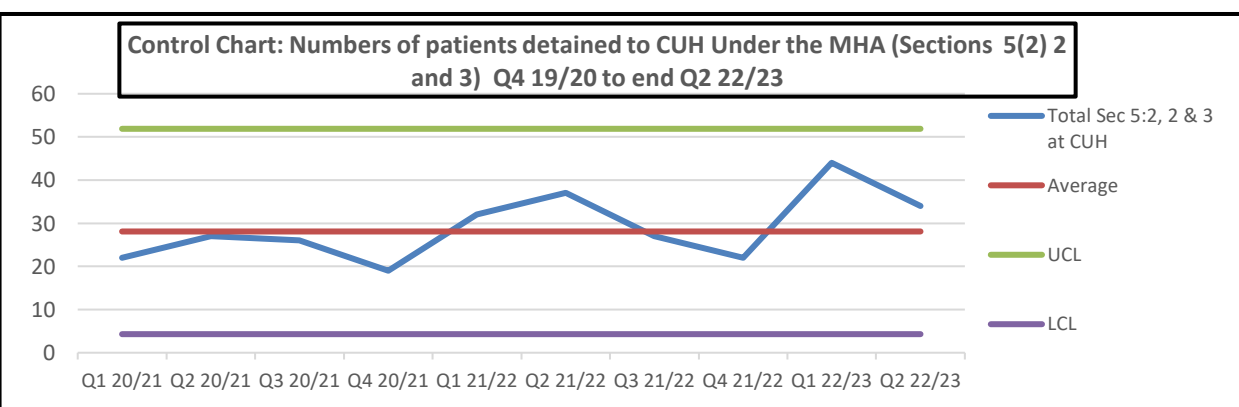
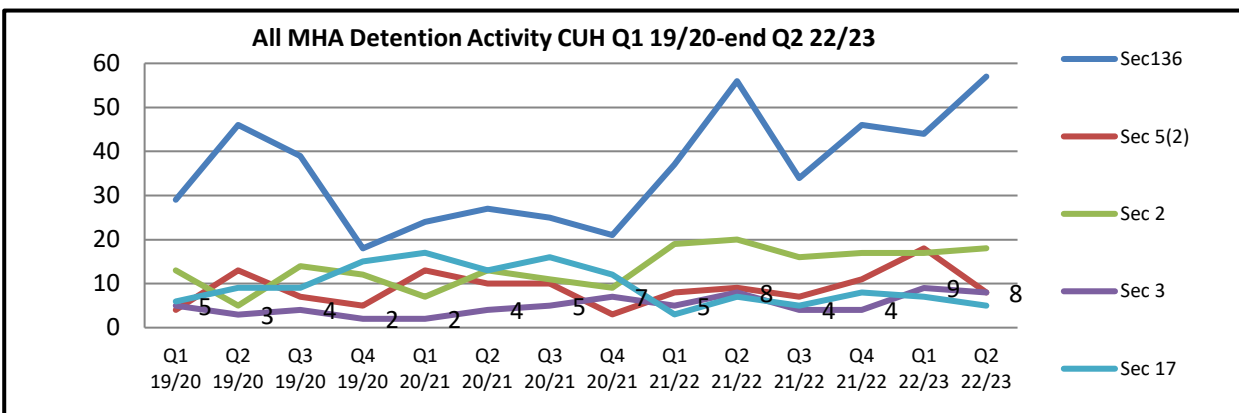
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Oct-22	Monthly	95%	#N/A	55%		-		We are awaiting emergency department Sepsis data
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Oct-22	Monthly	95%	#N/A	72%		-		We are awaiting emergency department Sepsis data
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Oct-22	Monthly	95%	33%	38%		-		Compliance with the entire Sepsis 6 bundle being delivered within 1 hour has dropped this month, though this is impacted by a relatively small sample size. Individual elements of note are lactate [67%] and monitored in line with NEWS2 policy [100%]. Unfortunately, blood cultures has fallen from 80% to 33% compliance this month.
Antibiotics administered with 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Oct-22	Monthly	95%	76%	64%		-		
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Sep-22	Monthly	95%	-	91%		-		We are awaiting emergency department Sepsis data
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Oct-22	Monthly	95%	100%	68%		-		Inpatient wards continue to demonstrate strong compliance with providing antibiotics within 60 minutes of diagnosis of Sepsis

Executive Summary:

The new trust lead for Sepsis began in post this month, and data continues to be collated and analysed by a new team of auditors, increasing contingency within the workstream. Increased efforts are being made to ensure that gaps in data spanning back to April 2022 are retrospectively analysed there is now data for May, June, July 22. awaiting April and May 22 and September 22 is currently being collected.

The overall compliance of the sepsis 6 bundle being delivered in 60 mins is dependant on all elements of the bundle being compliant within 60 mins, therefore one or two elements can impact on the overall compliance. Please see breakdown table above with the elements highlighted in yellow and each elements compliance within 60 mins.

Mental Health - Q1 2022/23



Narrative

- The numbers of inpatients detained under the Mental Health Act has levelled out in Q2 22/23 following a slight increase in Q1. That increase was largely accounted for by an increased use of Section 5(2) emergency Doctors Holding Power. There were 18 5(2) detentions in Q1 and 8 in Q2
- The numbers of patients brought to CUH on Sec 136 (place of safety) increased in Q2. The mean number of patients detained on Sec 136 per quarter since Q1 2019/20 is 35.4. In Q2 22/23 the number of 136's was 57. There is historically an increase in use of Sec 136 in Q2 and this will be monitored. However it is becoming apparent that the use of Sec 136 is gradually returning to pre-pandemic levels. CUH was used as a place of safety when the 136 was full on 26 occasions in Q2 against 19 in Q1. This likely relates to an overall increase in the use of Sec 136 by the police.
- The cumulative number of mental health presentations to ED in the period January to end October 2022 (3136) is 18.3% lower than for the same period 2019 (pre-pandemic), 2.3% lower than 2020 and 4.85% lower than the same period last year
- The number of individuals presenting to the ED at CUH with a mental health need in October 2022 (283) is 11.5% lower than in September 2022 (321).
- The number of adults presenting to ED in October (257) represents a 6.2% decrease on September '22 (274).
- The cumulative no of adults presenting at ED for Mental Health reasons who were subsequently admitted to CUH in the period Jan-Oct 2022 shows a 16.3% decrease (355) in comparison to the same period 21/22 (424).
- Compared with September '22, (47), there was an 44.7% decrease in CAMH aged patients presenting in ED in October (26). Of these, 38.5% were subsequently admitted to a bed at CUH (10).
- For CAMH aged patients, the cumulative number of those admitted to a CUH bed from ED has reduced from 166 patients between Jan-Sept 2021 to 147 in same period 2022, a 13.8% decrease.
- Although the numbers of those eligible for CAMH services presenting at ED is very much smaller than for adults, the conversion rate to admission is consistently higher.

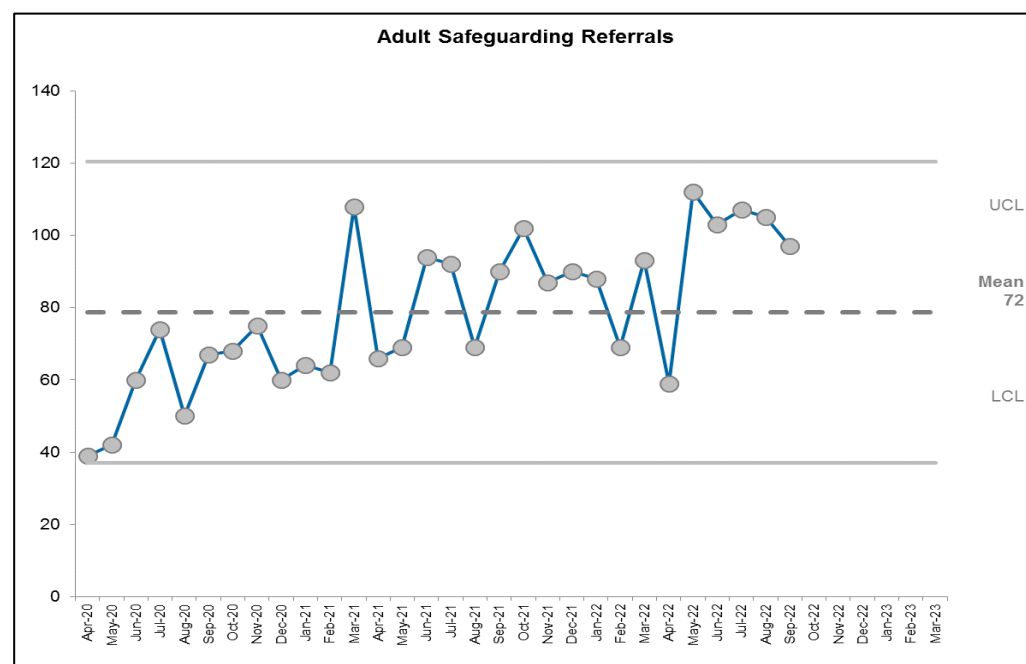
Ongoing work:

- The mental health team have been allocated substantive funding for both the Mental health lead (currently out to advert) and the Mental health specialist nurse posts. The remaining specialist nurse is due to commence mid November and the lead for Mental health will commence February 2023. Currently there is a gap in service provision whilst the recruitment process is completed.
- Work has been undertaken to revise both the ligature point policy and the anti ligature assessment tool at CUH. Assessments have been completed in the 7 areas that have the highest mental health activity in the hospital. These assessments will need to be repeated annually as per policy or if the areas concerned have any environmental changes before then. Action plans to mitigate some of the issues raised are now in place,

Safeguarding

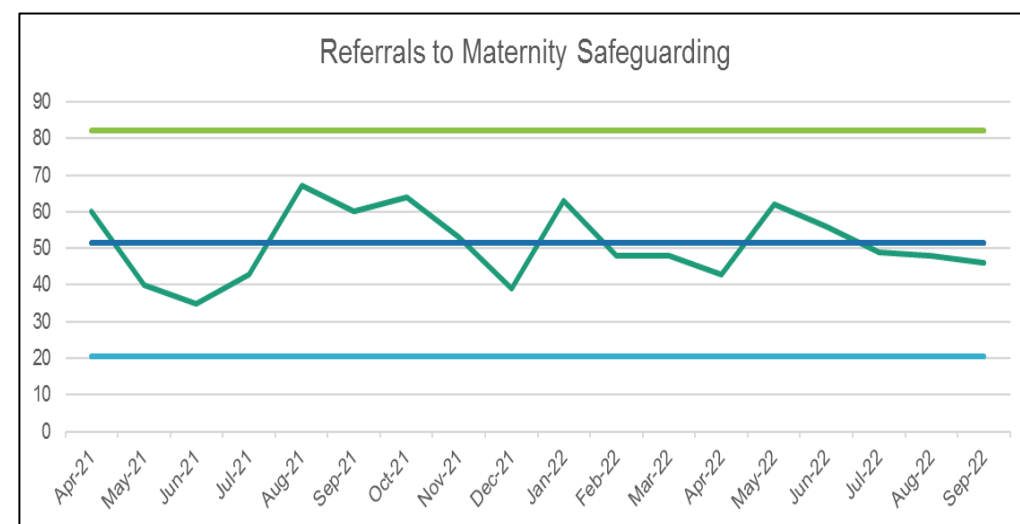
Adult Safeguarding

23% increase in referrals in Q2 22/23 compared to the same time period in 21/22. A total of 309 referrals were made to the Adult Safeguarding Team this quarter compared to 273 in Q1 (this figure does not include DOLs requests). 41% of the referrals received were safeguarding enquiries and of these 39% were forwarded to the relevant Local Authority for further investigation. The largest number of referrals relate to concerns of neglect or acts of omission (32%). 17% of referrals related to domestic abuse concerns which is comparable to Q1 22/23.



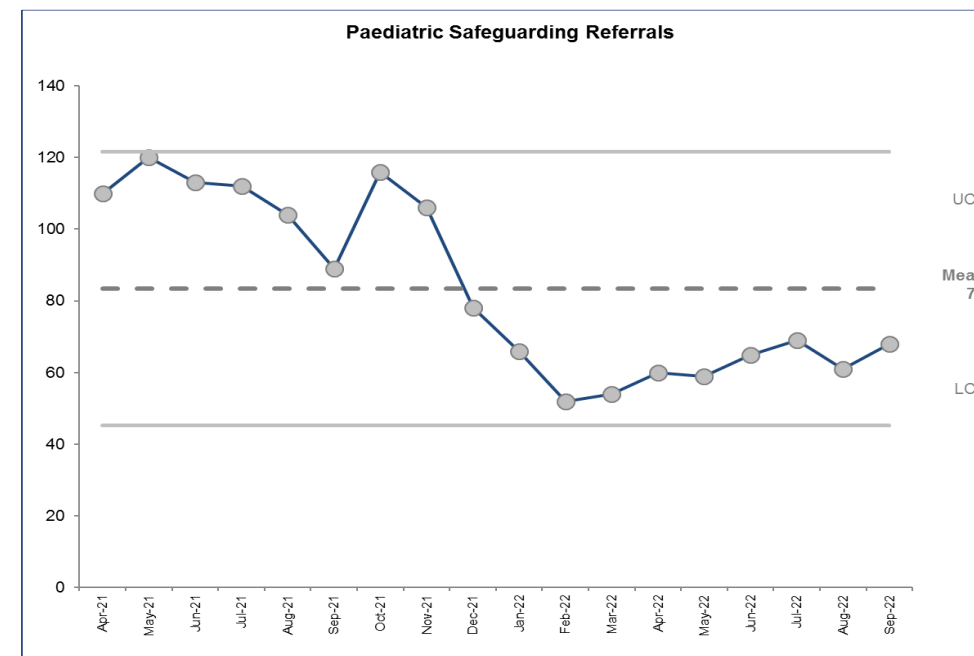
Maternity safeguarding

The number of referrals to the maternity safeguarding team has ranged between 46 and 52 referrals per month in Q2. The greatest reason for onward referral to children's services in Q2 is due to historical involvement with children's services. There was a reduction in the numbers of babies placed on Child Protection plans and Child in Need plans in Q2 suggesting a increase in threshold for intervention to support vulnerable families. 2 babies were removed from parental care in Q2.



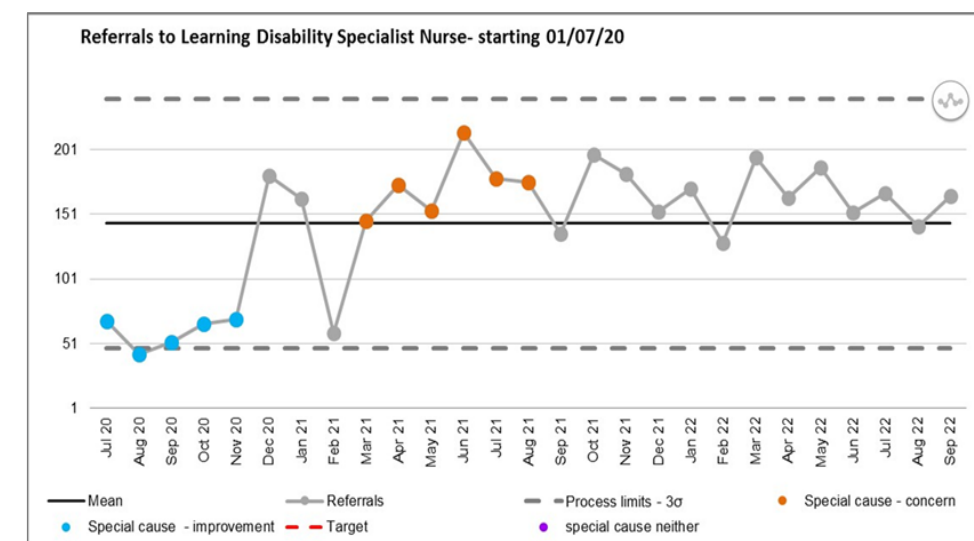
Children's Safeguarding

Referrals to the paediatric safeguarding team have continued to increase from the beginning of the financial year however when compared to Q2 21/22 there has been a 35% decrease in referrals in Q2 (22/23). Mental Health concerns continue to be the consistent theme dominating Children's social care referrals. During Q2, there has been an increase of 9.4% of patients who were not brought for their appointments compared to Q1.

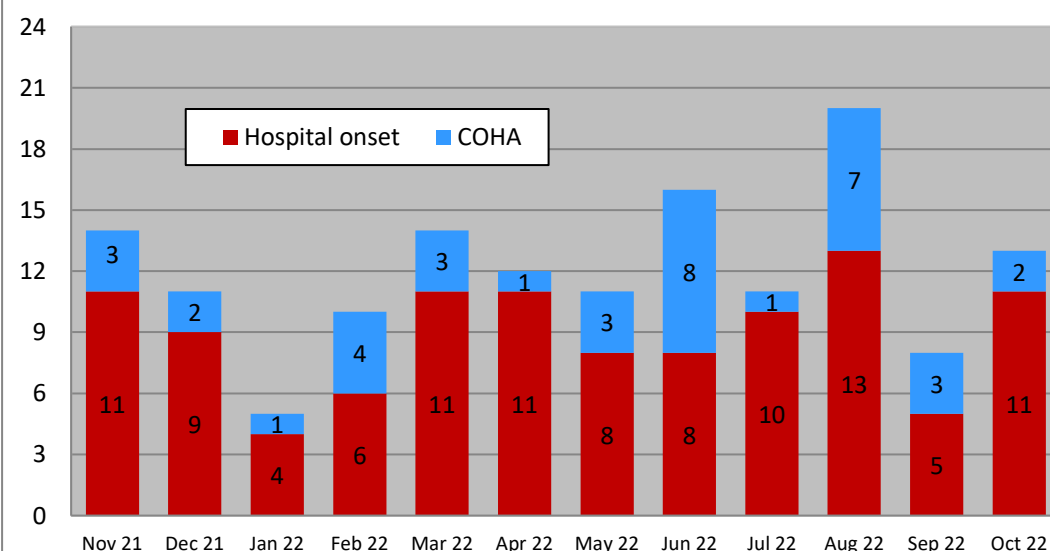


Learning disabilities

The number of referrals to the learning disability specialist nurse has increased year on year. During Q2 there have been 474 referrals to the learning disability specialist nurse which is a 6% decrease from Q1 21/22 and a 4% decrease when comparing against Q2 2021. The learning disability nurse is working in close partnership with the Learning disability partnership and local services.

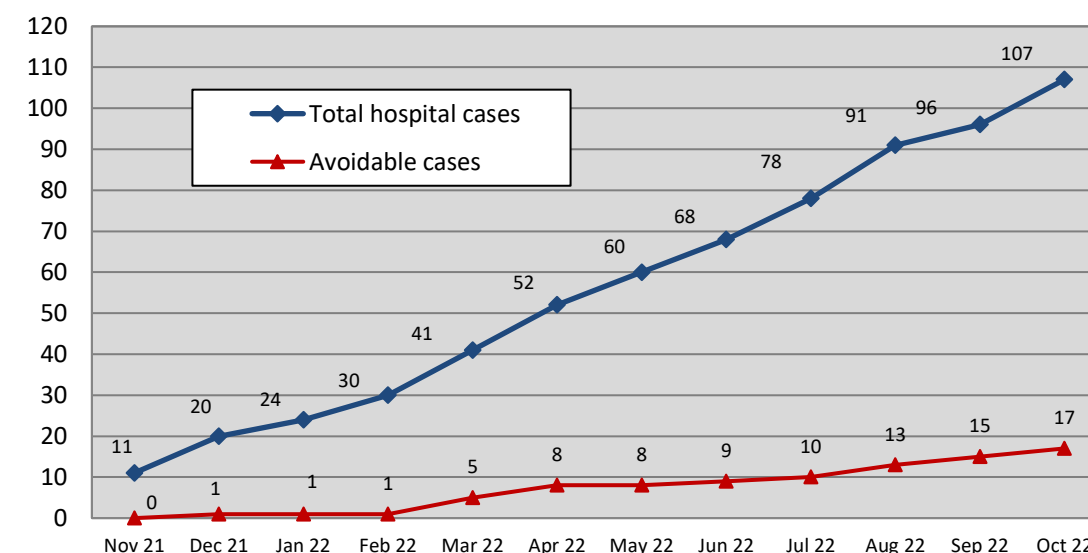


Monthly *Clostridium difficile* cases in last 12 months



* COHA - community onset healthcare associated = cases that occur in the community when the patient has been an inpatient in the Trust reporting the case in the previous four weeks

Cumulative *Clostridium difficile* cases in last 12 months



CUH trend analysis

MRSA bacteraemia ceiling for 2022/23 is zero avoidable hospital acquired cases.

- 1 case of hospital onset MRSA bacteraemia in October 2022
- 3 cases (2 unavoidable & 1 avoidable) hospital onset MRSA bacteraemia year to date

C. difficile ceiling for 2022/23 is 110 cases for both hospital onset and COHA*.

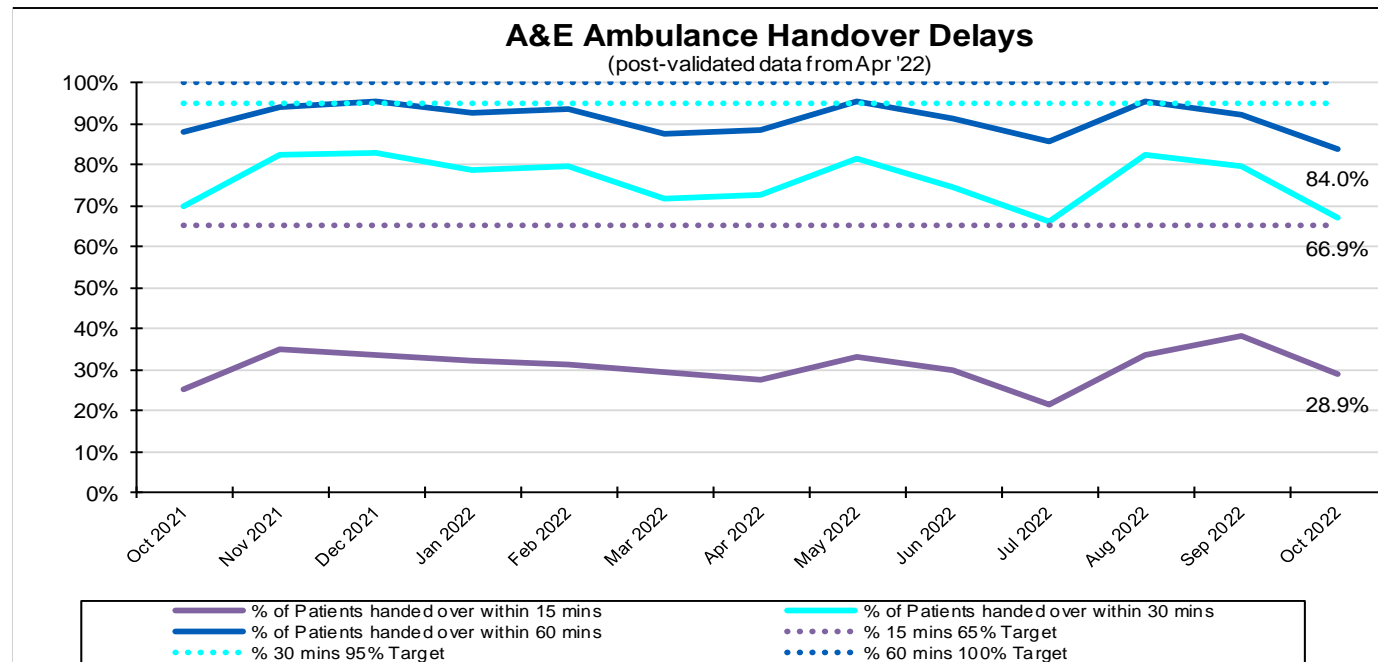
- 11 cases of hospital onset *C. difficile* and 2 cases of COHA in October 2022.
- 66 hospital onset cases and 25 COHA case year to date (75 cases unavoidable, 12 avoidable and 4 pending.)

MRSA and C difficile key performance indicators

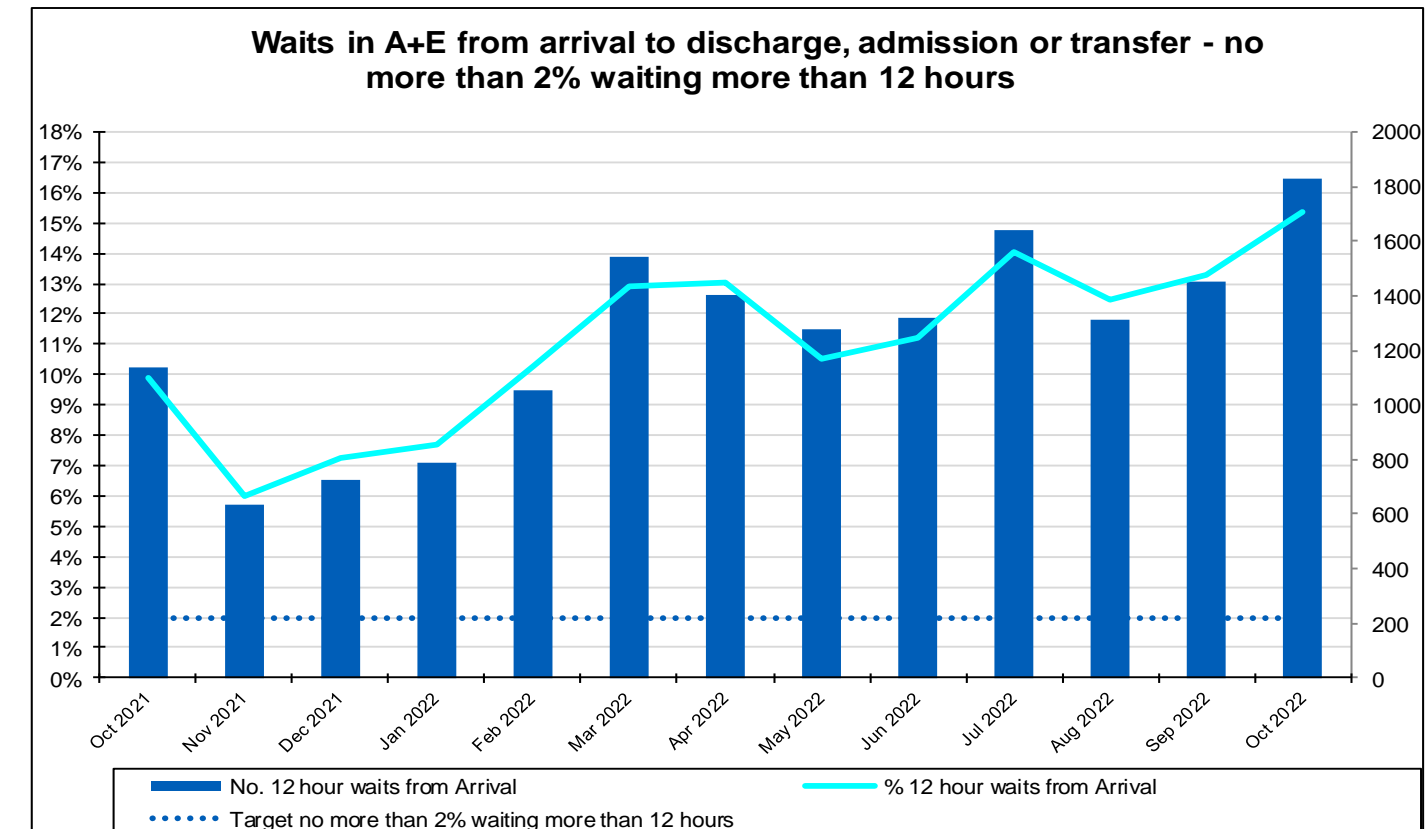
- Compliance with the MRSA care bundle (decolonisation) was 75.6% in October 2022 (89.4% in September 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to September 2022) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.
- Compliance with the *C. difficile* care bundle was 92.6% in October 2022 (90.5% in September 2022).
- The latest *C. difficile* rate comparative data (12 months to September 2022) put the Trust 9th out of 10 in the Shelford Group of teaching hospitals.

Amb. Handovers & 12 Hr Waits From

Operational Performance



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
No. of Patients not handed over within 30 mins (Post-validation)	612	449	583	735	398	443	674
No. of Patients not handed over within 60 mins (Post-validation)	258	107	202	313	97	172	326



Demand:

- ED attendances in October were 11,909. This is 760 (6.8%) higher than October 2019, equivalent to an increase from 360 to 384 attendances per day.
- Paediatric attendances showed the greatest proportional rise, increasing by 24.9% (+509) from October 2019.
- 1,831 patients had an ED journey time in excess of 12 hours compared to 256 in October 2019. This represents 15.4% of all attendances.

Streaming: To mitigate the increase in demand the ED has a dedicated clinician based at the front door and the ambulance bay to identify patients suitable for streaming to alternative locations:

- 497 patients were streamed from ED to our Medical Assessment Unit (MAU) and a further 374 patients to our Surgical Assessment Unit.
- 3,748 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,754 patients were seen by a GP or ECP.

Ambulance handovers: In October 2022 we saw 2,035 conveyances to CUH which was a decrease of 31.6%, (-938) compared to October 2019. Of these:

- 28.9% of handovers were clear within 15mins vs. 55.3% in October 2019
- 66.9% of handovers were clear within 30mins vs. 91.0% in October 2019
- 84.0% of handovers were clear within 60mins vs. 99.0% in October 2019.

Actions being undertaken by the Emergency Department:

During November UEC performance has improved significantly due to a focus on handover delays, patient waits and in-patient flow. In the November month to date (1st-21st November) 12hr waits reduced to 10.7% of arrivals and ambulance handovers within 60mins improved to 99.0% of conveyances. Initiatives driving this performance include the expansion of the MAU, the introduction of a new Frailty Unit and the '100-bed challenge' to improve outflow from the department. The UEC Programme Board led by the COO continues to coordinate these initiatives and further work will be carried out during December to maintain this improvement. It should be noted that national guidance is likely to recommend that all trusts develop a plan to deliver improvements against 4hr waits in ED. As part of the pilot of CRS (Clinical Review of Standards) metrics, CUH has been managing its performance to alternative metrics since May 2018. In view of the likely national direction, we are developing a plan to return to the 4hr standard with operational and clinical input

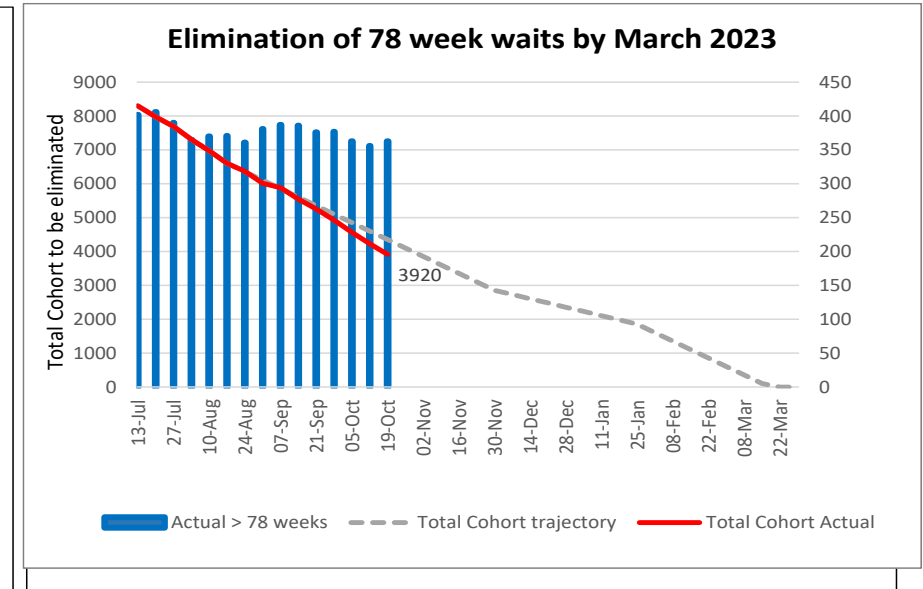
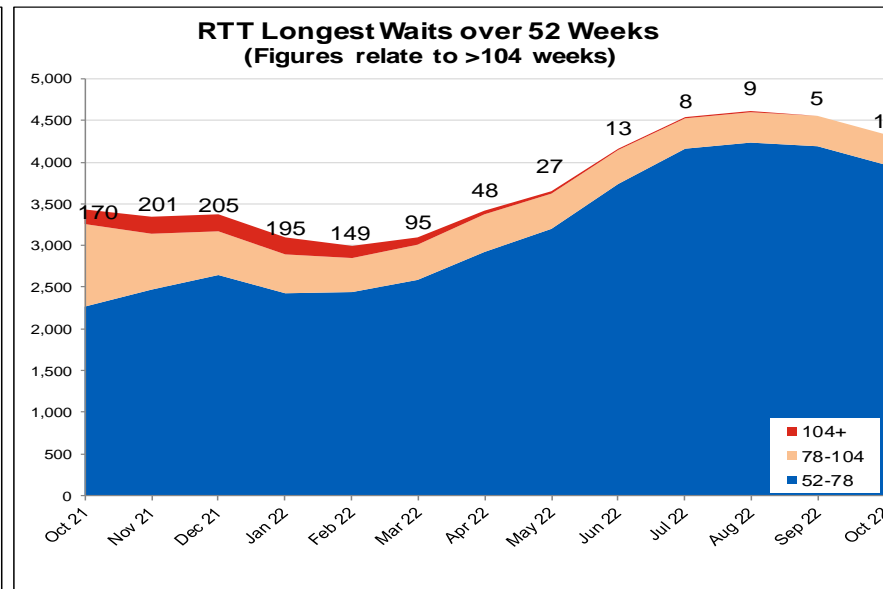
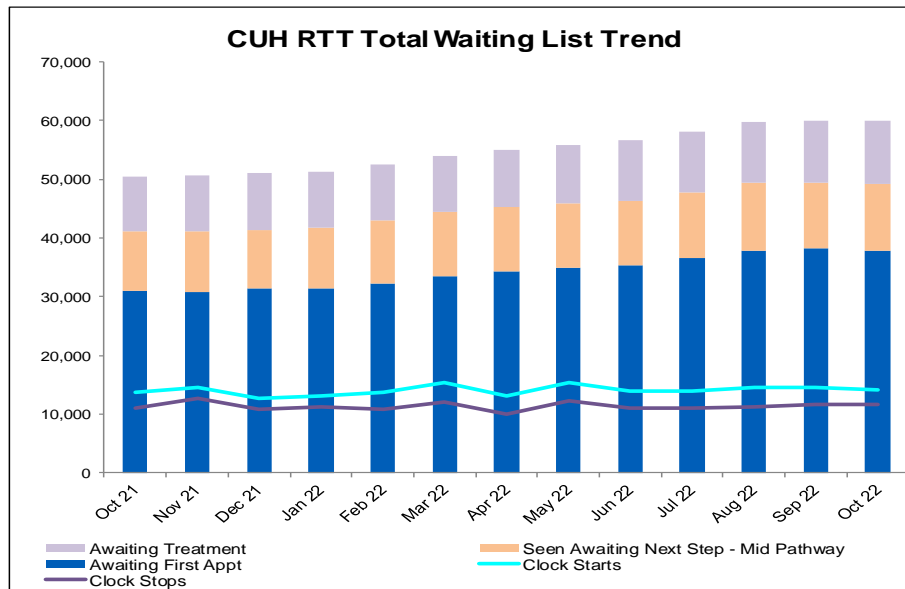
Fit Testing compliance for substantive staff

Fit Testing compliance for substantive staff

Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	6	5	83%	-	-	-	129	85	66%	1	1	100%	-	-	-	-	-	-	136	91	67%
Additional Clinical Services	8	7	88%	170	99	58%	59	35	59%	96	62	65%	70	39	56%	61	32	52%	464	274	59%
Allied Health Professionals	-	-	-	52	16	31%	115	54	47%	1	0	0%	-	-	-	1	1	100%	169	71	42%
Estates and Ancillary (Porters and Security Personnel only)	53	52	98%	2	1	50%	-	-	-	-	-	-	-	-	-	-	-	-	56	53	95%
Medical and Dental	-	-	-	87	45	52%	50	30	60%	146	94	64%	65	34	52%	80	52	65%	428	255	60%
Nursing and Midwifery Registered	-	-	-	497	317	64%	27	12	44%	220	141	64%	144	96	67%	259	166	64%	1147	732	64%
Total	67	64	96%	808	478	59%	380	216	57%	464	298	64%	279	169	61%	401	251	63%	2400	1476	62%

The data displayed is at 22/11/22. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirect, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood. Security and Access agency staff are not deployed to 'red' areas inline with local policy.

Referral To Treatment - (RTT)



National Targets

The Operational Planning requirements 2022/23 for the Referral to Treatment (RTT) waiting list require us to:-

- eliminate waits over 104 weeks by 1st July 2022 and maintain this position throughout 2022/23 (except where patients choose to wait longer)
- eliminate waits over 78 weeks by April 2023

In October the total waiting list size reduced for the first month since July 2020, a drop of just 30 to 59,930. Our Month 7 planning submission had forecast growth to 53,208 so we are now 12.6% higher than plan. Compared to pre-pandemic the waiting list has grown by 76%.

The number of patients joining the RTT waiting list (clock starts) were down by 2% on last month, but were 2.8% higher than October 2019. We had forecast continued referral growth of 2.3% above 2019 baseline and cumulatively year to date we are now 4% above planned levels. Clock starts (referrals) represented 24% of the total waiting list size in the month. Patients waiting to commence their first pathway step accounted for 63% of the total. The highest demand growth was seen in Colorectal, ENT, Urology and Allergy which were 45% of the total growth compared to the baseline month.

The number of RTT treatments (stops) delivered in October were equal to the prior month, and represented 93.6% compared to October 2019. Non-admitted stops were 95.6% of baseline, and admitted stops were 86.8% of baseline. Total treatments were 10% below our submitted plan for October, and are cumulatively 10% below plan year to date. Together with the contribution from validations, total removals are cumulatively 4.8% below plan. The clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) remained stable at 21 weeks. The 92nd percentile total waiting time reduced to 50 weeks.

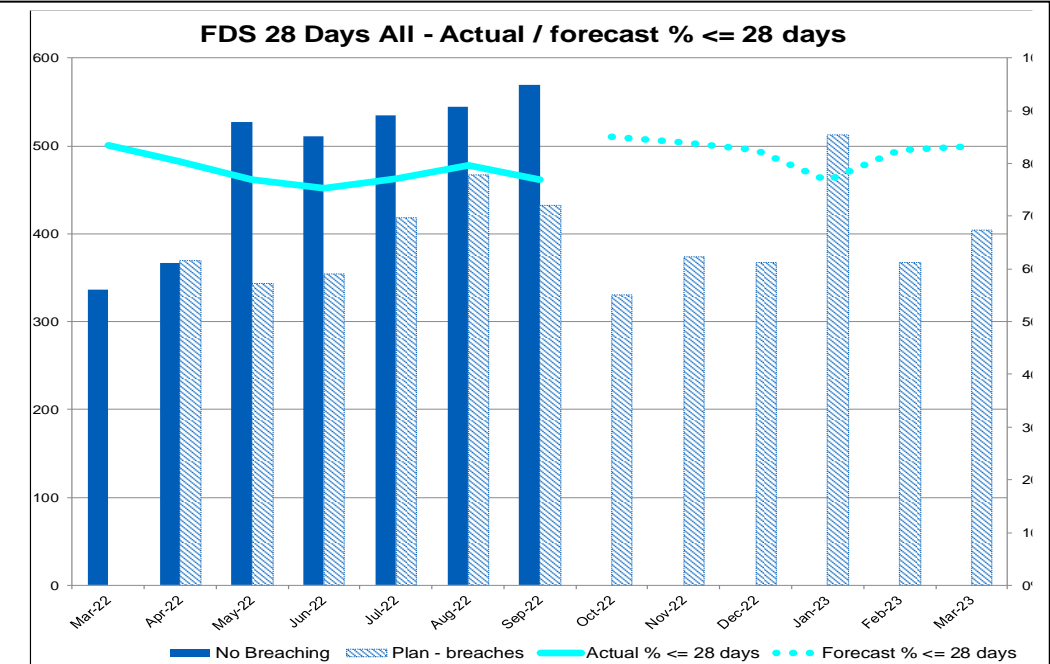
The volume of patients waiting over 52 weeks reduced for the second month by 4.8% to 4,334. The last reported National figures show a 4% growth. 1219 patients in total were treated who had waited over a year which was 10.5% of treatments. The specialties with the highest volumes over 52 weeks remain OMFS, ENT, Cardiology and Rheumatology and all reduced in October. Only Ophthalmology had a material increase in waits over 52 weeks of 46 in month.

The volume of patients waiting over 78 weeks was stable at the end of October at 362. Divisions are working with a step down plan to reduce maximum waits by 2 weeks per month through to year end. The current rate of reduction of the total cohort is now 598 ahead of trajectory to deliver the requirement to eliminate 78 week waits by April 2023. We are also tracking twelve individual specialty trajectories for our Tier 2 recovery monitoring meeting. Mutual Aid support via the Regional and National process had been requested for Thyroid surgery within ENT which resulted in approval for enhanced Independent Sector capacity which is now being sought. Mutual aid within the ICS for Cardiology is still vital but not yet resulting in the offer of capacity required.

Waits over 104 weeks reduced to one at the end of October as forecast. Six EoE Trusts reported higher >104 weeks in October. We currently expect two patient choice breaches for November in ENT.

Nationally the RTT waiting list continues to rise, reaching 7.07 million in September 2022 with 5.7% of patients waiting over 52 weeks. CUH had 7.6% over 52 weeks which was 3rd highest of the 14 Acute Trusts in EoE. At 13.5% over 52 weeks, Norfolk and Norwich remains the greatest challenge in the Region followed by E&N Herts at 8.1%. We remain third highest amongst the Shelford Group with Birmingham the most challenged

Cancer Standards 22/23	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Qtr 3 - 21/22	Qtr 4 - 21/22	Qtr 1 - 22/23	Jul-22	Aug-22	Sep-22	Qtr 2 - 22/23
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	78.9%	83.3%	75.4%	78.9%	70.8%	75.2%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	35.5%	55.1%	66.7%	31.0%	8.5%	32.1%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	94.3%	91.0%	91.4%	89.6%	88.4%	89.9%
31 Day Subs (Anti Cancer) (98%)	98%	98.8%	99.7%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	99.7%
31 Day Subs (Radiotherapy) (94%)	94%	94.9%	99.1%	98.3%	93.7%	85.1%	95.0%	89.3%	80.3%	88.2%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	89.0%	82.9%	68.8%	73.1%	66.2%	69.7%
31 Day - Combined	96%				94.2%	89.3%	91.7%	88.7%	85.6%	88.7%
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	81.3%	78.0%	78.3%	80.3%	77.9%	78.9%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	94.6%	96.6%	97.7%	98.2%	83.1%	92.4%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	64.5%	64.6%	58.5%	67.3%	63.7%	63.4%
FDS - Combined	75%				80.6%	77.4%	77.1%	79.7%	77.0%	78.0%
62 Day from Urgent Referral with reallocations (85%)	85%	75.4%	75.1%	73.2%	73.0%	73.2%	71.5%	72.0%	67.0%	70.3%
62 Day from Screening Referral with reallocations (90%)	90%	68.6%	55.0%	68.9%	61.4%	53.8%	55.6%	52.3%	62.5%	55.9%
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	51.2%	74.2%	62.9%	50.0%	100.0%	66.7%	68.2%
62 Day Reallocations - Combined	85%				67.7%	70.7%	68.5%	68.9%	66.5%	68.0%



The latest nationally reported Cancer waiting times performance is for September 2022.

The Cancer Waiting Time standards are currently out for consultation Nationally with a view to being consolidated into three combined standards: Faster Diagnosis within 28 days; Referral to Treatment within 62 days; and Decision to Treat to Treatment within 31 days. The combined standard performance is reflected in the table above in preparation for this.

The volume of 2ww patients seen in September 2022 was 3.2% higher than in September 2019, the baseline year. 2ww breaches increased to 617 in September leading to performance of 70.8%. 76% were capacity related. Breast 2ww remain the site with the majority of breaches at 52% , with Skin breach volumes at 29%. The breaches that were due to capacity reflected an increased average wait of 21 days for Breast but much longer at 30 days for Skin. The National 2WW performance was higher at 72.5%. For symptomatic breast referrals our performance was well below National at 8.47% compared to 67.7%, with the service clinically prioritising the suspected cancer referrals.

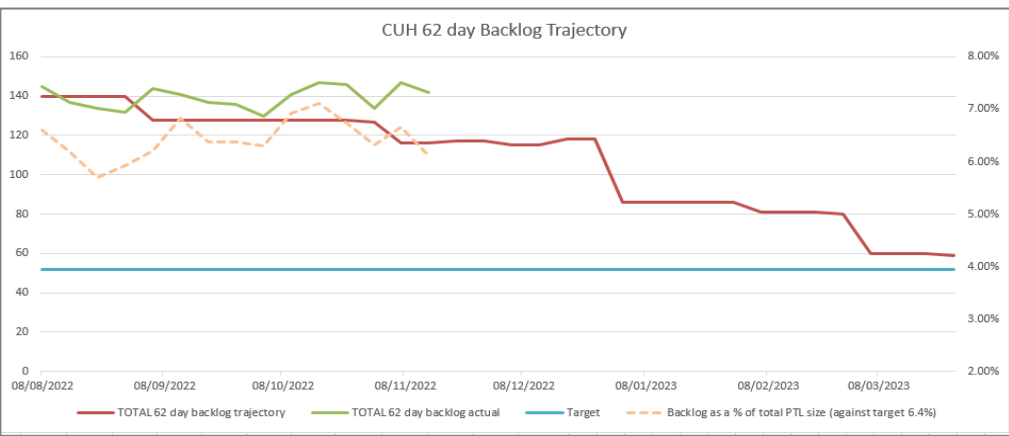
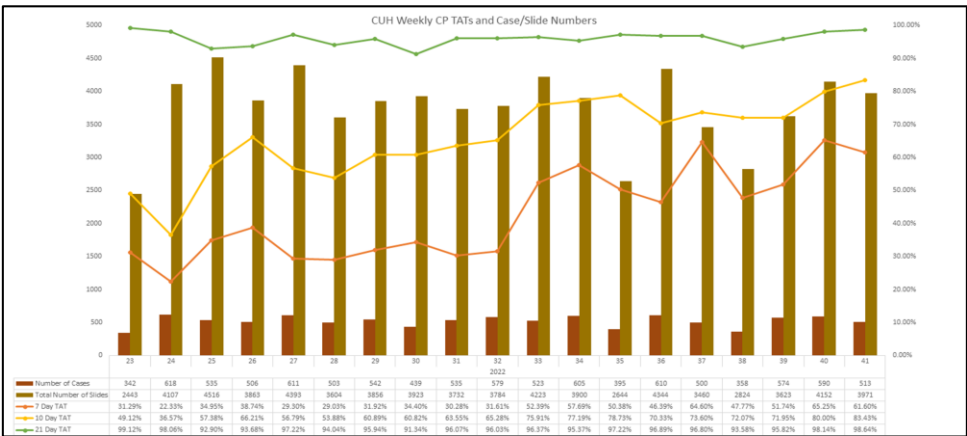
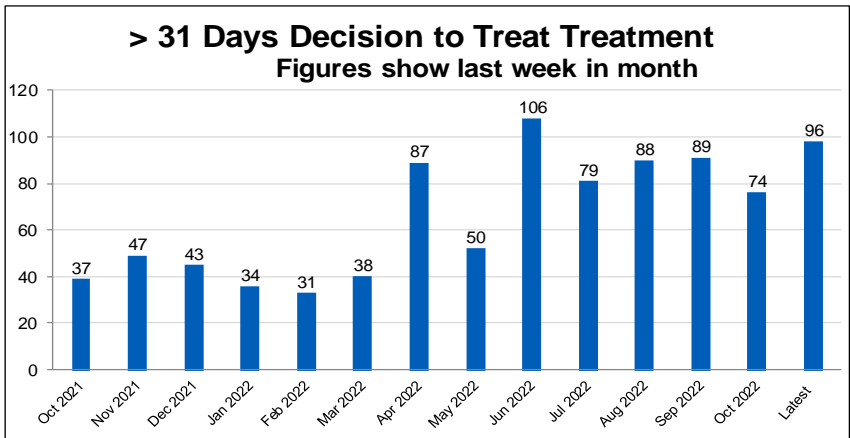
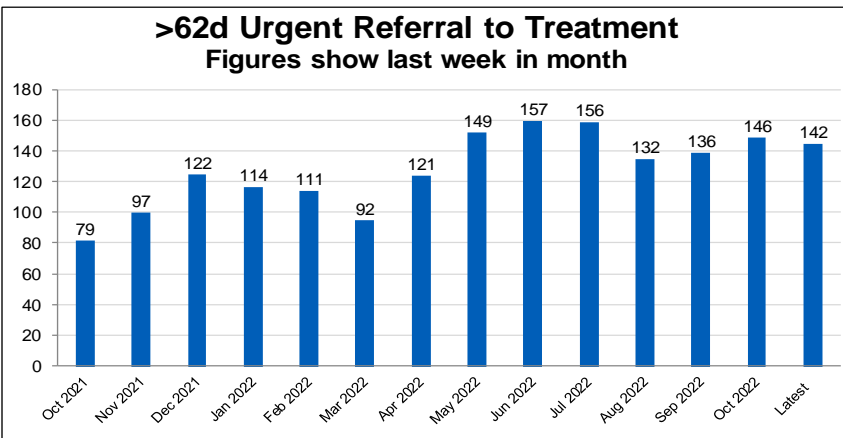
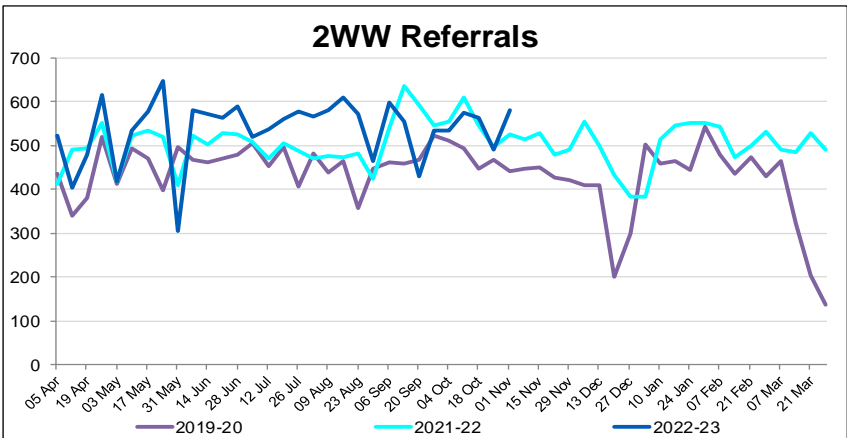
Our combined performance on the Faster Diagnosis standard within 28 days remains ahead of target at 77.0%. National average is 69.5% for FDS.

The 62 day Urgent standard performance declined in September to 67.0%. This remained ahead of performance Nationally of 60.49%. There were 55.5 accountable breaches of which 39 were CUH only pathways. Of the total breaches 26.5 of these delays were provider initiated delays, within which 10 were in the diagnostic phase . 17 were due to late referrals of which 8 were treated within 24 days of transfer. Complex pathways requiring multiple diagnostic tests were high this month with 12 breaches. Breaches spanned 10 cancer sites, with the highest volumes by site being Urology with 14.5, then breast with 8.5, and Skin and Gynaecology all with 6.5. The 62 day screening standard incurred 9.5 breaches this month, between Breast and Lower GI. Performance was 56.8% compared to higher National performance at 68.5%. 31% were due to CUH related delays/capacity with 26.3% with patient related delays predominantly in Breast.

The 31 day FDT standard deteriorated in September to 88.4%, and remained below National at 91.0%. The subsequent surgery standard deteriorated to 66.2% against National of 80.6%. Elective capacity accounted for 83% of those exceeding 31 days, and Urology capacity specifically accounted for 26% of the breaches. The subsequent radiotherapy performance remained below standard in September to 80.3% due to capacity. The CT replacement coupled with workforce gaps leads to a reliance on additional hours which were not sufficient to recover from the delays experienced in the peak holiday month. 34 pathways waited >104 days for treatment in September. 27 were shared pathways with the highest volume from a single Trust being NWAFT with twelve. Seven CUH pathways exceeded 104 days across Breast, LGI and Urology. Capacity delays and Complex diagnostic delays were the reasons. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust and to date harm has been classified as 'moderate' on two pathways which will be reviewed at the trust harm review panel, all other pathways were classed as 'no harm' or 'low harm' with one review outstanding.

Cancer

National Targets



Current position

Over the past four weeks 2WW suspected cancer referral demand reduced to 103.2% compared to the same baseline period in 2019. 2ww breaches are expected to remain high in October and November with a gradual reduction in breaches from November. Average waits for those exceeding 2 weeks have reached 25 days for Breast and 33 days for Skin. The last remaining post to recruit for the Breast service expansion commenced on 15th November and this has facilitated an increase in capacity of 69 slots per week. This should support recovery back to 14 days by the end of the calendar year. Prior to this final role commencing, we have offered mutual aid to NWAFT Breast service for three weeks by providing diagnostic ultrasound capacity as they have a significant shortfall in this capacity in their Breast pathway. NWAFT now are in Tier 1 for National oversight of their cancer recovery. This mutual aid has now ceased as all patients have received their ultrasounds. CUH and NWAFT have an agreed breast 2WW recovery plan which will see improved performance from January 2023.

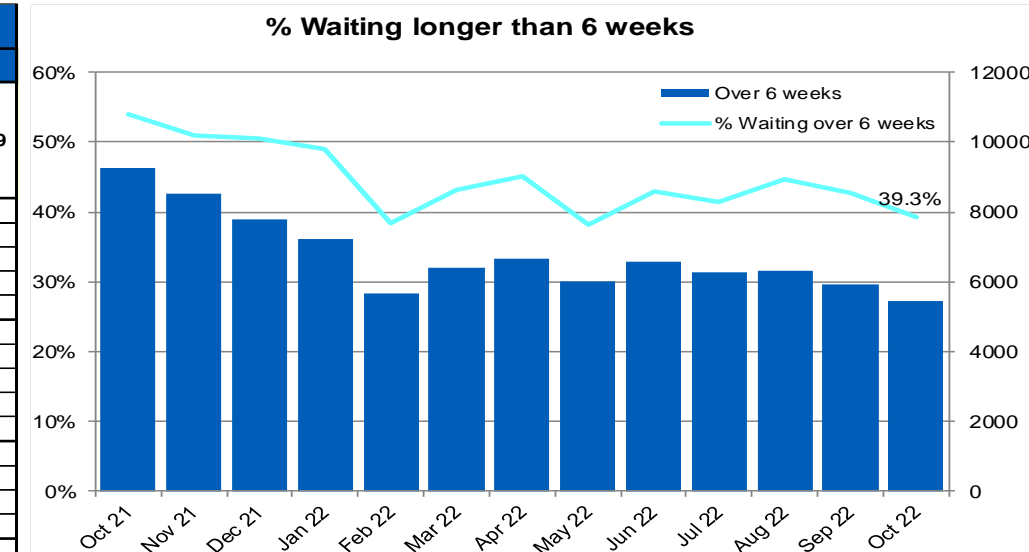
We are monitoring the number of patients waiting longer than 62 days from referral to treatment against our recovery trajectory submitted to the Cancer Alliance. The backlog > 62 days has decreased to 142 but is 26 behind trajectory. Representing 6.1% of the total cancer waiting list over 62 days, this is still the best performing in the EoE Region. The highest variances from plan are in Skin and Urology. We are closely monitoring the actions in Skin through the Operational Taskforce and Divisional Executive meetings given this pathway is entirely within CUH control. 56% of the 62 day backlog are CUH only pathways, of which Skin are 36%, Head & Neck 15%, Urology has reduced to 11%. Of the Inter Trust backlog, 58% is Urology, 80% of their total.

We have seen a deterioration in the histology 7 day turn around times down to 32% at its lowest in the last 4 weeks, the position has improved slightly to 39%.

The number of patients waiting over 31 days for treatment has increased to 96 from 70 last month. 73% are booked for treatment. Skin account for 39% of the delays across both Dermatology and Plastics. Urology account for 20% with an equal split across prostate and kidney, all due to surgical capacity. Breast have reduced to 11% from 26% of the delays which are due to surgical capacity. Medical workforce gaps in Urology are impacting on the service with the position deteriorating from last month, locum resource is being sought. HPB continue with delays to surgery but this is on an improving trend. Both services have been asked to consider seeking mutual aid if we do not think we can resolve the current backlog levels for surgery.

Diagnostics

Change from previous month:		Oct-22								
		Waiting List					Scheduled Activity		Total Activity	
		Total Waiting List	Variance from Feb 2020	% > 6 weeks	Mean wait in weeks		Scheduled Activity	Variance from Oct-19 Baseline	Total Activity	Variance from Oct-19 Baseline
Imaging	Magnetic Resonance Imaging	2943	1962	50%	41.5%	8	2877	132.9%	3304	130.8%
	Computed Tomography	1886	1038	82%	42.8%	8	3035	120.5%	6209	125.9%
	Non-obstetric ultrasound	3842	1876	105%	43.5%	7	3210	102.9%	3895	101.5%
	Barium Enema	37	31	19%	18.9%	4	34	84.6%	36	89.6%
	DEXA Scan	598	648	-8%	12.5%	4	598	111.2%	599	109.2%
Physiological Measurement	Audiology	624	338	85%	39.6%	6	419	90.0%	419	90.0%
	Echocardiography	2004	967	107%	58.0%	12	1381	115.0%	1800	121.6%
	Neurophysiology	138	269	-49%	2.9%	2	235	73.3%	245	73.1%
	Respiratory physiology	71	24	196%	64.8%	10	26	123.8%	26	118.7%
	Urodynamics	269	93	189%	63.9%	11	21	40.4%	21	40.4%
Endoscopy	Colonoscopy	542	539	1%	0.0%	2	464	128.0%	473	124.2%
	Flexi sigmoidoscopy	116	106	9%	0.9%	2	78	115.4%	98	95.8%
	Cystoscopy	187	236	-21%	3.2%	3	359	96.4%	370	96.9%
	Gastroscopy	570	581	-2%	2.5%	3	570	101.0%	627	99.2%
	Total Diagnostic Waiting List	13827	8708	59%	39.3%	7	13307	112.7%	18122	115.2%



The Planning guidance for 2022/23 requires Systems to increase diagnostic activity to a minimum of 120% of pre-pandemic levels. This would include community diagnostic activity as well as that delivered in the Acute hospital setting. Recovery of 6ww performance is required to be <5% by March 2025. Five diagnostic modalities are achieving <5% in October.

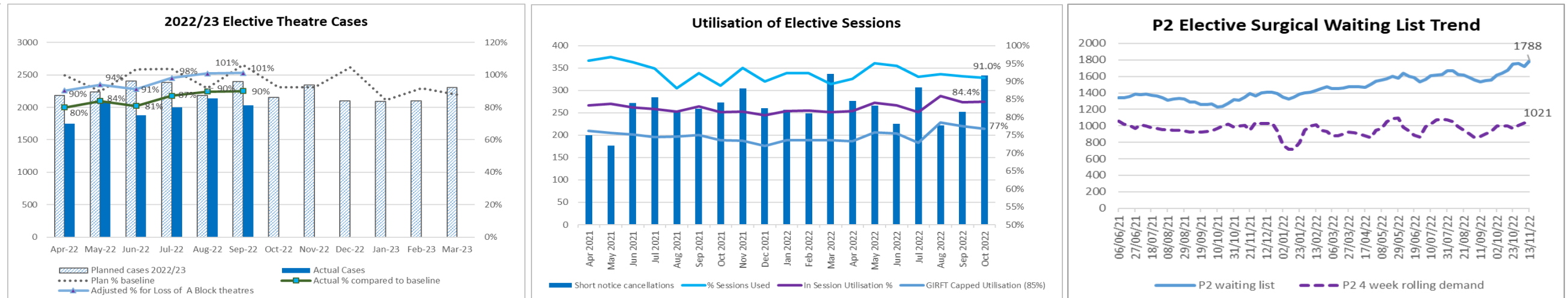
Total diagnostic activity in October delivered to 115% of October 2019 baseline. Scheduled activity only, which addresses our waiting list, delivered 113% this month. The total waiting list size reduced by 54 to 13,827, and the volume of patients waiting over 6 weeks decreased by 501 this month so the > 6 weeks performance improved to 39.3%. The Mean waiting time was stable at 7 weeks. Nationally published data for September 2022 shows National performance of 29.8%. From a Regional perspective of the 14 Acute Trusts in EoE, CUH were ranked 11/14 with Kings Lynn, E&N Herts and now NWAFT having a slower recovery rate.

Imaging activity overall achieved above baseline levels for total activity and scheduled activity at 118% and 116% respectively. The waiting list increased by 2, with increases in Ultrasound and Dexa detracting from the improvement in CT and MRI

- **CT** reduced their long waits over 6 weeks by 106 in month leading to a 2.3% improvement in performance. The total waiting list, whilst still improving remains ~850 above baseline. CUH will have access to the CT mobile based at NWAFT for 3 weeks in December and then the ICS needs to make decisions about how this capacity is funded and transitions into the CDC. Cardiac CT represents nearly 50% of the CT volume over 6 weeks. The System is looking to get a specialist cardiac CT to support this backlog clearance but it would require relinquishing space from another mobile pad site. Positively the service has offered six posts from recent interviews which will support capacity towards the end of the financial year. CUH CT is ranked 13/14 for recovery of 6ww performance in the Region with only East & North Herts further behind.
- **MRI** reduced the longest waits > 6 weeks by 182 leading to a 5% improvement in performance. The service is still nearly 1000 above baseline but is tracking well against trajectory to recover at the end of January. Underachievement of activity in the mobile scanner based at NWAFT continues and the extension of this contract is under negotiation within the ICS. Additional capacity will still be required to mitigate the next MRI replacement in Feb 2023. CUH MRI % recovery remains 12/14 in the Region after E&N Herts and Kings Lynn.
- **Dexa** have recovered their total waiting list to baseline levels, but had 75 patients > 6 weeks so their long wait performance deteriorated to 12.5% in month.
- **Ultrasound** total waiting list grew in October but the volume over 6 weeks reduced by 217 giving a 7.9% improvement in performance. 80-100 Direct Access referrals per week are still coming to CUH which are suitable for the community provider and community capacity remains underutilised. An agency Sonographer in place to help due to high sickness and vacancies within the department. Ultrasound recovery is particularly challenging in our ICS with CUH then NWAFT now being the slowest to recover in the Region.

Physiological measurement saw a waiting list reduction of 35 in October within which Echocardiography increased by 49. Activity across the group was 106% of baseline. Following the slippage in activity in Echocardiography due to equipment faults in August and September, funding has been agreed for additional actions to achieve recovery in April 2023. These actions for further outsourcing and extending current insourcing arrangements still need to be finalised and operationalised. Recruitment is underway to the new posts in the workforce plan but there is risk due to difficulties with R&R in this staff group. Phase 1 posts are now in offer stage and phase 2 posts recruitment begins in November. We are now ranked 9/14 for recovery across the EoE with James Paget and Bedford still having over 70% of patient waiting over 6 weeks.

All **Endoscopy** modalities achieved < 5% over 6 weeks in October.



Compared to 2019 baseline, Elective theatre activity in October reduced to 84%. Taking account of the loss of the A Block theatres from our capacity, this would bring the performance up to 95 %. Our plan for October 2022 was to deliver 92% of baseline so we fell short by 193 operations.

- Productivity in October was 91% of sessions used against our aim of 95%. 37/98 unused sessions were during the half term week and across the month 60% of those not used were due to Surgeon leave. 37% of those unused were in Ely and 25% were in Ophthalmology. The Surgical Programme Board has therefore debated leave allocation rules and how they are being overseen in Specialties. The ability of teams to cross cover leave may also be being impacted by appetite to undertake additional sessions compared to the baseline year.
- In-session utilisation dropped to 84.4% against our internal aim of 90%. Against the GIRFT Capped Utilisation metric our performance was again 77% in October against the required 85%. For the Main and ATC theatres, the use of DSU as inpatient contingency brings inherent delays in starts. Staffing is being regularly reviewed and configured to cope with both demands.
- Short notice cancellations in elective sessions increased in October to 333 cases. This equated to 580 hours of theatre time. 19% of cancellations were for clinical reasons. 13% were due to staff unavailability and 12% due to bed capacity. A further 11% were due to boiler failure and anaesthetic machine failure at Ely DSU.
- Ely in-session utilisation dropped to the lowest this year at 80.5%, and very low on the GIRFT Capped Utilisation measure at 63%.
- On the background of very low session uptake (70%), the Cambridge Eye Unit did show an improvement in in-session utilisation to 78.2%. Capped utilisation still down at 66%. This is a focus of Surgery Programme Board and Division D to demonstrate improvement. If we cannot demonstrate the facility can be used more effectively by Ophthalmology, other specialties will be considered.
- The weekend elective activity shows only nine cases undertaken by ENT and Urology.

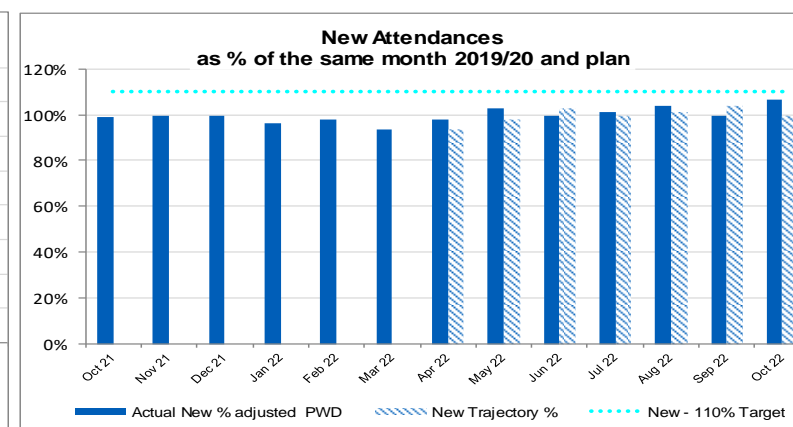
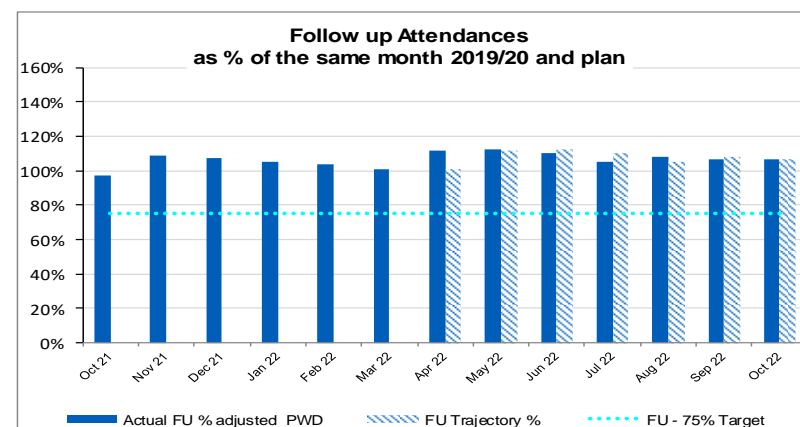
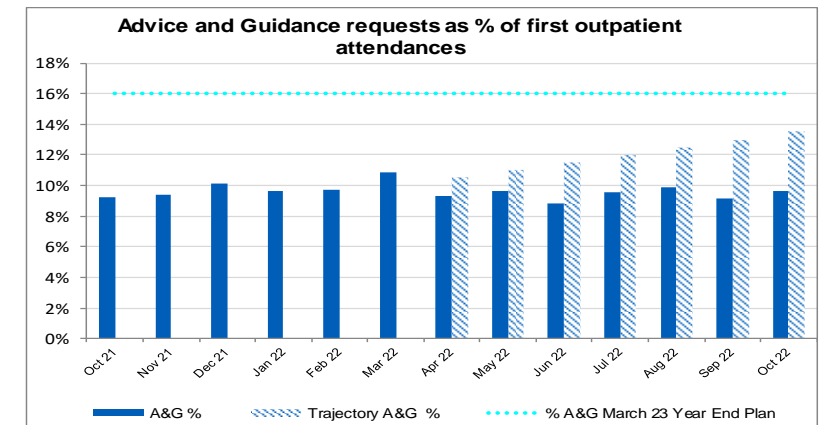
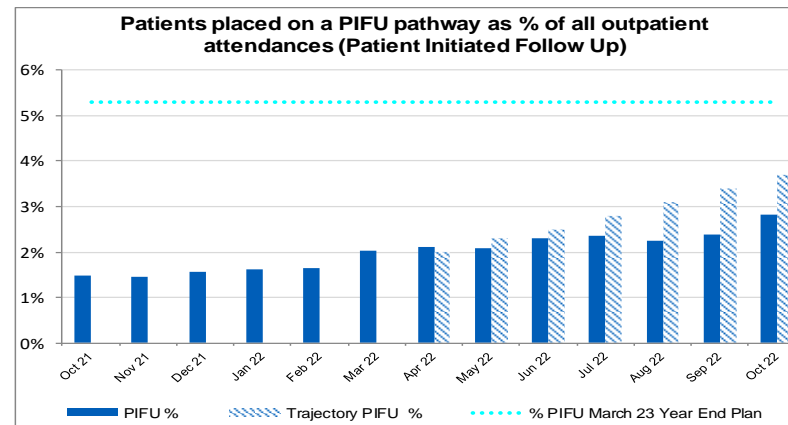
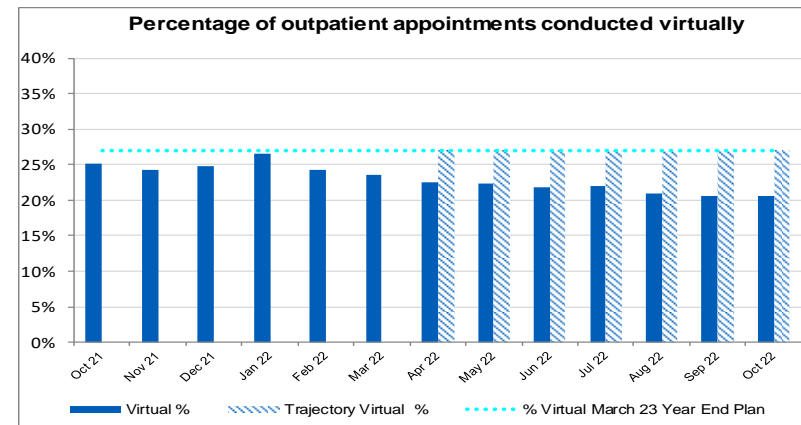
The number of P2 patients awaiting surgery has increased by a further 6% from last month to 1,788. The highest increase has been in Paediatric Surgery and 2/3rds of the increase are re-stratified cases in the past month. The four week rolling demand is up by 2.3%. The volume waiting over 4 weeks has increased by 13 over the past month to 945.

The Surgery Programme Board meets fortnightly with clinical engagement from across the HVLC specialties and monitors improvements against the GIRFT recommendations.

- A further GIRFT HVLC visit to our ICS is planned for the 1st December with Professor Tim Briggs, National Clinical Director for Elective Recovery in attendance.
- GIRFT will be particularly interested to hear our progress with Orthopaedic GIRFT metrics where we benchmark poorly. Professor Andrew McCaskie is leading the work at CUH, and new clinical pathways are being established extracting the learning from multi professional site visits to Exeter and Northumbria. Nine HVLC joint replacement lists have been undertaken and average length of stay has reduced to 3.1 days. Across the ICS we are also working jointly with NWAFT on a uni-compartmental day case pathway.
- The Trust day case rate has steadily increased and we have identified in our local data that in reality we are delivering the aim for 85% of BADS procedures as a 0 LOS. Specific improvement is still being focused on Lap Choles, Adult tonsillectomy and Ureteroscopy where we benchmark less well.
- A review has been undertaken with Infection Control on the requirements for MRSA screening pre-operatively which was a barrier to implementing telephone pre-assessment. New criteria will support ability to grow POA capacity which is under pressure due to vacancies. We are also exploring digital opportunities.
- Right Procedure Right Place is a GIRFT initiative to support theatres being released where activity could be undertaken in an alternative setting. We already have pre-existing outpatient procedures pathways in

Outpatients

Operational Performance



In October outpatients delivered 106.6% new activity against baseline which has been adjusted for working days per month. This is up on previous months and is the closest we have come to our 110% target. It is essential we continue to perform above 100% to reduce backlogs. Follow-up numbers performed above baseline at 107%, this figure is also adjusted for working days per month. Divisions continue to work on how to further balance existing capacity by doing fewer follow ups and more new appointments. Change ideas being tested to achieve this include 'patient not present' reviews, e.g. within Rheumatology; pathway redesign to reduce follow ups e.g. Endometriosis; and analysis of different types of follow ups, e.g. in Oncology, to determine which follow ups require procedures/treatment and where true opportunity lies for reduction.

PIFU numbers have increased slightly to 2.8%. Although this is a significant increase on last month this is still below trajectory. Divisions are encouraged to use monthly data provided by Improvement and Transformation to review PIFU usage at specialty and consultant level, and target action accordingly. A new NHSE data opportunity tool enables specialties to compare their PIFU rates with those in other Trusts. Several specialties are focusing on increasing PIFUs as part of pathway redesign. Gynaecology are now moving the majority of DNA patients onto a PIFU.

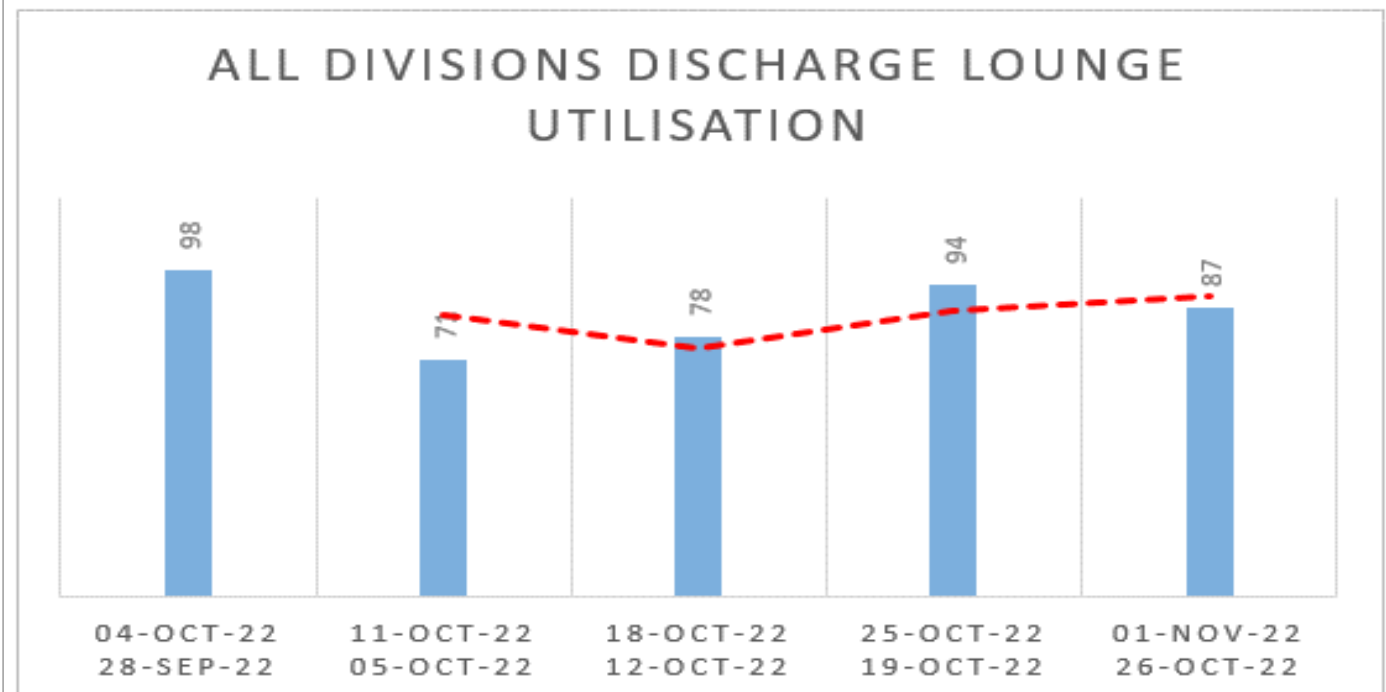
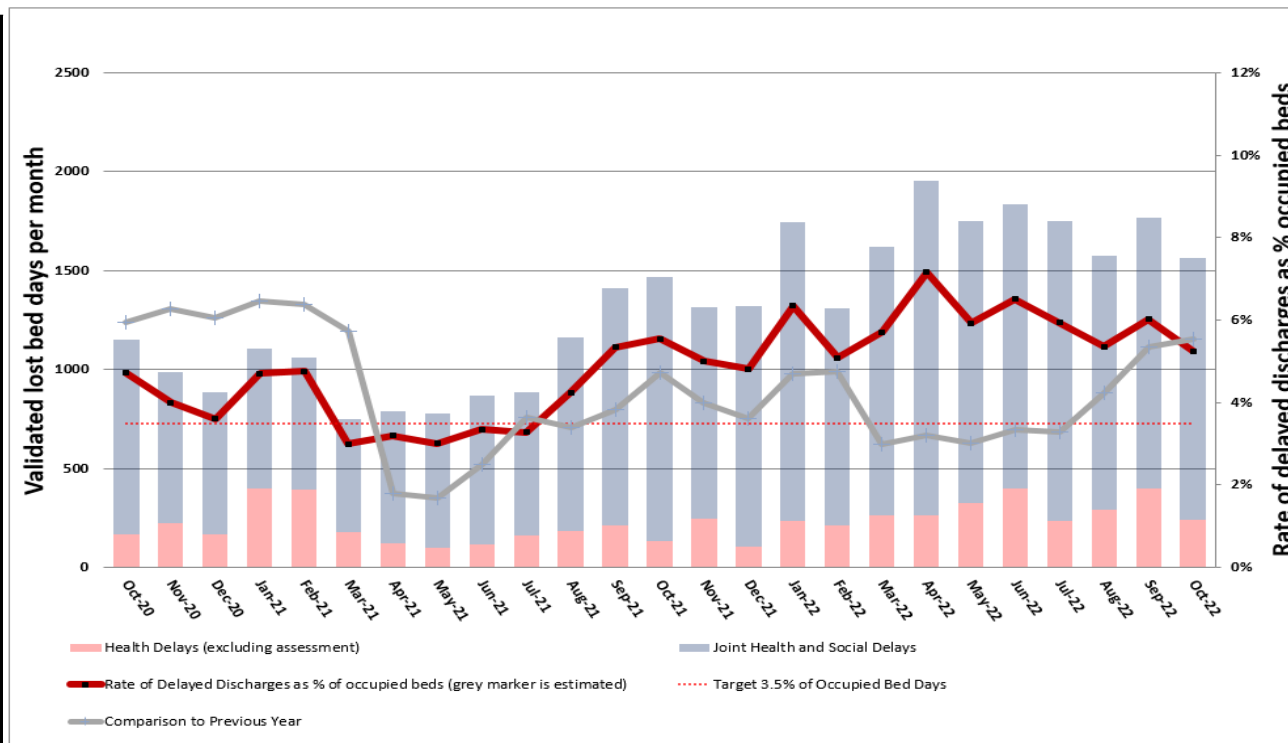
The Trust is not achieving the 16% target for Advice and Guidance, in October achieving only 9%. Currently in our external reporting for outpatient attendances Diagnostic Imaging activity is included. As this is recorded as new activity it adversely affects the reported A&G% performance pushing our numbers down. When removed our number is much closer to 16%. We are continuing to work with the ICS and national teams on how to resolve this issue in a consistent way.

Virtual consultations continue to fall which is disappointing considering how well we performed last year. Again we are looking at ways to improve this by approaching services with low use of virtual clinics to see which parts of their patient cohort are appropriate to be seen virtually.

The new National GIRFT Guidance on Outpatients which is a really helpful resource, with many more resource links within it to even more detailed specialty level support.

Delayed Discharges

Operational Performance



The Hospital Discharge Service Requirements guidance was last updated on September 2022. For this October data, you will see above 2 graphs.

The graph on the left looks at the overall lost bed days for the month, spanning back over the previous 12 months (similar to the previous integrated performance reports). The graph on the right looks at average number of complex and simple discharges per day, with average weekend discharges (% from week day discharges) and average discharges before noon (for the month).

For October 2022, we are reporting 5.5%, which is a decrease of 0.5% from the previous reporting month (a decrease of 200 lost bed days).

Within the 5.5%, 60% were attributable to Cambridgeshire and Peterborough ICB, and the remainder across a further 8 ICB's. *Please note that we have referred to delays per CCG instead of Local Authority.*

In relation to lost bed days for Cambridgeshire and Peterborough overall for October (936) this has been a decrease in overall lost bed days from September (1074) which equates to a 12% decrease in the last month.

For out of county patients, we continue to see a sustained elevated number of ICBs that our patients are from and waiting care provision with the overall lost bed days associated for out of area ICBs at 629. There has not been any significant changes over the last month

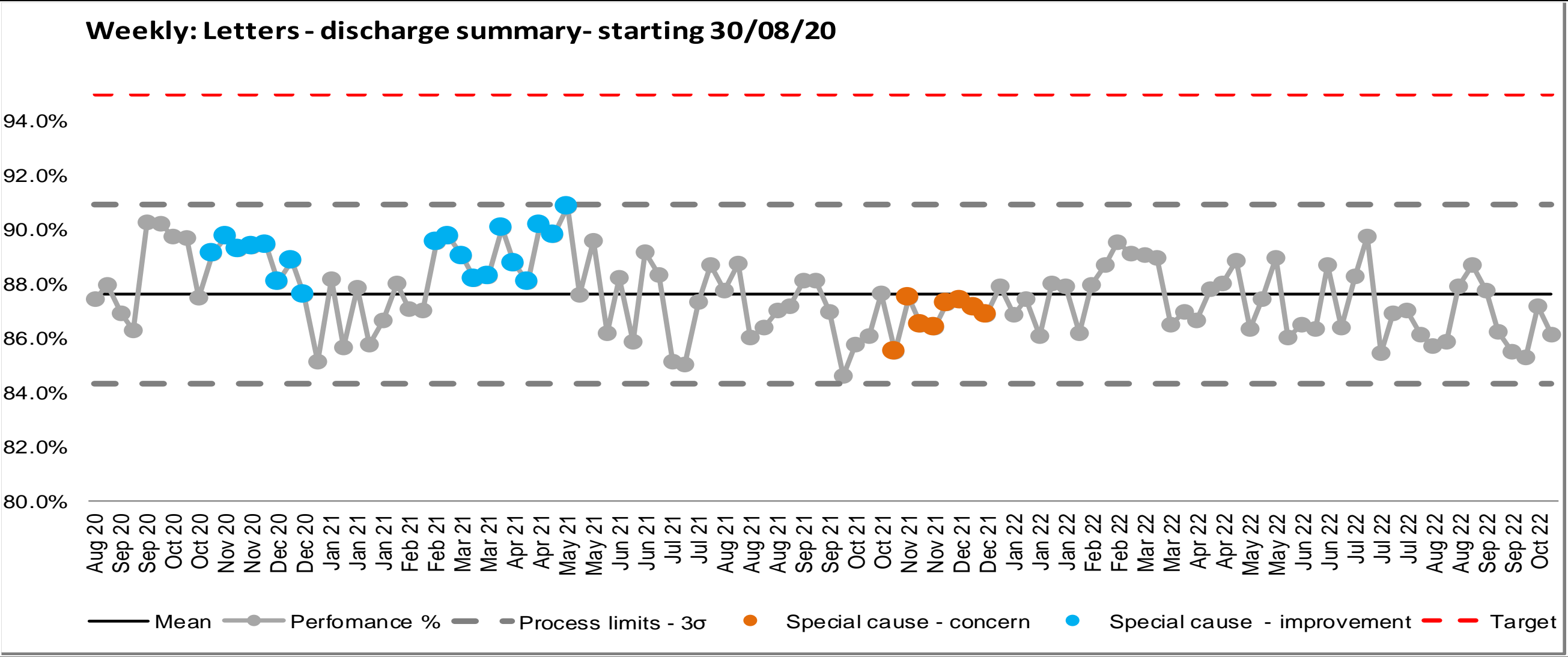
For the total delays (local and 'out of area') within August for Care Homes were 47% equating to 734 lost bed days for this counting period (a 12% decrease from September); domiciliary care (inclusive of Pathway 1 and Pathway 3) at 31% of the total lost bed days for the month, at 495, a 12.5% increase from September.

For community bedded intermediate care (inclusive of waits for national specialist rehabilitation units), the overall lost bed days is currently at 213, of which 58% are out of county. Locally, this number is largely reflective of the specialist rehabilitation unit delays with minimal lost bed days associated with community hospital rehabilitation

The national hospital discharge funding ceased in March 2022 and there has been a noticeable increase in delays for patients awaiting care provision post discharge, and an increase in lost bed days associated with patients self-funding their care post discharge. Potential solutions are currently being explored ahead of Winter to support patients and/or relatives with sourcing their own care.

Discharge Summaries

Operational Performance



Discharge summaries











The importance of discharge summaries has been raised repeatedly with clinical staff of all grades and is included at induction.

The ongoing performance of each clinical team can be readily seen through an Epic report available to all staff

The clinical leaders have been repeatedly challenged over performance in their areas of responsibility at CD/ DD meetings and within Divisional Performance meetings

Patient Experience - Friends & Family Test (FFT)

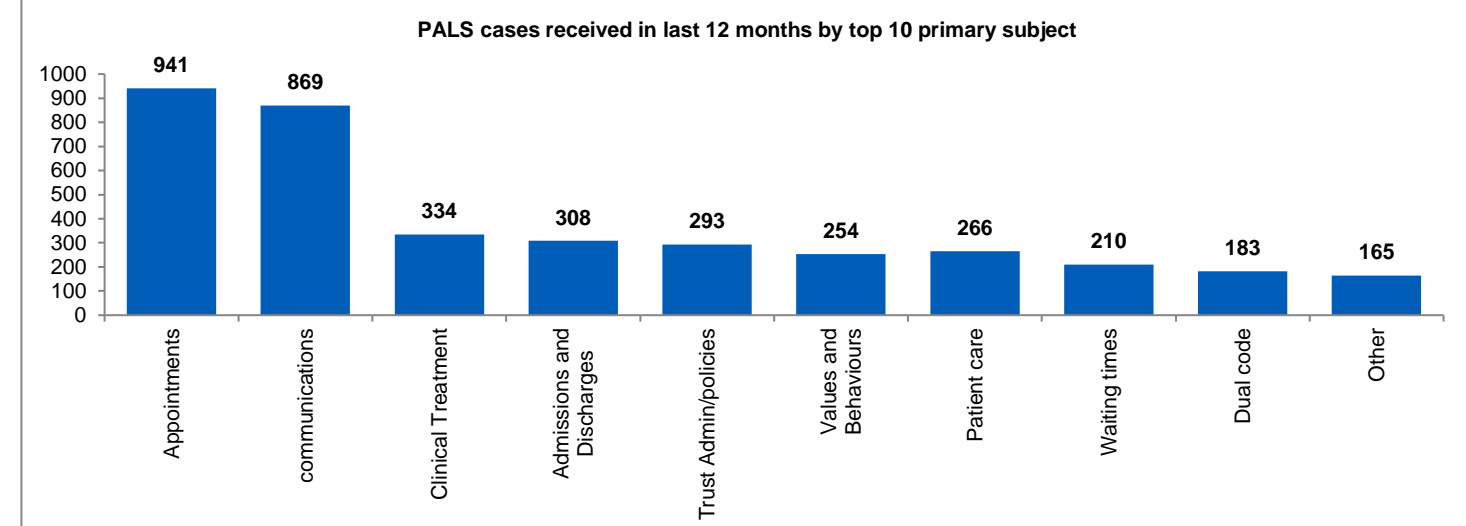
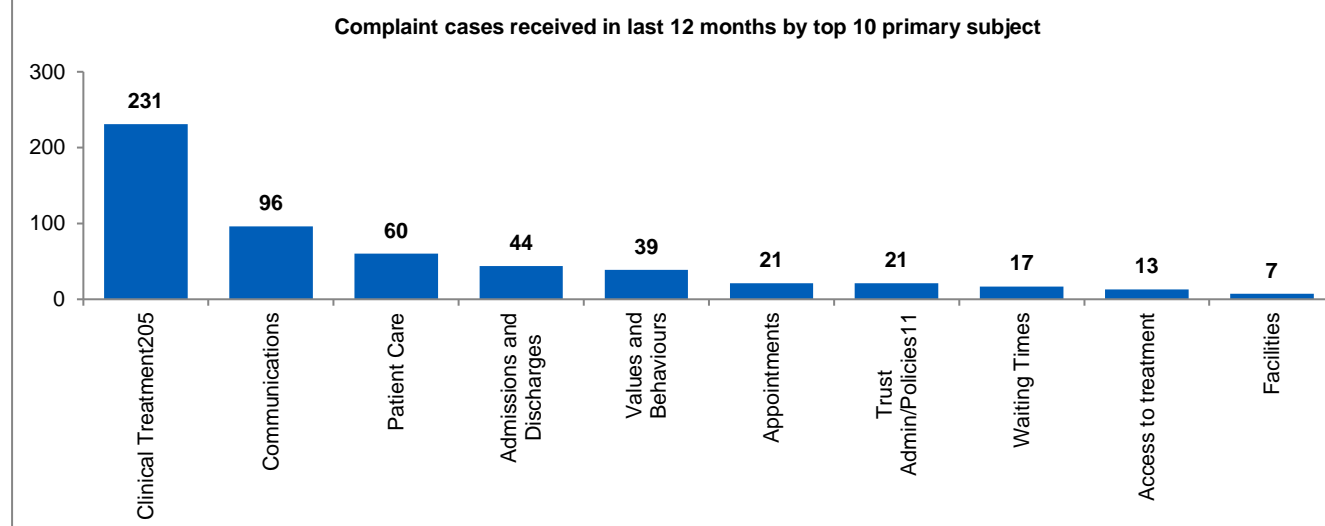
The good experience and poor experience indicators omit neutral responses.

Patient Experience	Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
	FFT Inpatient good experience score	Jul 20 - Oct 22	Month	-	95.2%	95.8%		-	-	For October there was no significant change in the Good Score, or in the Poor score., the Good score remained about the same as September score of 95.6%. The Poor score in September was 2% and is 2.4% for October. The number of October FFT responses was 120 less than September and is the lowest number of FFT collected for the year. Pre pandemic # of FFT responses is 850-950. FOR OCT: there were 289 FFT responses collected from approx. 4,294 patients.
	FFT Inpatient poor experience score	Jul 20 - Oct 22	Month	-	2.4%	1.5%		-	-	
	FFT Outpatients good experience score	Apr 20 - Oct 22	Month	-	93.3%	95.2%		SP	-	For October, both the Good score and Poor score remained the same compared to September. The Poor score is still 3.3% and is the highest score since last year. There were 11 FFT responses collected from paediatric clinics so the FFT scores mainly reflect adult clinics. FOR OCT: there were 5,424 FFT responses collected from approx. 23,451 patients.
	FFT Outpatients poor experience score	Apr 20 - Oct 22	Month	-	3.3%	2.3%		SP	-	
	FFT Day Case good experience score	Apr 20 - Oct 22	Month	-	94.7%	96.6%		SP	-	For October, the Good score remained the same compared to September and is 94.7%. The Poor score had a 0.5% decrease compared to September score of 2.6%. FOR OCT: there were 1086 FFT responses collected from approx. 3,275 patients.
	FFT Day Case poor experience score	Apr 20 - Oct 22	Month	-	2.1%	1.7%		-	-	
	FFT Emergency Department good experience score	Apr 20 - Oct 22	Month	-	70.6%	84.7%		SP	-	For October the Good score decreased by 5% compared to September. This score of 70.6% is similar to July score, both are the lowest for the year. The Poor score increased by 4% compared to September and is now the highest for the year. It is mainly Adult FFT scores that impacted the overall data. Paeds FFT compared to Sep; Good score 82.1% remained the same/ 3% improvement in 7.4% Poor score. Adult FFT compared to Sep; 6% decrease in 67% Good score / 6% increase in 23% Poor score. FOR OCT: there were 976 FFT responses collected from approx. 5,417 patients. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
	FFT Emergency Department poor experience score	Apr 20 - Oct 22	Month	-	19.5%	9.4%		SP	-	
	FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Oct 22	Month	-	90.4%	94.8%		-	-	FOR OCT: Antenatal had 5 FFT responses; 80% Good score / 0% Poor. Birth had 68 FFT responses out of 498 patients; 95.6% Good score / 4.4% Poor score (1% improved Good score / 2.5% increase in Poor score). Postnatal had 114 FFT responses, the majority from LM (59 FFT with 90% Good / 0% Poor), DU had 7 FFT with 85.7% Good / 0% Poor, BU had 41 FFT with 83% Good / 12% Poor, and COU 100% Good from 5 responses. 0 Post Community . OCT overall Good score improved by 2% compared to Sep. The Poor score increased by 0.6% compared to Sep, and 4.3% is the highest for the year.
	FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Oct 22	Month	-	4.3%	1.9%		SP	-	
<p>FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In August 12 wards did not collect any FFT data.</p> <p>Overall FFT in October, the Good scores remained about the same for inpatient, outpatient and day case. The day case Poor score had a slight decrease of 0.5% to 2.1%, and inpatient and outpatient scores remained the same. Overall ED Good score declined by 5% and the Poor score increased by 4%. The Adult ED scores did have an impact on both overall scores. The Paeds ED Good score remained the same compared to September, while there was a 3% improvement in the Poor score to 7.4%. Maternity continues to see lower than normal Good scores, and higher than normal Poor scores for Birth and Postnatal.</p> <p>Please note starting 1 June, the Trust has reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily. The number of SMS sent in September increased.</p>										

PALS and Complaints Cases

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Oct 19 -Oct 22	month	-	80	50		-	-	The number of complaints received between Oct 2019 - Oct 2022 is higher than normal variance.
% acknowledged within 3 days	Oct 19 - Oct 22	month	95%	67%	94%		-		54 out of 80 complaints received in October were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Oct 19 - Oct 22	month	50%	15%	32%		-		20 Complaints were responded to in October, 3 of the 20 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Oct 19 - Oct 22	month	80%	85%	92%		SP		17 out of 20 complaints responded to in October were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Oct 19 - Oct 22	month	-	39%	35%		-	-	There were 29 complaints graded 4 severity, and 3 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Oct 19 - Oct 22	month	-		37		-	-	Compliment numbers have not been added due to administrative staff shortages



PHSO - One complaint was accepted by the PHSO for investigation in October 2022, this was a Division D case, Bedford Hospital patient with neurosurgery care. **Completed actions** Due to current workload actions have not been reported this month.

Learning from Deaths

Mortality	Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
	Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Oct 22	month	-	9.82	8.38		S7	-	There were 161 deaths in October 2022 (Emergency Department (ED) and inpatients), of which 16 were in the ED and 145 were inpatient deaths. There is normal variance in the number of deaths per 1000 admissions.
	% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Feb 18 - Oct 22	month	-	10%	19%		-	-	In October 2022, 20 SJRs were commissioned and 4 PMRTs were commissioned
	Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Oct 22	month	-	0	0.70		-	-	There were no unexpected/potentially avoidable death serious incident investigations commissioned in October 2022.

HSMR by Month

SHMI by Quarter

Phases of care in last 12 months

Pareto graph of in-scope SJR triggers in last 12 months

Executive Summary

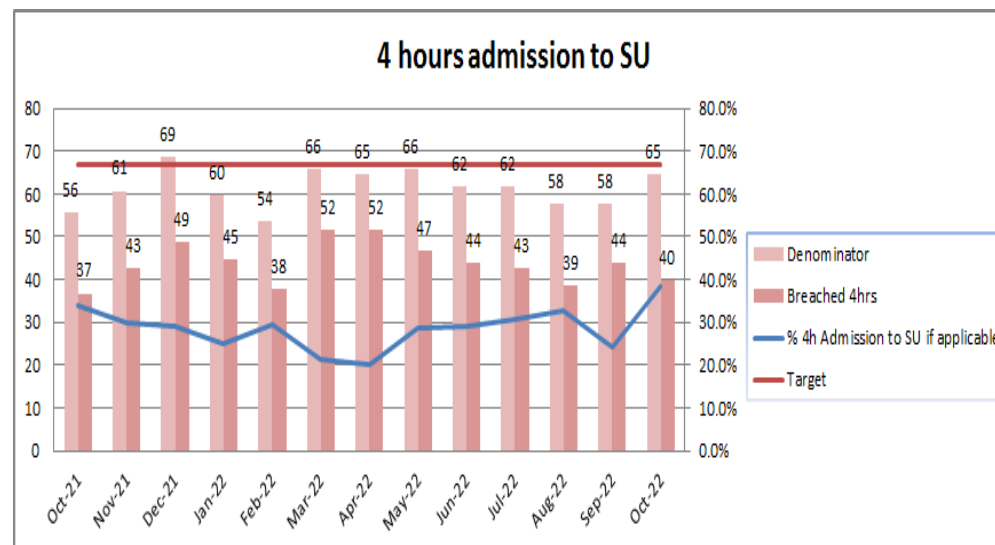
HSMR - The rolling 12 month (June 2021 to May 2022) HSMR for CUH is 81.28, this is 5th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.55.

SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.

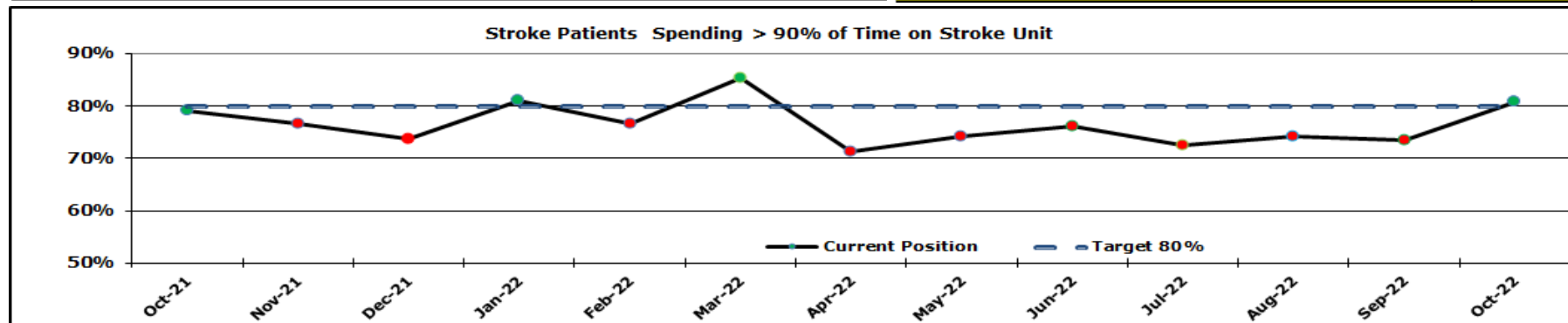
Alert - There are 0 alerts for review within the HSMR and SHMI dataset this month.

Stroke Care

Stroke Measures



Themes	Count of MRN
Trust Bed Capacity	25
Aw senior medical review	6
Late referral to Stroke Team	2
Awaiting medical clerking	1
CT department busy	1
Inpatient stroke	1
no space to assess, patient in chair needed assistance to trolley, ED staff busy	1
Not referred to Stroke Unit on arrival	1
Planned for ED discharge but then unwell	1
Stroke Bleep Nurse busy with another thrombolysis	1
Total	40



Breach reasons for not achieving 90% IP stay on Stroke ward 2022/23 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	COVID-19 - Stroke ward closed	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Oct-21		5				1		3		1	2					1	13	79.0%
Nov-21		5	1					1		1	2		3	1		1	15	76.6%
Dec-21		11						4		2			1			2	20	73.7%
Jan-22		2						1		3	1		1			4	12	81.0%
Feb-22		7	1			1		1		1			2	1			14	76.7%
Mar-22		6	1			1							2				10	85.3%
Apr-22		8				2		3					4			2	19	71.2%
May-22	3	1				4				1			4	3		2	18	73.1%
Jun-22	3	1				1		1					7			1	14	75.0%
Jul-22	6	5				1		2					1	1		3	19	72.5%
Aug-22	2	10						2					1			1	16	68.0%
Sep-22		11					1						5				17	73.4%
Oct-22	1	7								1			1			1	12	80.9%
Summary	15	79	3	0	0	11	2	18	0	10	5	0	32	6	0	18	199	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for October = **80.9%**

'Trust Bed Capacity' (7) was the main factor contributing to breaches last month, with a total of 12 cases in October 2022.

4hrs adm to SU (67%) target compliance was not achieved in October = **38.5%**

Key Actions

- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit continues to see and host a high number of outliers. Due to Trust challenges with bed capacity the service is unable to ring-fence a bed at all times. Instead it is negotiated on a daily basis according to the needs of the service and the Trust.
- The Mixed-sex HASU bay on R2 has opened week commencing 02/05/22. Performance will be closely monitored, to date there has been 3 breaches of SSA policy.
- National SSNAP data shows Trust performance from Apr - Jun 22 at Level B.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasingly treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.

Clinical Studies

Clinical Studies Measures

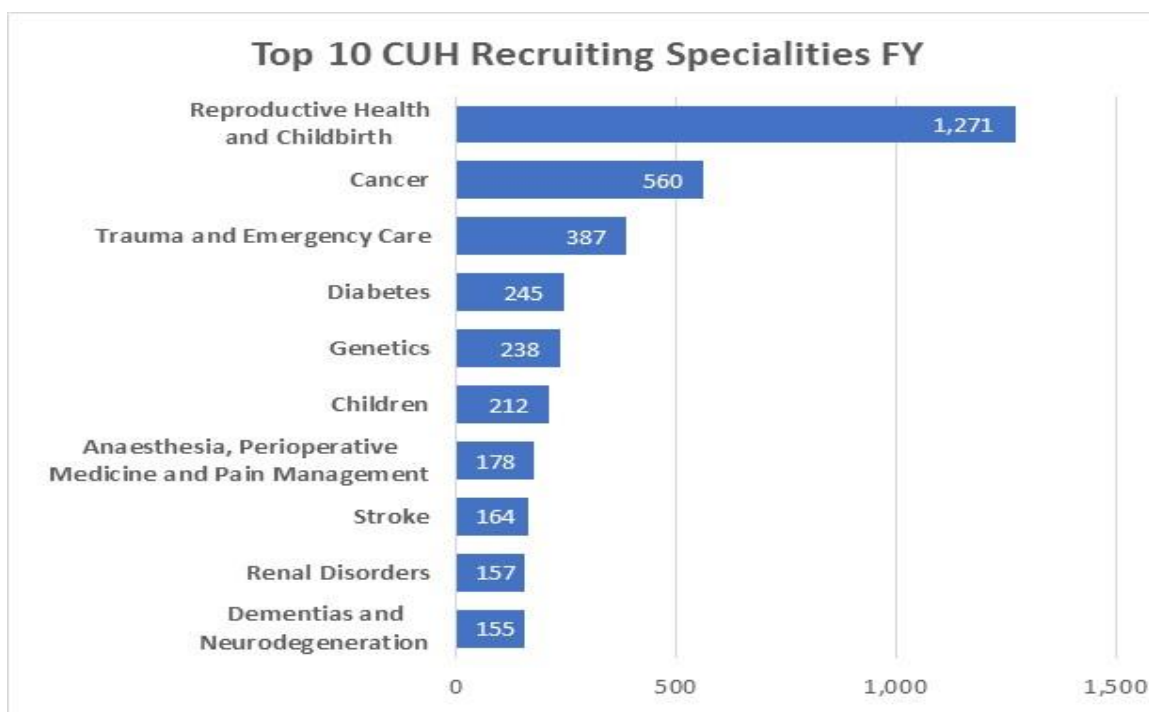
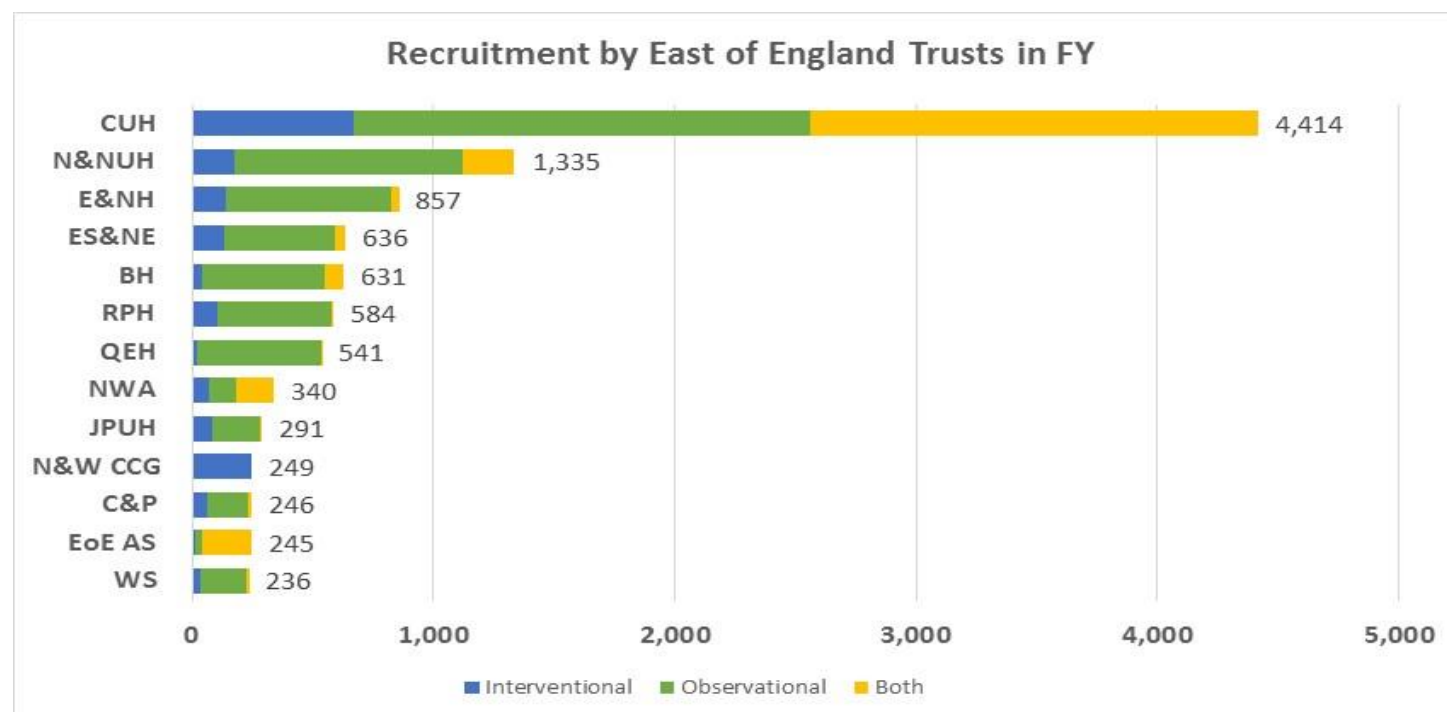


Total Recruitment at end of Sept - FY 2022-23

4,414

Recruiting Studies at end of Sept for FY 2022-23

Open	191	Non Commercial	185
Closed	15	Commercial	24
Suspended	3		
Total	209		



Situation as at end of September 2022

* Total recruitment in the financial year to date: 4,114

* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 15% of the total, while Observational only studies accounted for 43% of the total. The remaining 42% were both Interventional and Observational.

* Recruitment to the Reproductive Health speciality accounted for 29% of all recruitment (1,271). Second was Cancer (560). All of the other individual specialities accounted for less than 10% of the total recruitment.

* There were 209 recruiting studies, of which 24 were Commercial, and 185 Non-Commercial.

Note: Figures were compiled by the Clinical Research Network and cover all research studies conducted at CUH that are on the national portfolio.

Maternity Dashboard

Maternity Measures

East of England Regional Perinatal Quality Oversight Group Highlight Report (v19.2)																	KEY: CQC DOMAINS			
<div>LMNS:Reporting period: October 2022Overall System RAG: (Please refer to key next slide)</div>																	Outstanding			
																	Good			
																	Requires Improvement			
																	Inadequate			
REGULATORY BODIES																				
CQC DOMAINS																				
Maternity unit rating	CUH (Jan 2017)						Y (date of last inspection)						Z (date of last inspection)							
S - Safe E - Effective C - Caring R - Responsive W – Well led	S	E	C	R	W	Action Plan Status: To commence Progressing Completed	S	E	C	R	W	Action Plan Status: To commence Progressing Completed	S	E	C	R	W	Action Plan Status: To commence Progressing Completed		
Rating (last inspection)																				
CQC alerts (active alerts & year)		Ref C260/AS Puerperal sepsis July 2019																		
CQC warning notice		n/a																		
Regulatory letters from coroner		n/a																		
Maternity Safety Support Programme		Not in maternity safety support programme																		
							CQC Maternity survey results (2021)													
External stakeholder concerns (please give brief reason)							CQC Maternity survey overall rating - improvement since previous year (Y/N)												CUH	
							Survey scores:												TBC	
Trust			CUH				Start of your care during pregnancy													
Strategic oversight Framework Score			Regional team to complete				Antenatal check ups													
NMC concerns			0				During your pregnancy													
GMC concerns			0				Your labour and birth													
RCM concerns			0				Staff caring for you													
HEE concerns			0				Care in hospital after birth													
HSIB concerns			0				Feeding your baby													
CQC concerns			0				Care at home after birth													
Total number of stakeholder concerns							Other surveys													
							GMC survey results (2022) overall satisfaction												Guidance required	
							Proportion of midwives responding with ‘Agree or Strongly Agree’ on whether they would recommend their trust as a place to work												71% (2020, entire division)	
							Proportion of midwives responding with ‘Agree or Strongly Agree’ on whether they would recommend their trust as a place to receive treatment												85% (2020, entire division)	
							Proportion of speciality trainees in O&G responding with excellent or good on how they would rate the quality of clinical supervision out of hours												92.5% (2021)	

Maternity Dashboard

Maternity Measures

Assessed compliance with CNST MIS 10 Safety Actions		
	Please identify unit	CUH
1	Perinatal Mortality review tool	
2	MSDS	Exception report submitted for BMI non-compliance for out of area women.
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	Delivery Unit Supernumerary coordinator status consistently low, requires non compliance with the standard to be declared. (October no loss of 1:1 care on <u>BirthRate+</u>).
6	SBLCB V2	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	Additional faculty for NLS required. Did not meet trajectory for 80% compliance with PROMPT training by end of June 2022 due to current vacancy and sickness rate. Amended trajectory for 90% by end of November 2022.
9	Board level assurance	
10	HSIB / Early notification scheme	
	Repayment of CNST (since introduction) Y/N and MIS yr	

Key (current position)		
Compliant	Compliant with all aspects of element	
Working towards / Partially compliant	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)	
Not compliant	Not compliant with all aspects of element	

Evidence of SBLCB V2 Compliance		
Element	Please identify unit	CUH
1	Reducing smoking	
2	Risk assessment , prevention & surveillance of pregnancies at risk of fetal growth restriction	
3	Reduced Fetal Movements	
4	Effective Fetal monitoring during labour	Mandatory CTG study day in place. Mandatory competency assessment in place. Compliance not yet >85%.
5	Reducing pre-term birth	Fetal fibronectin machines training planned process being implemented for quantitative pre term assessment.
6	Diabetes in Pregnancy (not in use at present)	
	SBLCBv2 Fully compliant (National Tool)	YES
	SBLCBv2 Fully compliant (Regional assessment)	

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA	
Please identify unit	CUH
IEA1 : Enhanced Safety	
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	
iEA4: Managing complex pregnancy	
IEA5: Risk Assessment Throughout pregnancy	
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	
• Fully compliant (self assessment)	
• Fully compliant (regional assessment following insight visit)	

Maternity Dashboard

Maternity Measures

Trust	CNST MIS Safety Actions achieved (out of 10)				Ockendon investment (Total allocation)					
	Yr 1 (2019/20)	Yr 2 (2020/21)	Yr 3 (2021/22)	Yr 4 (2022/23)						
X	10	10	10	TBC	P					












	CUH
1. Freedom to speak up / Whistle blowing themes	<ul style="list-style-type: none"> None received this month
2. Themes from Maternity Serious Incidents (SIs)	<ul style="list-style-type: none"> None received this month
3. Themes arising from Perinatal Mortality Review Tool	<ul style="list-style-type: none"> No concerns this month following the reviews
4. Listening to women (sources, engagement / activities undertaken)	<ul style="list-style-type: none"> Online communications and language guide meeting held with service users and MDT Launch of informed choice and consent policy co-production work
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	<ul style="list-style-type: none"> Weekly midwifery forum introduced with DOM/HOM Ongoing preceptorship / international midwives orientation and support

Maternity Dashboard

Sources / References	KPI	Goal	Target	Measure	Data Source	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity													
National Maternity Dashboard	Births	For information	N/A	Births per month	Rosie KPI's	469	434	446	464	476	504		
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	69.90%	70.64%	73.24%	75.69%	75.45%	69.74%		Working with informatics team to remove women who transfer care after 12+6 weeks as these are currently included in the KPI. Bookings working group underway.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	615	664	568	551	550	532		
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	48.82%	54.60%	51.12%	59.05%	52.31%	52.18%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.7%	1.84%	1.34%	1.29%	0.84%	0.59%		October homebirths 80% unable to be attended and therefore gave birth in RBC (4/5). Increased sickness in community and redeployment of community on call to support 1:1 care in labour in the unit. Community vacancy contributing to a reduction in on call homebirth cover. Addition of community rotation to preceptorship, ongoing
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	14.92%	17.1%	15%	15.52%	16.38%	17.46%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPI's						8.81%		Reported for first time from Oct 22. National averages = 40% (primip) 13% (multip) for transfers from alongside midwifery units to obstetric care (Oxford NPEU, 2020).
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	31.87%	30%	29.80%	26.50%	30.00%	27.65%		
NICE - Red Flag	Delay in commencement of Induction	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours	Red Flags	53.00%	36%	36.00%	32.60%	32.28%	37.43%		New metric. Women delayed in initiation of IOL once arrived on the antenatal ward / DU. IOL coordinator post increased. Affected by redeployment and staff absence.
NICE - Red Flag	Delay in continuation of Induction	0%	<10%	Percentage of Induction continuation was delayed for more than 6 hours	Red Flags				13.81%	16.40%	16.58%		New metric. Affected by vacancy, redeployment and capacity. 2 further IOL coordinators in post.
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team						2.67%		3 cases of RFM as only indication for IOL but undertaken before 39 weeks monitored for compliance with SBLCB standards.
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team						100.00%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	11.94%	10.6%	12.55%	12.93%	10.5%	13.29%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPI's	39.23%	34.80%	36.32%	35.78%	37.18%	34.52%		
CQIM / CNST	Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour)	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPI's	9.2%	8.6%	14.2%	9.6%	11.9%	12.6%		
CQIM / CNST	Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPI's	26.1%	25.8%	27.2%	18.1%	28.2%	29.9%		
CQIM / CNST	Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	Rosie KPI's					21.50	11.26		Ratio is consistently <2:1. A lower ratio may indicate that you have a high induction/prelabour CS issue which may indicate a high risk population in nulliparous women and are likely therefore to have a high CS rate.
CQIM / CNST	Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPI's	23.4%	31.1%	23.5%	32.5%	23.2%	30.5%		
CQIM / CNST	Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPI's	58.7%	65.5%	64.9%	60.2%	63.3%	73.0%		Higher rate affected by increase in Gp5 (1 or more previous CS). Plan to expand VBAC counselling.
Source - Rosie Divert Folder	Divert Status - incidence	0	> 1	Incidence of divert for the perinatal service	Rosie Diverts	7	1	4	4	6	4		6 women transferred to another provider organisation for assessment. 1 x staffing and capacity, 2 x staffing and 1 x capacity + NICU.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	148	23	103	100	86	109		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs						24		Newly reported data.
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPI's	6	0	0	1	1	4		24 women unable to be diverted, 7 diverted and 4 of these gave birth at a different hospital (2 were out of area). Reasons for divert: 2 x staffing, 1 x staffing + capacity, 1 x capacity + NICU.

Maternity Dashboard

Maternity Measures

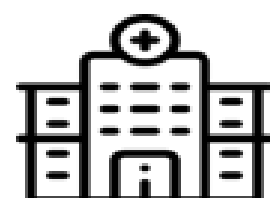
Workforce													
Birth Rate Plus	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:25.4	1:27.2	1:28.2	1:28.2	1:28.3	1:25.1		Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.4	1:23.3	1:23.3	1:23.3	1:23.3	1:23.3		Midwife/birth ratio based on the BR+ methodology
Safer Chilbrith / CNST	Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no caseload of their own during a shift)	Red Flags / BR+	67%	41%	63%	70%	60%	57%		From 11/10/22 red flag reporting within BirthRate+ acuity tool has been updated to reflect revised CNST requirements. There were no occasions when SN status of the coordinator was lost to 1:1 care provision in October.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	7.63%	7.69%	7.95%	7.72%	7.26%			This is reported 1 month behind from CHEQ's. Sickness most significant in Delivery Unit and community. Clinical psychology support in place. Most common reason for sickness includes stress, anxiety and depression.
Core Competency Framework	Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	<75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	87.50%	86.40%	86.50%	87.30%				This is reported 2 months behind from CHEQs. Focus on improving training compliance as part of CNST.
CNST	Education and Training - Training Compliance for all staff groups: Prompt	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD	60.91%	61.00%	65.56%	75.77%	67.83%	74.76%		Medical and midwifery staffing vacancies and redeployments. Focussed campaign to improve compliance by Dec 22 as part of CNST work. Special cause improvement seen this month.
CNST	Education and Training - Training Compliance for all staff groups: NBLS	≥90% YTD	<85% YTD	Total multidisciplinary staff compliant with annual NBLS training	Resus Services		55.00%		58.00%	60%	66%		Additional training dates added for November to meet revised CNST training compliance deadline of 5 December. On track to meet 90% trajectory for all staff groups.
CNST	Education and Training - Training Compliance for all staff groups: K2	≥90% YTD	≤85% YTD	Total multidisciplinary staff passed CTG competence threshold of 80%.	PD	83.39%	83.39%	84.62%	80.00%	77.78%	74.15%		Matrons addressing individuals regarding non-compliance.
CNST	Education and Training - Training Compliance for all Staff Groups - Fetal Surveillance Study Day	>90% YTD	<85% YTD	Total multidisciplinary staff compliant with annual fetal surveillance study day attendance.	PD								To be reported from November 2022
Core competency Framework	Education & Training - mandatory training - midwifery compliance .	>92% YTD	<75% YTD	Proportion of midwifery compliance with mandatory training, inclusive of mandated e-learning and mandated face to face sessions.	CHEQs	89.5%	89.20%	84.50%	85.70%	90.80%			This is reported 1 month behind from CHEQs
Maternal Morbidity													
CQC KLOE	Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs					0.64%	0.01%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	1	1	0	1	0	1		Postnatal tranfer to ITU following PPH. Complex case due to underlying unknown pathology.
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤2.5%	>2.5	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	6.62%	2.48%	2.95%	3.16%	2.24%	6.35%		20 women. 50% instrumental deliveries and 90% had risk factors for PPH. PPH working group to review audit findings. Normal variation seen.
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.3%	>4.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	6.67%	3.45%	0.98%	0.73%	2.47%	4.54%		7 women, 6/7 were emergency CS. PPH working group to review audit findings. Normal variation seen.
NMPA	3rd/ 4th degree tear rate	≤3.5	>5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	2.48%	2.83%	3.90%	4.06%	2.01%	4.87%		Normal variation. 16 women with 3a or 3b. No 3c or 4th degree tears. 44% were instrumental deliveries. 100% had risk factors for OASI.
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.35%	1.38%	1.80%	2.59%	1.05%	0.60%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSiS						0		Newly reported from November 2022
MBRRACE	Direct Maternal Death	0	≥1		QSiS	0	0	0	0	0	0		

Maternity Dashboard

Maternity Measures	Governance													
	Source - QSiS	Total number of Serious Incidents (SIs)	0	≥1	Serious Incidents	QSiS	1	0	1	1	0	0		
	Source - QSiS	Never Events	0	>1	DATIX	QSiS	0	0	0	0	0	0		
	Neonatal Morbidity													
	MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrace 2021)		Incidence per 1000 births	CHEQs	0.42/1000	0.43/1000	0.88/1000	0/1000	0.42/1000	0.50/1000		
	MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	≥6	MBBRACE	CHEQs	2	1	2	0	2	1		
	Epic	Number of birth injuries	0	> 1	Percentage of babies born with a birth related injury	CHEQs	1	0	0	0	0	0		
	NMPA	Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	2.35%	1.38%	1.57%	3.02%	0.84%	1.59%		
	CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	3.84%	3.92%	3.81%	3.02%	3.15%	4.76%		
	SBLCBV2	Babies born at <3rd centile at >37+6	For information	N/A	Incidence	CHEQs								Awaiting new CHEQS report
	ATAIN	Term Admission to NICU Rate	<6%	N/A	Rate	CHEQs					4.20%	6.15%		Ongoing themes reviewed monthly via ATAIN.
	ATAIN / CNST	Expected Term Admissions to NICU	For information	N/A	Inclusive of congenital abnormality and tertiary referral babies with planned term admission to NICU	Badgemet / CHEQs								New metric was expected Nov 22 but delayed.
	ATAIN / CNST	Unexpected Term Admissions to NICU	For Information	N/A	Incidence of term admissions to NICU that were unplanned prior to birth	Badgemet / CHEQs								New metric was expected Nov 22 but delayed.
	Quality													
	CNST	1-1 Care in Labour	>95%	<90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPIs	98.69%	100%	100%	99.56%	99.80%	99.59%		
	CQIM	Babies with a first feed of breastmilk	> 80%	< 70%	Breastfeeding	Rosie KPIs	81.22%	84.33%	79.4%	84.07%	82.55%	82.56%		
	CNST / SBLCBV2 / PHE	SATOD (Smoking at Time of Delivery)	< 6%	Green = < 6%, Amber = 6.1% - 7.9%, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	5.02%	3.95%	8.25%	5.97%	3.82%	5.21%		
	CNST / SBLCBV2 / CQIM	CO Monitoring at booking	≥95%	≥95% <95% and ≥84% <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report			89.97%	92.74%	91.95%	99.10%		
	CNST / SBLCBV2 / CQIM	CO Monitoring at 36 weeks	>95%	≥95% <95% and ≥84% <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report			72.81%	85.61%	84.56%	82.70%		80% CNST target met. SBLCBv2 included in annual in-service mandatory training. IST cancelled due to clinical pressures.
	Source - Epic	VTE Assessment - PN	>95%	≤95%	Percentage of women with a valid PN VTE risk assessment completed following birth.	CHEQs								Awaiting new CHEQS report
	Source - EPIC	VTE Assessment - AN	>95%	≤ 95%	Percentage of women with a valid VTE risk assessment completed on admission to hospital	CHEQs								Awaiting new CHEQS report

Trust performance summary - Key indicators

Financial Performance



Trust actual surplus / (deficit)

(£0.2m)	Actual (adjusted)*
(£0.2m)	Plan (adjusted)*
£2.3m	Actual YTD (adjusted)*
£2.2m	Plan YTD (adjusted)*



Covid-19 expenditure and system Covid-19 funding

£2.0m	Covid actual in month
£1.8m	Covid plan in month
£1.9m	Covid funding in month
£14.0m	Covid actual YTD
£13.4m	Covid plan YTD
£12.9m	Covid funding YTD



Net current assets

(£61.1m)
(£54.4m)

Debtor days

20
23



Cash

£179.2m
£166.8m

EBITDA

£25.1m
£27.0m

Net current assets/(liabilities), debtor days and payables performance

Payables performance (YTD) **		
Actual	86.0%	Value
Plan	88.4%	Quantity
This month		
Previous month		

Cash and EBITDA

Actual
Plan
Actual YTD
Plan YTD



Capital expenditure

£5.2m	Capital - actual spend in month
£20.4m	Capital - actual spend YTD
£30.7m	Capital - plan YTD



Elective Recovery Fund (ERF)

ERF values based on CUH fair share but not yet confirmed and may be subject to change

£2.5m	ERF forecast actual in month
£2.5m	ERF plan in month
£9.8m	ERF forecast actual YTD
£9.8m	ERF plan YTD

Legend £ in million In month YTD

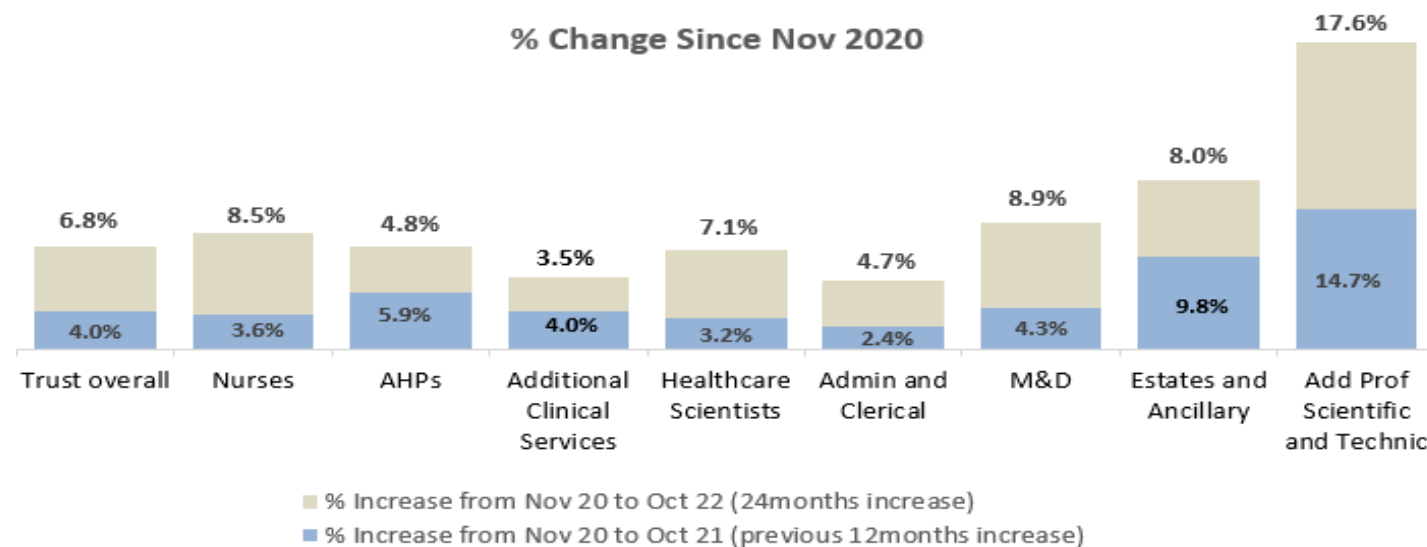
* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth		FTE		FTE 12 Month growth		
	Nov-21	Oct-22			Nov-21	Oct-22			
Add Prof Scientific and Technic*	243	246	↑	1.2%	224	223	-1	↓	-0.5%
Additional Clinical Services	1,949	1,954	↑	0.3%	1,796	1,801	5	↑	0.3%
Administrative and Clerical	2,383	2,406	↑	1.0%	2,176	2,213	37	↑	1.7%
Allied Health Professionals*	748	735	↓	-1.7%	666	651	-15	↓	-2.2%
Estates and Ancillary	366	361	↓	-1.4%	355	349	-6	↓	-1.6%
Healthcare Scientists	624	644	↑	3.2%	584	604	20	↑	3.5%
Medical and Dental	1,650	1,714	↑	3.9%	1,560	1,622	62	↑	4.0%
Nursing and Midwifery Registered	3,725	3,856	↑	3.5%	3,419	3,549	130	↑	3.8%
Total	11,688	11,916	↑	2.0%	10,780	11,013	233	↑	2.2%

% Change Since Nov 2020



Admin & Medical Breakdown

Staff Group	Nov-21	Oct-22	FTE 12 Month growth		
Administrative and Clerical	2,176	2,213	37	↑	1.7%
of which staff within Clinical Division	1,080	1,081	2	↑	0.1%
of which Band 4 and below	766	748	-19	↓	-2.4%
of which Band 5-7	223	243	20	↑	9.0%
of which Band 8A	43	44	1	↑	2.9%
of which Band 8B	7	7	0	↑	4.2%
of which Band 8C and above	40	39	-1	↓	-3.0%
Areas	878	895	17	↑	1.9%
of which Band 4 and below	248	247	0	↓	-0.1%
of which Band 5-7	413	422	9	↑	2.2%
of which Band 8A	74	88	14	↑	18.8%
of which Band 8B	54	50	-4	↓	-8.1%
of which Band 8C and above	89	88	-1	↓	-1.4%
of which staff within R&D	219	237	19	↑	8.5%
Medical and Dental	1,560	1,622	62	↑	4.0%
of which Doctors in Training	643	672	29	↑	4.5%
of which Career grade doctors	234	237	3	↑	1.3%
of which Consultants	683	712	30	↑	4.4%

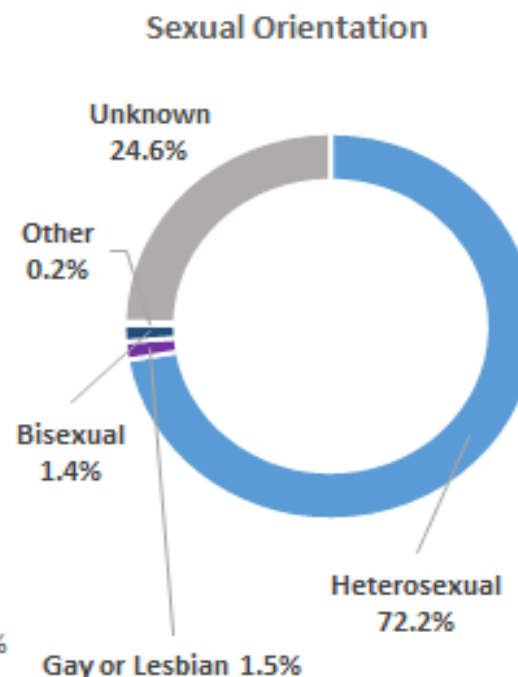
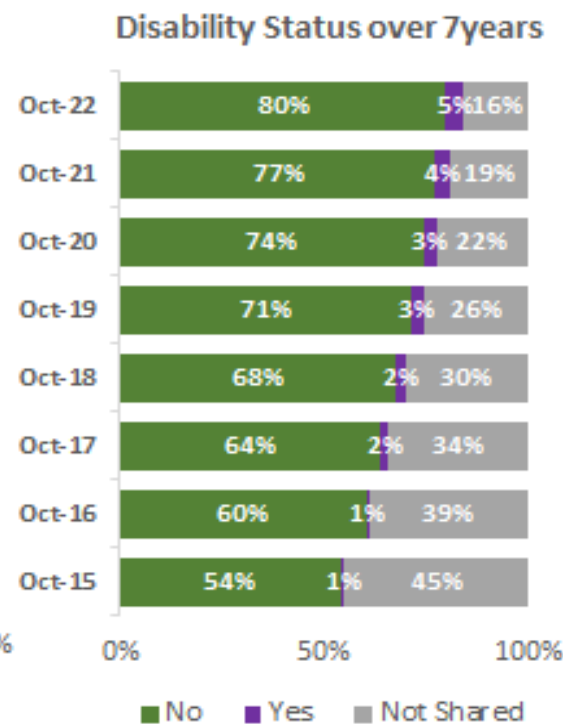
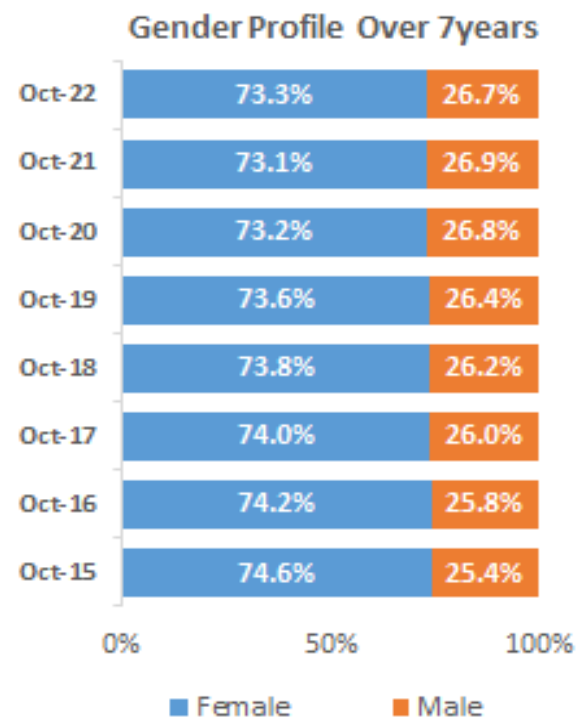
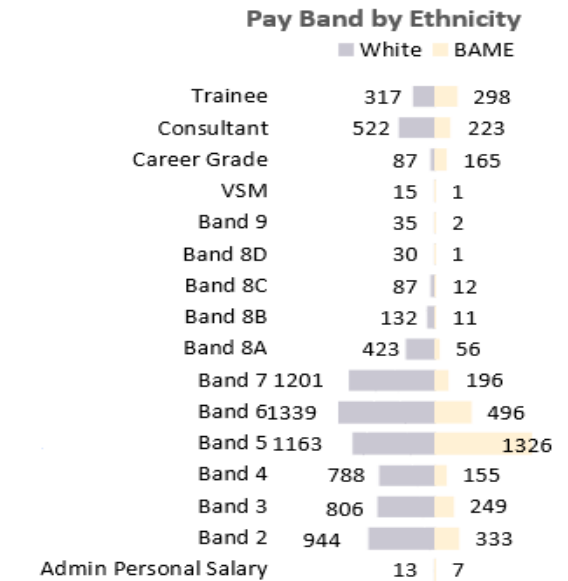
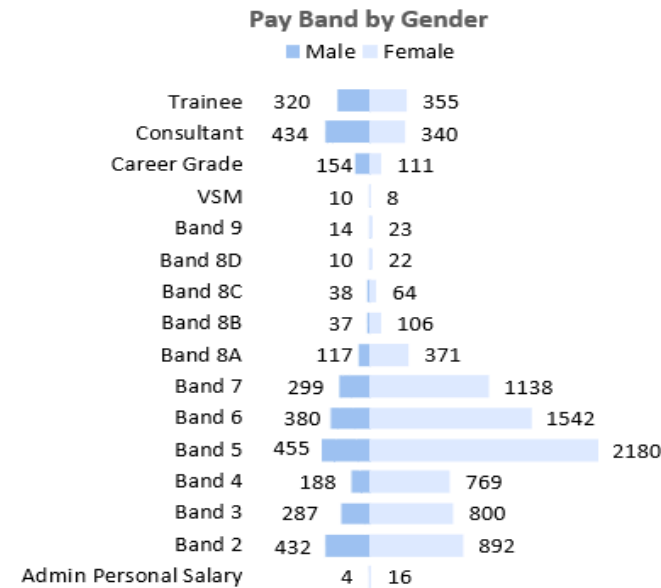
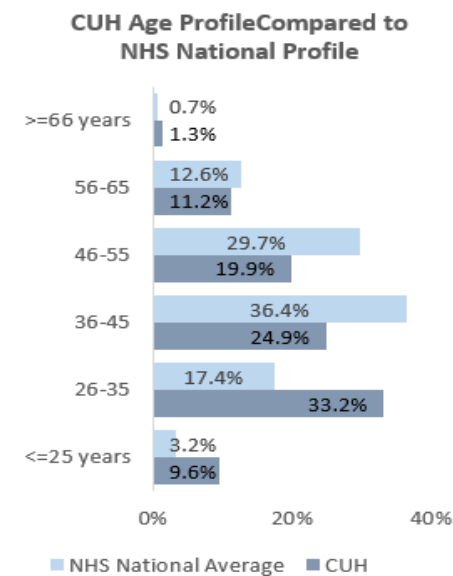
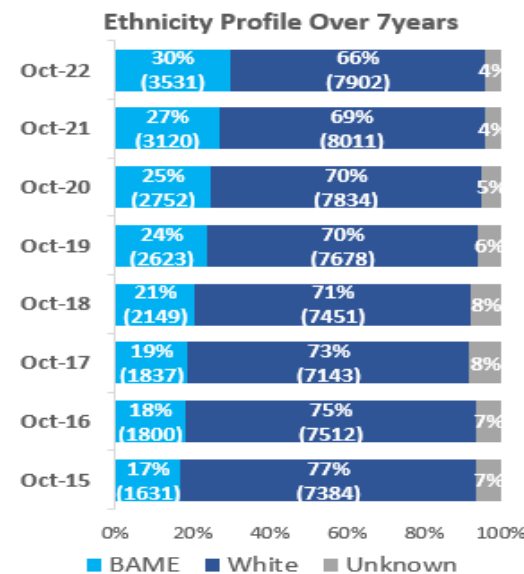
What the information tells us:

Overall the Trust saw a 2.2% growth in its substantive workforce over the past 12 months and 6.8% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services at 3.5% and highest within Add Prof Scientific and Technic at 17.6%. Growth over the past 12 months is lowest within Allied Health Professionals and highest within Medical and Dental.

*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21. This change has been updated for historical data set to allow for accurate comparison

Equality Diversity and Inclusion (EDI)

Workforce: Equality Diversity and Inclusion (EDI)



What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BAME workforce increased significantly by 13% over the 7 year period and currently make up 30% of CUH substantive workforce.
- The percentage of male staff increased by 1% to 27% over the past seven years.
- The percentage of staff recording a disability increased by 4% to 5% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

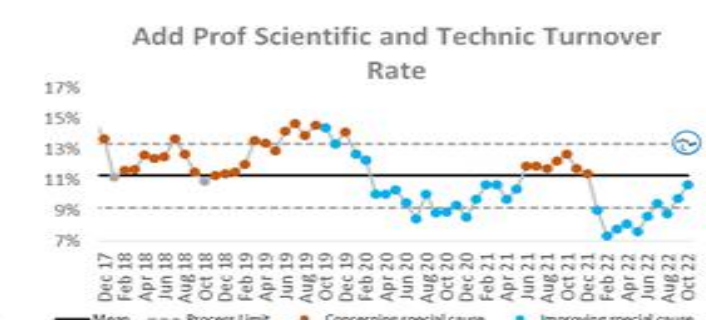
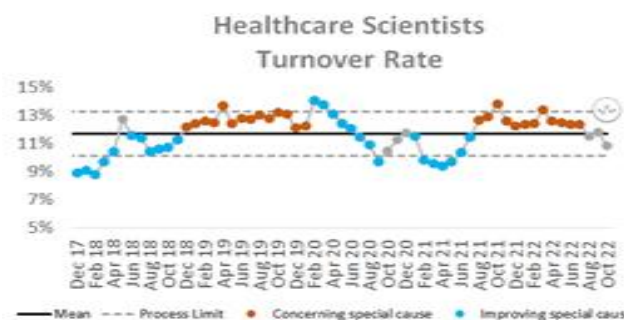
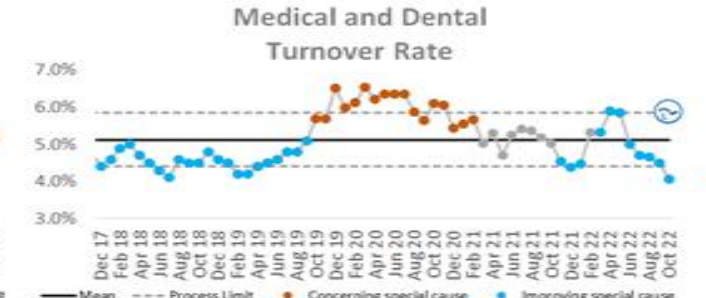
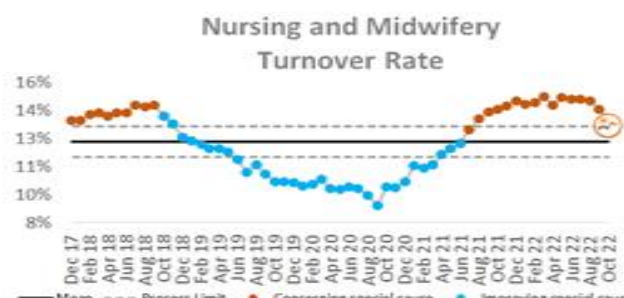
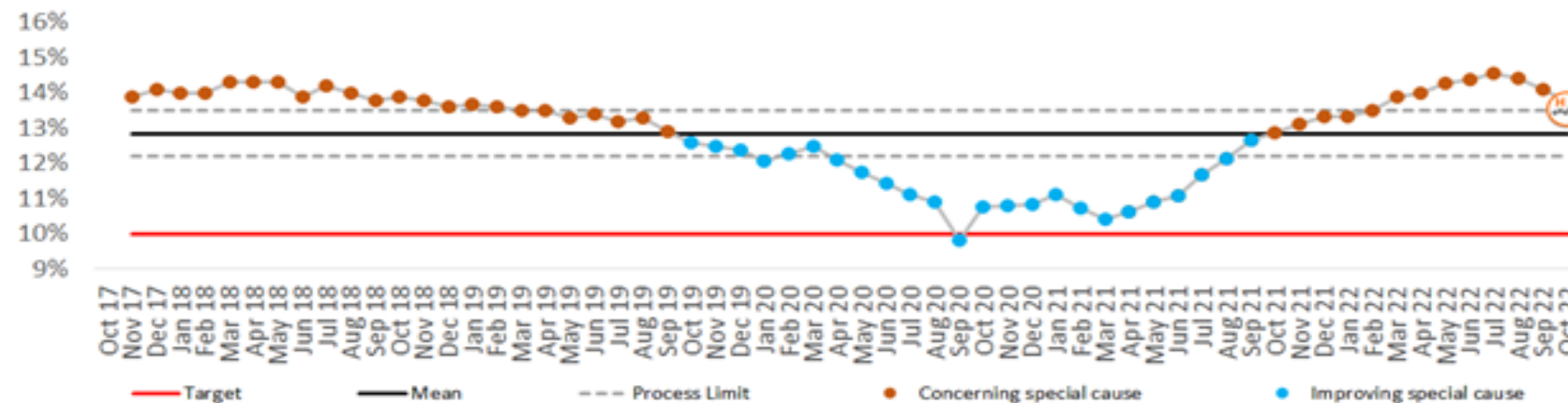
Staff Turnover

Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including junior doctor).

What the information tells us:
After a steady increase over the past eighteen months the Trust turnover rate has been decreasing since July - this month at 13.74%. This is more in line with pre-pandemic rates, however still 1.2% higher than 3 years ago. Nursing and Midwifery staff group have the highest increase of 3.3% to 13.5% in the last three years, followed by Additional Clinical Services with an increase of 1.9% to 19%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 19% followed by Administrative and Clerical staff at 14.4%.

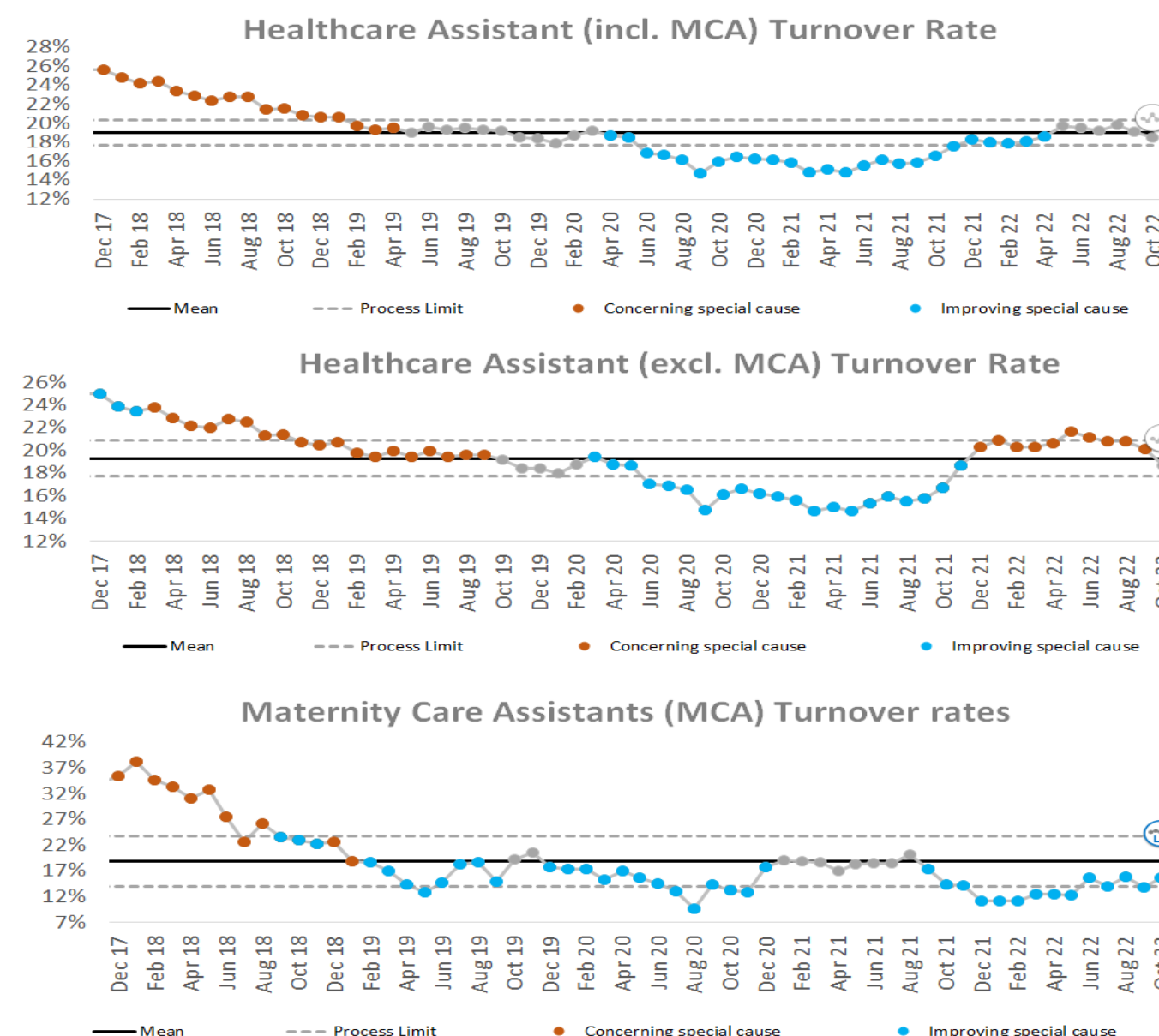
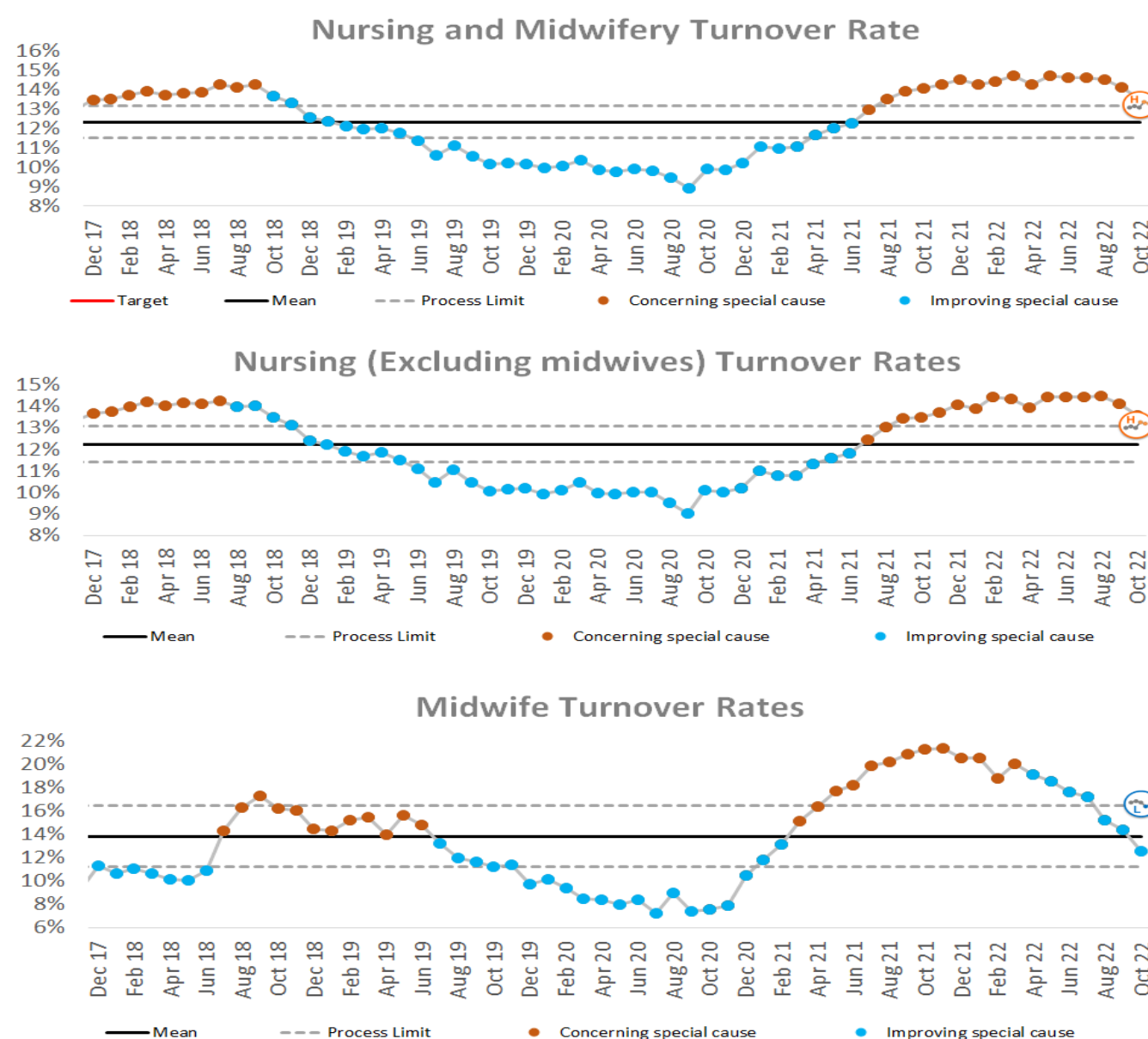
Workforce: Staff Turnover

Turnover Rates - All Staff



Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

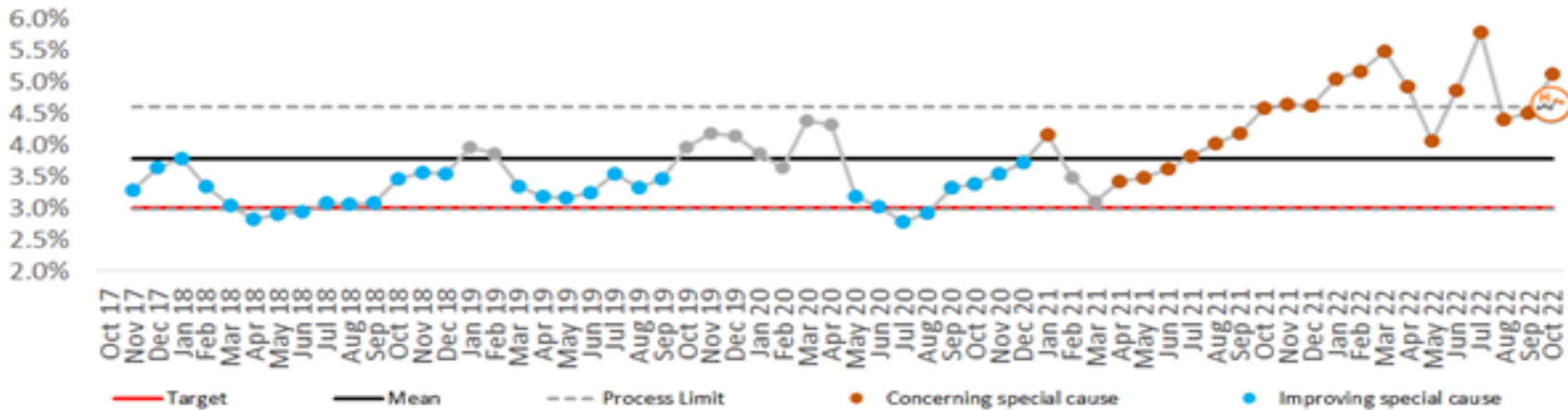
Workforce: Turnover rate for Nursing & Midwifery Staff Group



Sickness Absence

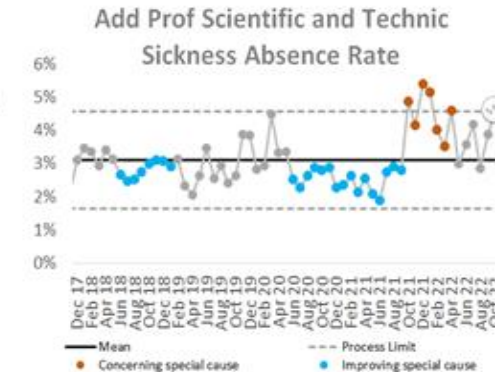
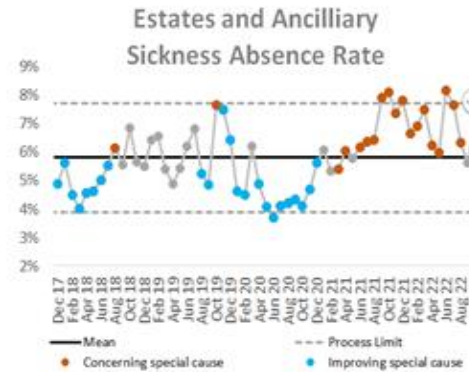
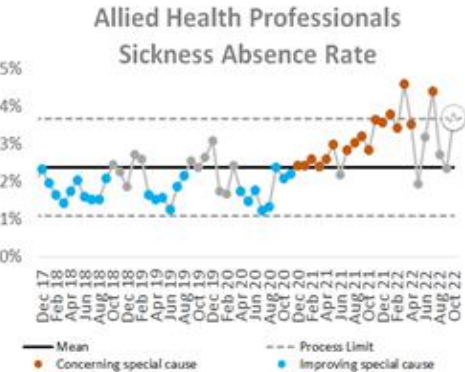
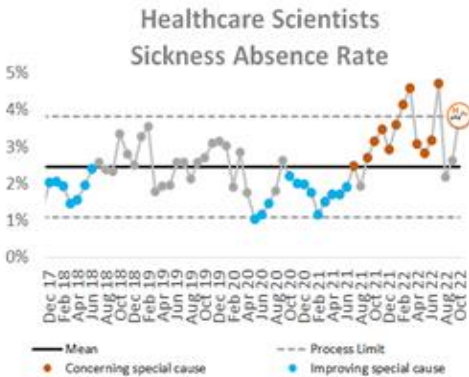
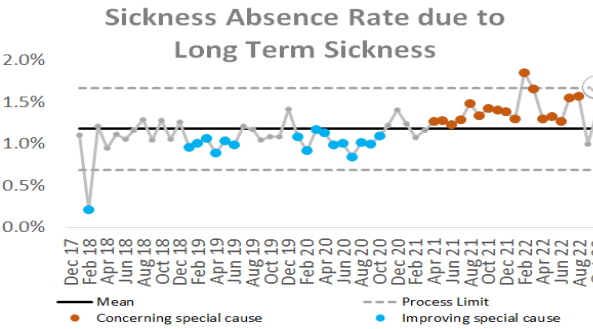
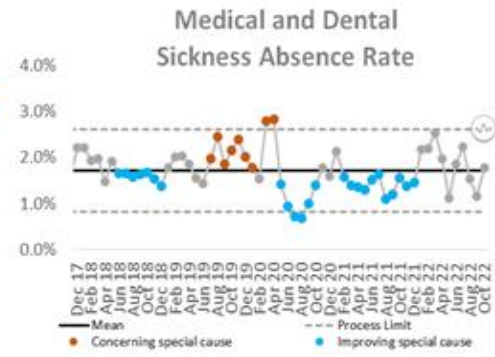
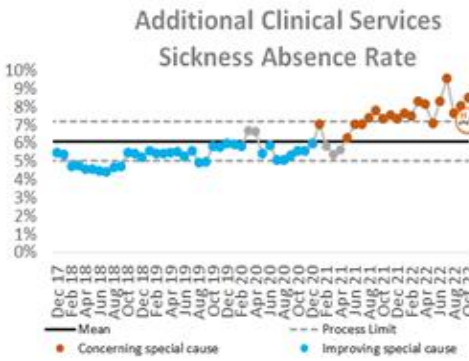
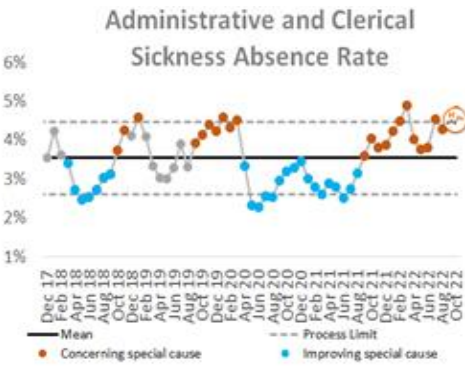
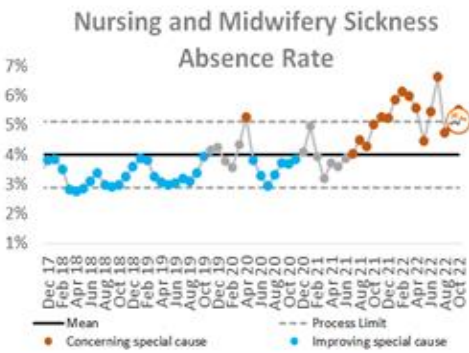
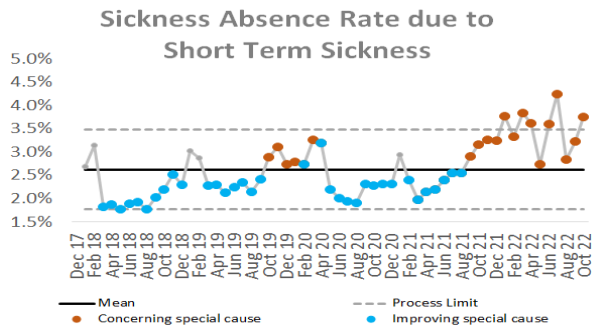
Workforce: Sickness Absence

Monthly Sickness Absence Rates - All Staff



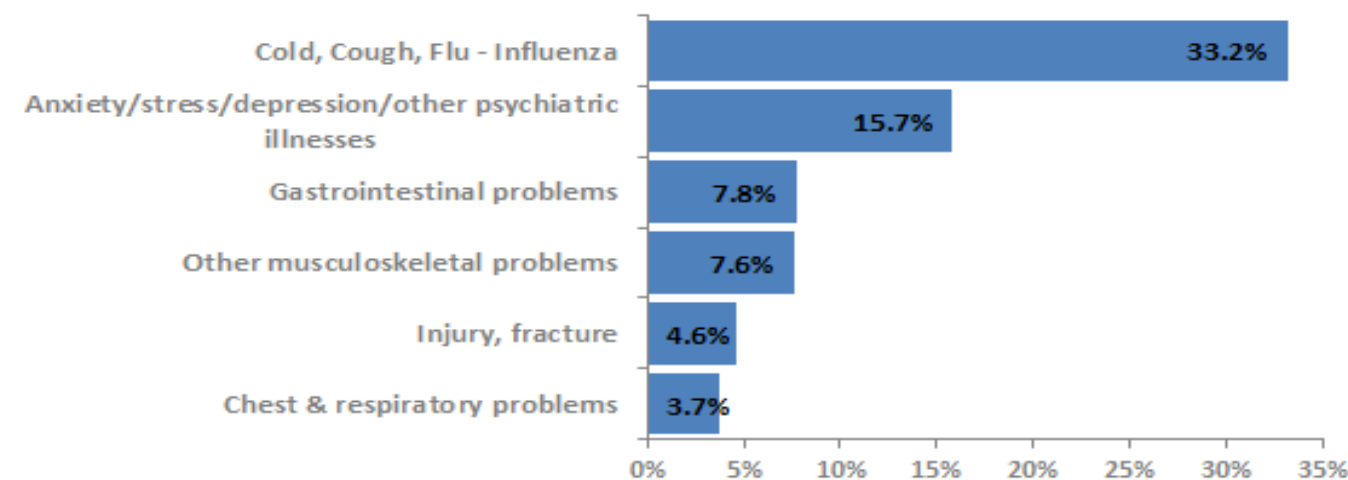
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

What the information tells us: The overall Monthly Sickness Absence is above average at 5.1%. This is 0.6% higher than last month, September 2022 (4.4%) and 0.5% higher than the same period previous year, October 2021 (4.6%). The sickness absence rate due to short term illness is higher at 3.7% compared to long term sickness at 1.4%. Additional Clinical Services have the highest sickness absence rate at 8.5% followed by Estates at 7%.



Top Six Sickness Absence Reason

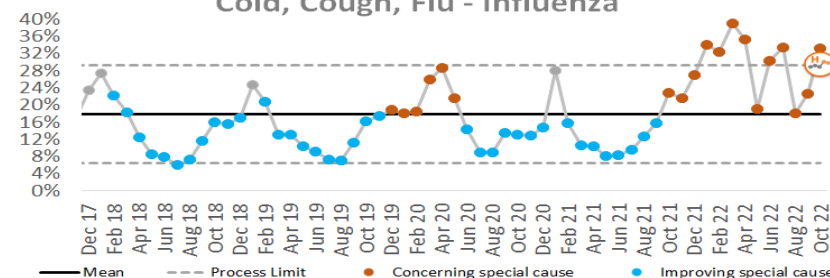
Top 6 Sickness Reason as % All Sickness - Oct 22
All Staff



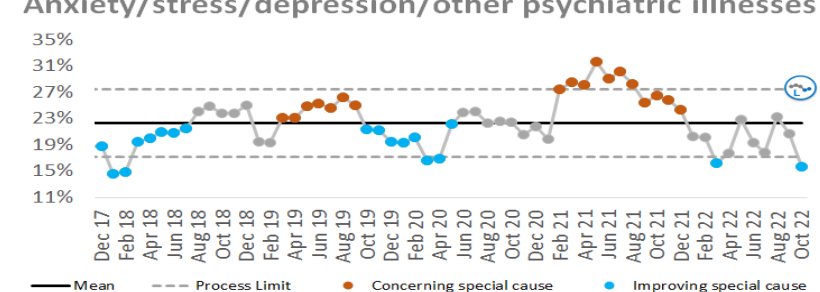
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

What the information tells us: The highest reason for sickness absence is influenza-related sickness, which saw an increase of 11% from the previous month to 33.2%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 39.2% of all sickness absence in October 2022, compared to 26.5% from the previous month.

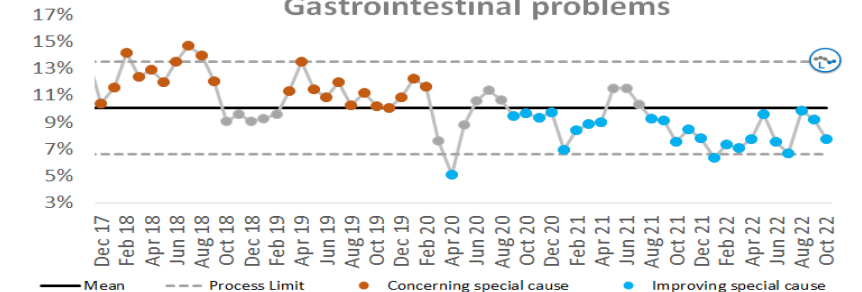
% of Sickness Absence Due to Cold, Cough, Flu - Influenza



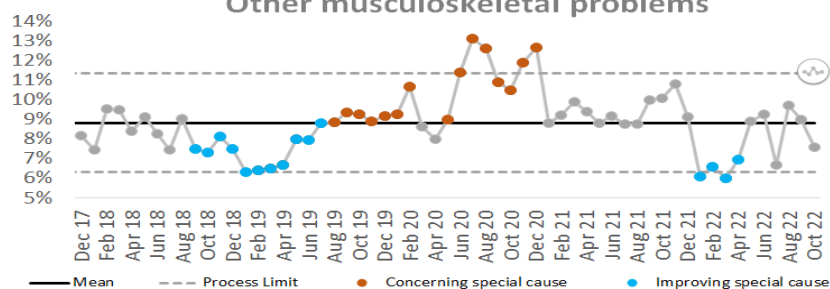
% of Sickness Absence Due to Anxiety/stress/depression/other psychiatric illnesses



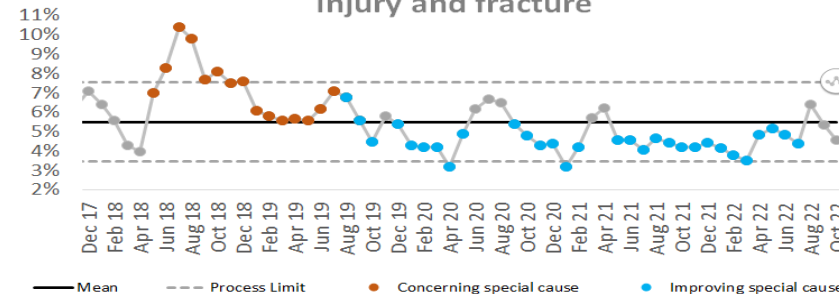
% of Sickness Absence Due to Gastrointestinal problems



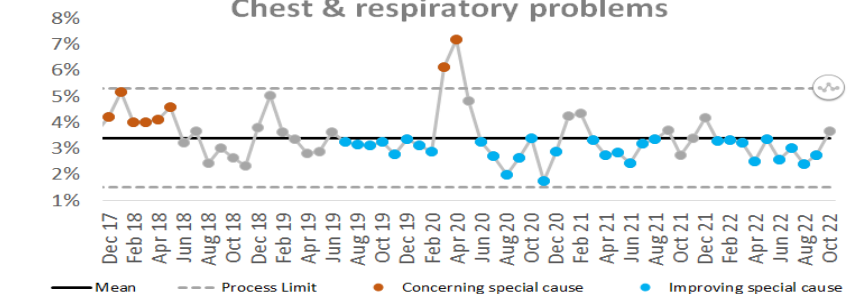
% of Sickness Absence Due to Other musculoskeletal problems



% of Sickness Absence Due to Injury and fracture

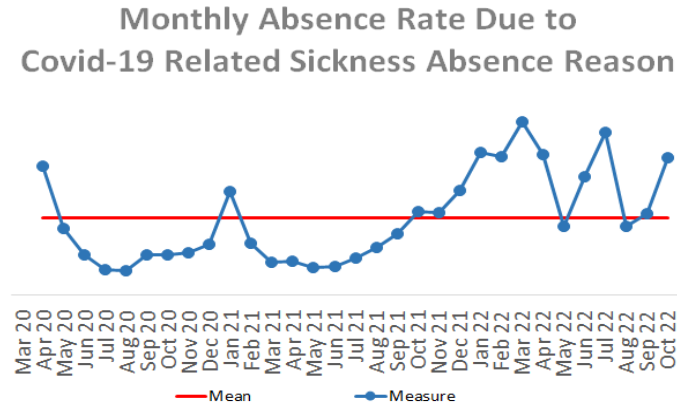
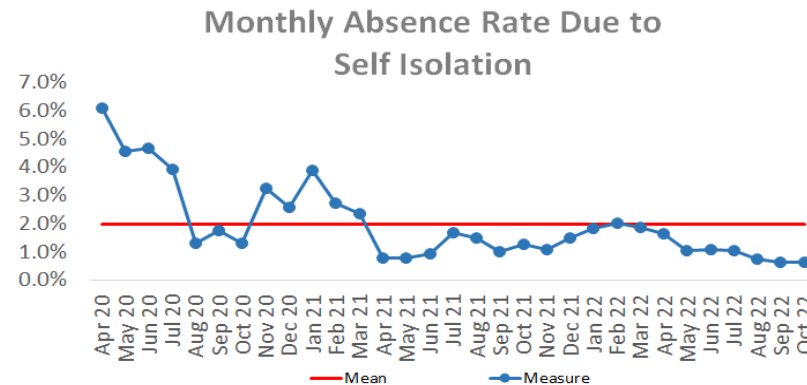


% of Sickness Absence Due to Chest & respiratory problems



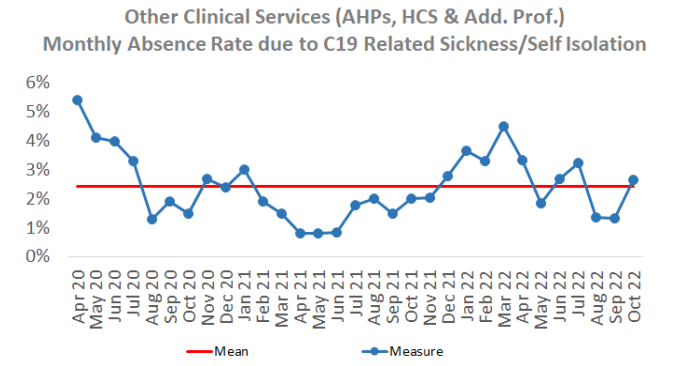
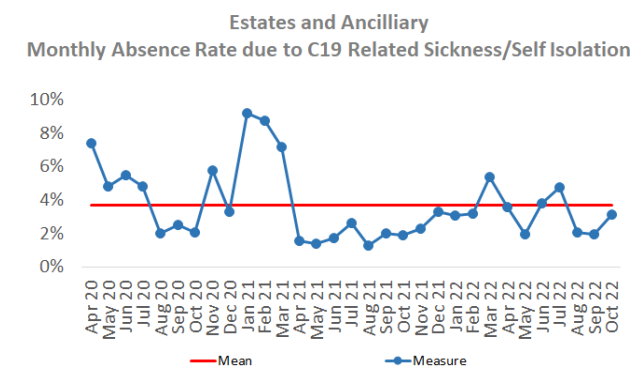
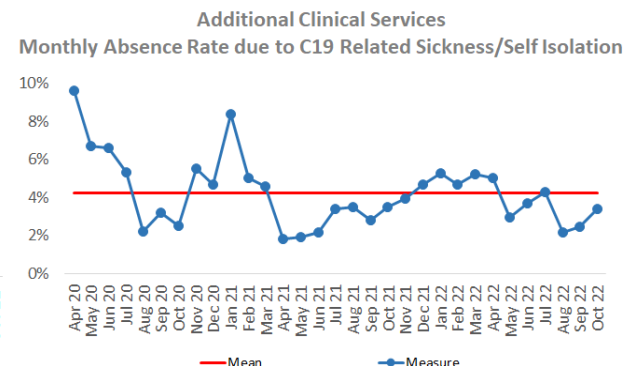
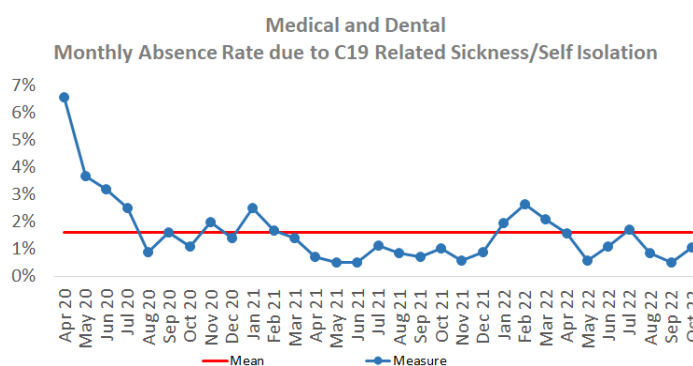
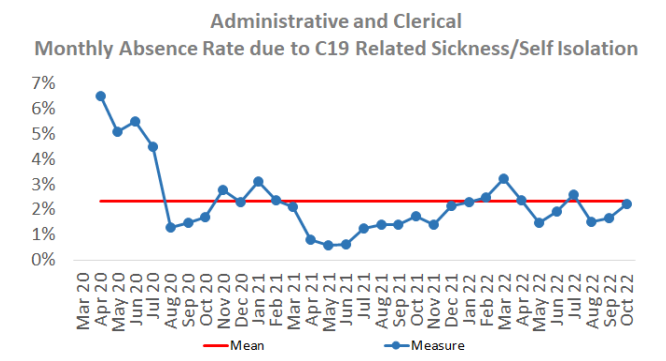
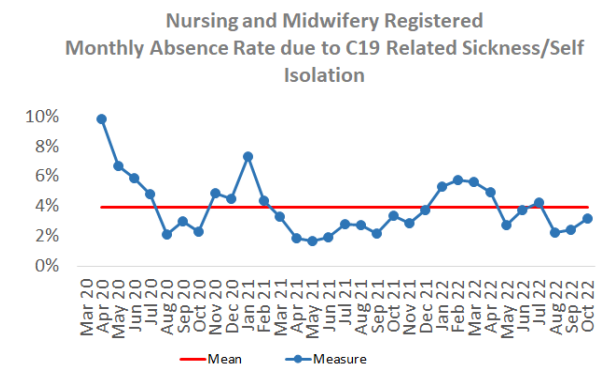
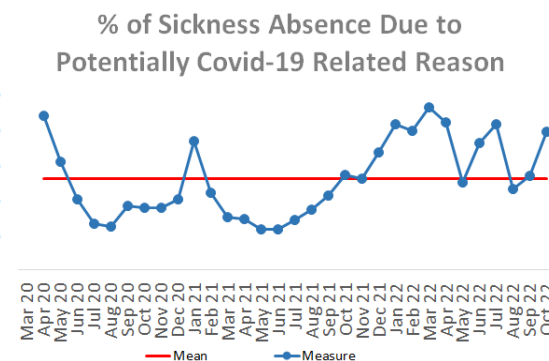
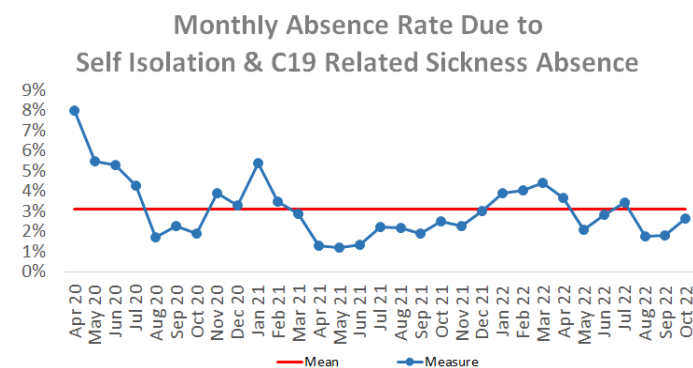
Covid-19 Related Absence

Workforce: Covid-19 Related Absence



Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases).

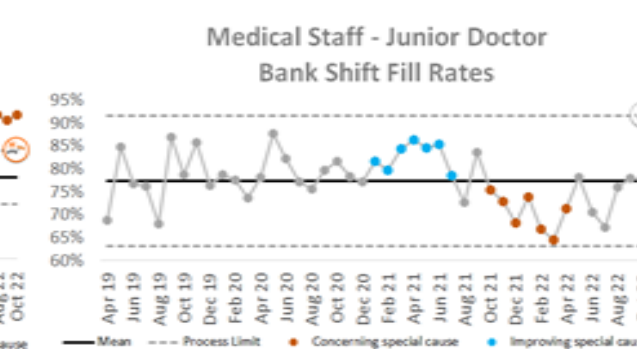
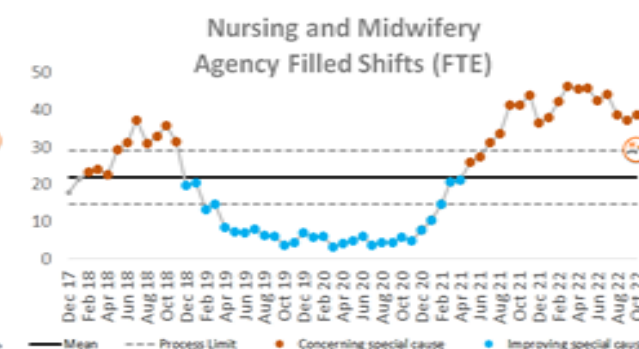
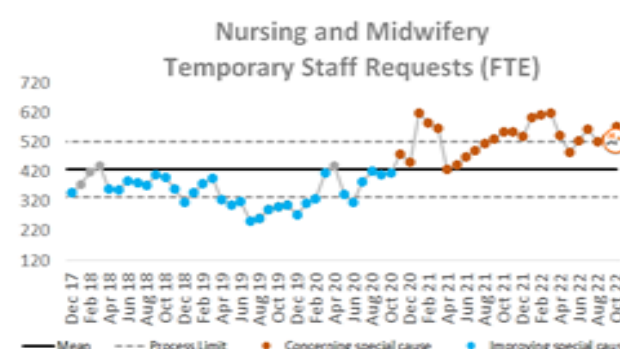
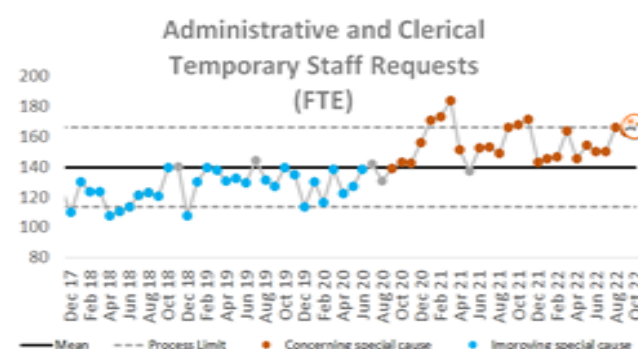
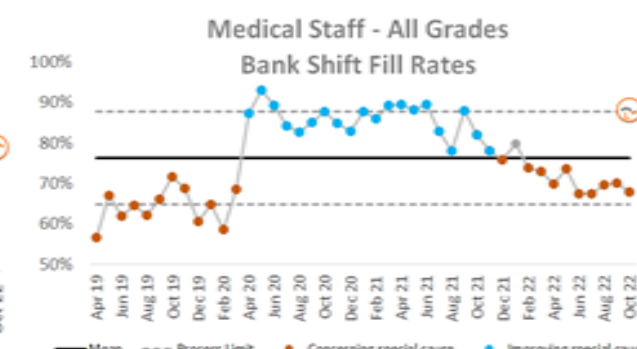
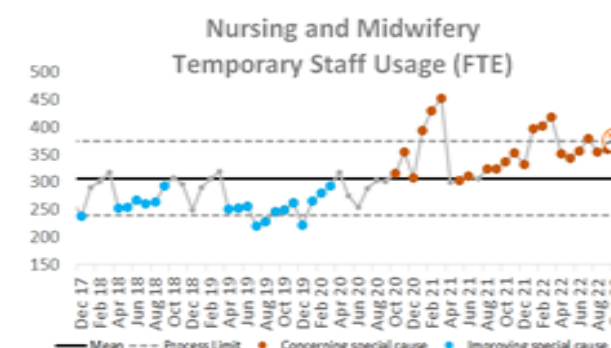
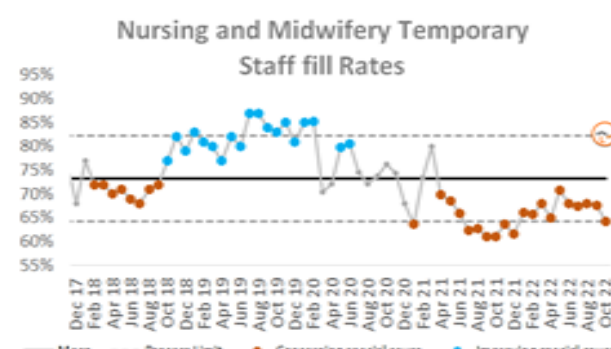
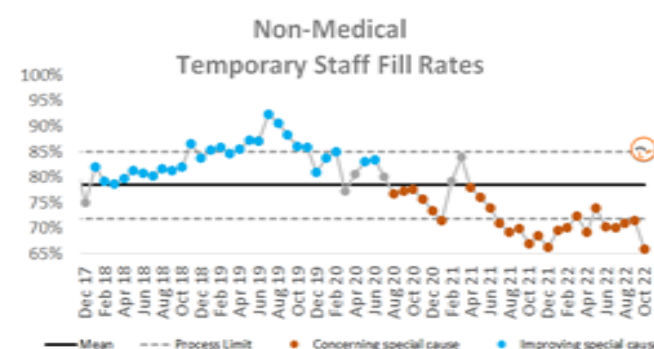
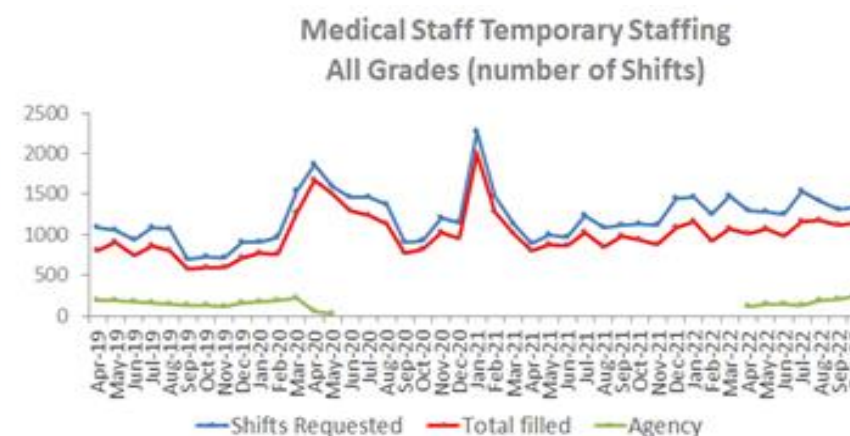
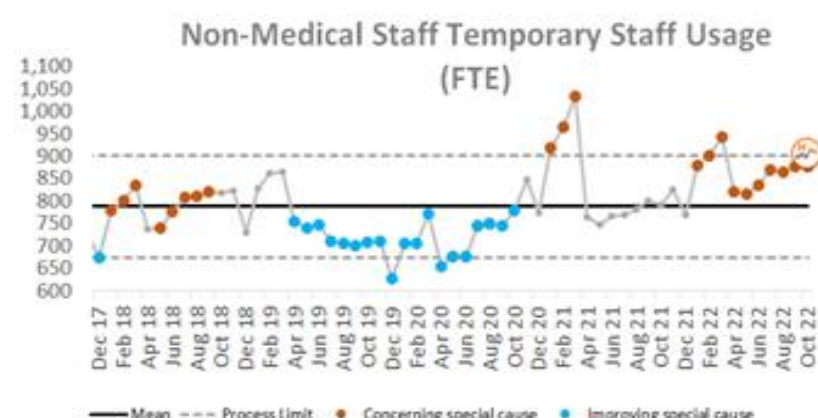
What the information tells us: The Trust's monthly absence rate due to Self Isolation has remained the same at 0.6%. Monthly absence rate due to potential Covid-19 related sickness has increased to 2% in October 2022. Overall, absence rates due to Covid-19 related sickness and self isolation increased by 0.8% to 2.7%.



Temporary Staffing

Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

What the information tells us: Demand for non-medical temporary staff increased by 8.4% from the previous month to 1,331 WTE. Top three reasons for request includes vacancy (49%), increased workload (15%) and sickness (15%). Nursing and midwifery agency usage increased by 1.5 WTE from the previous month to 38.8 WTE. This accounts for 11% of the total nursing filled shifts. Overall, fill rate has reduced by 5.5% from last month to 66% in October 2022.

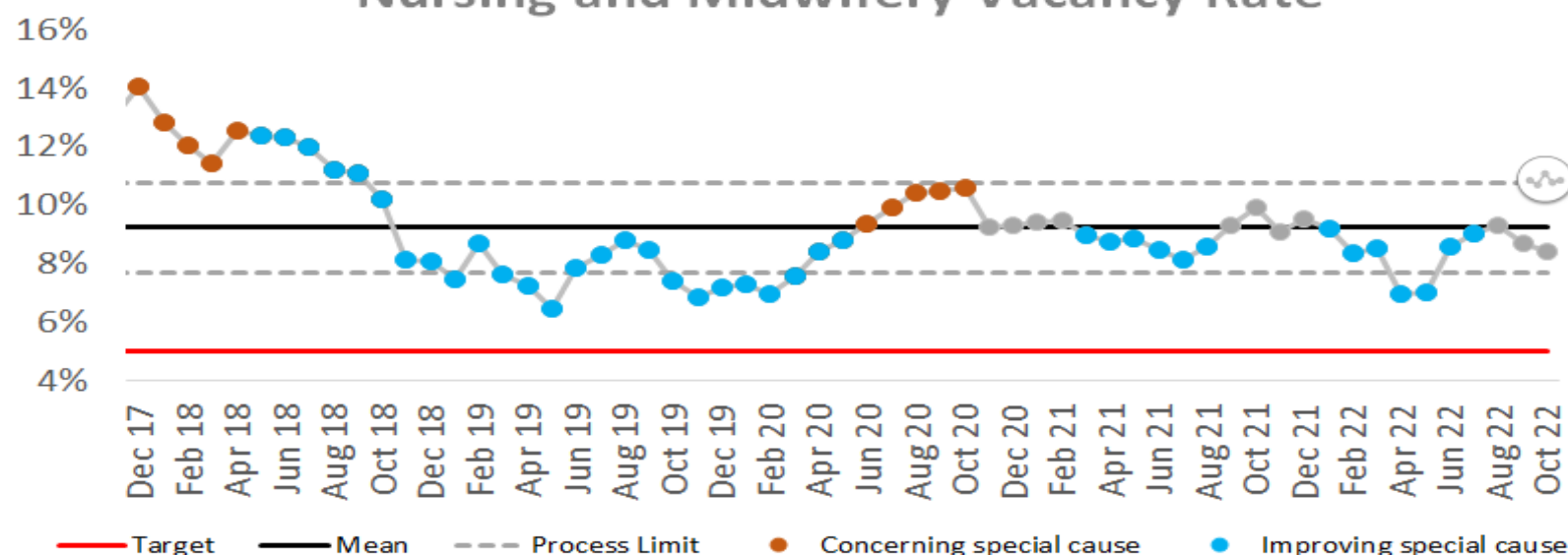


*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

ESR Vacancy Rate

Workforce: ESR Vacancy Rate

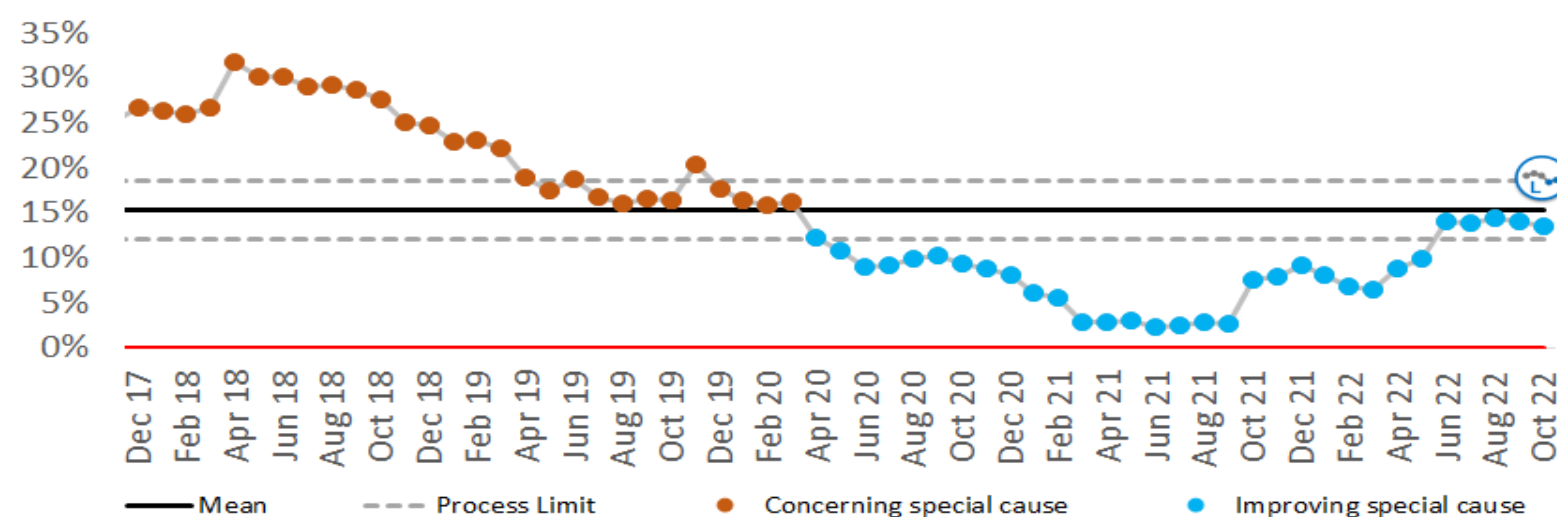
Nursing and Midwifery Vacancy Rate



Background Information: Vacancy rate provides vacancy information based on established post within an organisation. The figure below relates to ESR data for clinical areas only and includes pay band 2-4 for HCA and 5-7 for Nurses.

What the information tells us: The vacancy rate for both Healthcare Assistants and Nursing and Midwifery remained below the average rate at 13.5% and 8.5% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

Healthcare Assistant (incl. MCA) Vacancy Rate



Annual Leave Update

Percentage of Annual Leave (AL) Taken – Oct 22 Breakdown

	Staff Group	Total Entitlement (Hrs)	Total AL Taken (Hrs)	*% AL Taken	% of staff with Entitlement recorded on Healthroster
Annual Leave taken by Staff Group	Add Prof Scientific and Technic	49,962	27,048	54.1%	97%
	Additional Clinical Services	368,953	207,883	56.3%	97%
	Administrative and Clerical	477,570	254,807	53.4%	96%
	Allied Health Professionals	146,820	81,646	55.6%	100%
	Estates and Ancillary	77,293	47,129	61.0%	99%
	Healthcare Scientists	136,517	74,322	54.4%	96%
	Medical and Dental	141,874	49,533	34.9%	36%
	Nursing and Midwifery Registered	767,052	438,715	57.2%	97%
	Trust	2,166,040	1,181,083	54.5%	88%
Annual Leave taken by Division	<i>Division</i>				
	Corporate	300,421	164,170	55%	95%
	Division A	409,695	226,597	55%	86%
	Division B	597,595	327,892	55%	93%
	Division C	280,007	147,114	53%	81%
	Division D	252,124	138,594	55%	85%
	Division E	233,260	129,627	56%	84%
	R&D	92,939	47,089	51%	94%

* Greater than 47% Less than 35% Between 35% and 47%

What the information tells us: The Trust's annual leave usage is 93% of the expected usage after the seventh month of the financial year. Overall usage is 54.5% compared to the expected 58%. The highest rate of use of annual leave is within the Estates and Ancillary staff group, followed by Nursing and Midwifery Registered staff at 61% and 57.2% respectively.

Mandatory Training by Division and Staff Group

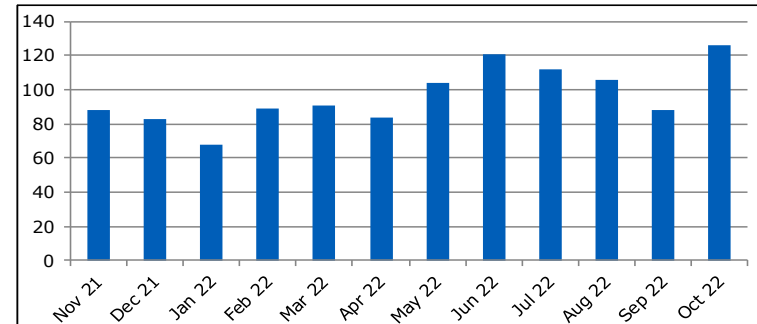
Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending a class based session.

	Induction				Greater than 94%	Less than 80%	Between 80% and 94%				Mandatory Training Competency (as defined by Skills for Health)												Greater than 89%	Less than 75%	Between 75% and 89%	
	Non-Medical		Medical		Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control	Information Governance Including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance							
	Corporate Induction	Local Induction	Corporate Induction	Local Induction																						
	Frequency	Delivery Method	Frequency	Delivery Method																						
Staff Requiring Competency	1,004	1,004	150	150	10,263	10,263	10,432	10,263	10,263	10,263	10,437	7,246	10,263	7,689	10,263	7,676	1,764	1,405								
Compliance by Division																										
Division A	(16)90.8%	(26)85.0%	(5)87.8%	(8)80.5%	(41)97.9%	(36)98.1%	(281)85.8%	(40)97.9%	(77)96.0%	(164)91.6%	(245)87.6%	(333)81.7%	(53)97.3%	(170)90.8%	(34)98.2%	(157)91.6%	(69)67.6%	(19)88.4%	92.6%							
Division B	(15)94.4%	(38)85.8%	(2)92.0%	(7)72.0%	(60)97.8%	(65)97.6%	(216)92.1%	(62)97.7%	(114)95.8%	(175)93.5%	(328)88.1%	(335)76.8%	(80)97.0%	(201)88.7%	(60)97.8%	(176)89.9%	(22)81.7%	(14)88.3%	93.5%							
Division C	(22)88.9%	(38)80.8%	(3)91.2%	(4)88.2%	(46)96.7%	(50)96.4%	(220)84.7%	(58)95.9%	(81)94.2%	(149)89.4%	(247)82.8%	(327)77.2%	(77)94.5%	(139)90.4%	(50)96.4%	(133)90.8%	(58)76.6%	(23)90.7%	90.4%							
Division D	(6)93.9%	(21)78.6%	(6)80.0%	(8)73.3%	(40)96.8%	(42)96.7%	(171)86.7%	(46)96.4%	(78)93.9%	(148)88.3%	(243)81.1%	(296)73.3%	(56)95.6%	(116)89.7%	(46)96.4%	(99)91.3%	(25)80.2%	(20)84.0%	90.4%							
Division E	(5)95.0%	(18)82.2%	(4)77.8%	(5)72.2%	(32)97.3%	(36)97.0%	(185)84.9%	(42)96.5%	(62)94.8%	(101)91.5%	(302)75.3%	(251)77.9%	(66)94.4%	(140)87.7%	(42)96.5%	(125)89.1%	(252)75.6%	(74)89.8%	89.2%							
Corporate	(11)90.8%	(19)84.2%	(0)100.0%	(0)100.0%	(36)97.3%	(41)96.9%	(76)94.3%	(42)96.8%	(65)95.1%	(100)92.5%	(86)93.5%	(27)81.9%	(57)95.7%	(16)90.2%	(49)96.3%	(14)91.6%	(8)52.9%	(4)76.5%	94.9%							
R & D	(2)95.7%	(4)91.5%			(6)98.6%	(8)98.1%	(14)96.7%	(7)98.4%	(12)97.2%	(18)95.8%	(30)93.0%	(13)91.4%	(11)97.4%	(9)94.9%	(8)98.1%	(8)95.5%	(2)77.8%	(1)83.3%	96.6%							
Breakdown of Medical staff compliance																										
Consultant			(7)83.7%	(13)69.8%	(21)97.1%	(22)97.0%	(46)93.7%	(25)96.6%	(43)94.1%	(80)89.0%	(46)93.7%	(180)75.8%	(29)96.0%	(53)92.8%	(19)97.4%	(44)94.1%	(34)84.9%	(17)91.5%	92.7%							
Non Consultant			(13)87.9%	(19)82.2%	(63)85.9%	(63)85.9%	(90)79.9%	(74)83.4%	(101)77.4%	(163)63.5%	(117)73.8%	(471)44.3%	(87)80.5%	(201)76.0%	(72)83.9%	(195)76.8%	(79)58.0%	(39)75.9%	74.0%							
Compliance by Staff group																										
Add Prof Scientific and Technic	(0)100.0%	(1)95.7%			(5)97.8%	(5)97.8%	(4)98.3%	(5)97.8%	(8)96.5%	(14)93.9%	(13)94.3%	(10)68.8%	(8)96.5%	(19)90.5%	(8)96.5%	(17)91.3%	(0)100.0%	(0)100.0%	95.4%							
Additional Clinical Services	(36)84.5%	(42)81.9%			(30)98.2%	(32)98.1%	(249)85.8%	(28)98.4%	(63)96.3%	(140)91.8%	(334)81.0%	(318)76.9%	(50)97.1%	(203)86.9%	(31)98.2%	(177)88.6%	(50)66.7%	(6)92.9%	91.3%							
Administrative and Clerical	(18)91.8%	(33)84.9%			(54)97.5%	(59)97.3%	(80)96.4%	(61)97.2%	(104)95.3%	(140)93.6%	(107)95.1%	(3)70.0%	(86)96.1%	(13)88.2%	(73)96.7%	(12)89.3%	(6)14.3%	(2)71.4%	95.8%							
Allied Health Professionals	(3)95.2%	(13)79.4%			(7)98.9%	(6)99.1%	(69)89.6%	(9)98.6%	(17)97.3%	(33)94.8%	(147)77.8%	(139)78.9%	(8)98.7%	(34)94.8%	(5)99.2%	(35)94.7%	(14)77.0%	(7)88.1%	93.2%							
Estates and Ancillary	(3)91.2%	(0)100.0%			(8)97.6%	(8)97.6%	(17)94.9%	(8)97.6%	(9)97.3%	(34)89.8%	(3)99.1%	(3)99.1%	(8)97.6%	(8)97.6%	(6)98.2%				96.6%							
Healthcare Scientists	(0)100.0%	(7)82.5%			(9)98.5%	(11)98.2%	(27)95.5%	(10)98.3%	(21)96.5%	(28)95.3%	(43)92.9%	(21)81.1%	(11)98.2%	(40)78.0%	(10)98.3%	(21)87.2%	(3)83.3%	(3)83.3%	95.6%							
Medical and Dental			(20)86.7%	(32)78.7%	(84)92.9%	(85)92.8%	(136)88.4%	(99)91.6%	(144)87.8%	(243)79.3%	(163)86.1%	(651)59.0%	(116)90.1%	(254)83.9%	(91)92.3%	(239)84.9%	(113)72.6%	(56)84.6%	84.6%							
Nursing and Midwifery Registered	(17)95.7%	(68)82.7%			(64)98.1%	(72)97.9%	(581)83.3%	(77)97.7%	(123)96.4%	(223)93.4%	(671)80.7%	(440)87.3%	(113)96.7%	(228)93.3%	(65)98.1%	(211)93.8%	(250)77.6%	(81)90.7%	92.5%							
Trust Total	(77)92.3%	(164)83.7%	(20)86.7%	(32)78.7%	(261)97.5%	(278)97.3%	(1163)88.9%	(297)97.1%	(489)95.2%	(855)91.7%	(1481)85.8%	(1582)78.2%	(400)96.1%	(791)89.7%	(289)97.2%	(712)90.7%	(436)75.3%	(155)89.0%	92.2%							

Workforce: Mandatory Training

Health and Safety Incidents

No. of health and safety incidents affecting staff:

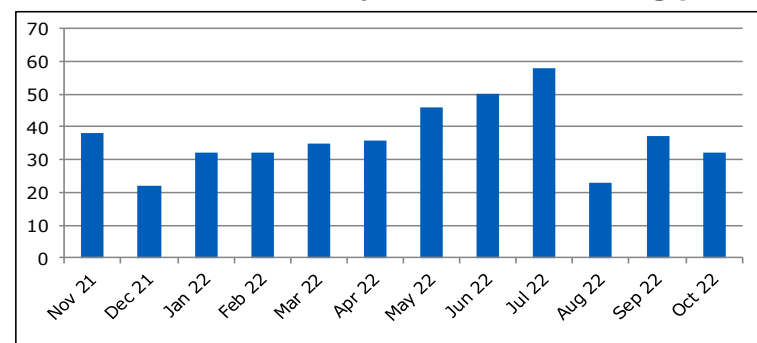


	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Accident	8	12	17	16	21	16	15	14	20	15	18	16	188
Blood/bodily fluid exposure (dirty sharps/splashes)	26	12	15	17	18	17	16	19	20	16	13	32	221
Environmental Issues	13	4	1	5	4	10	4	7	20	16	1	6	91
Moving and Handling	3	7	5	3	4	3	3	5	2	4	7	2	48
Sharps (clean sharps/incorrect disposal & use)	3	3	2	7	3	6	8	4	8	10	5	8	67
Slips, Trips, Falls	12	9	4	6	8	7	8	7	3	5	10	4	83
Violence & Aggression	23	34	22	32	29	23	45	61	36	36	34	57	432
Work-related ill-health		2	2	3	4	2	5	4	3	4	0	1	30
Total	88	83	68	89	91	84	104	121	112	106	88	126	1160

Staff incident rate per 100 members of staff (by headcount):

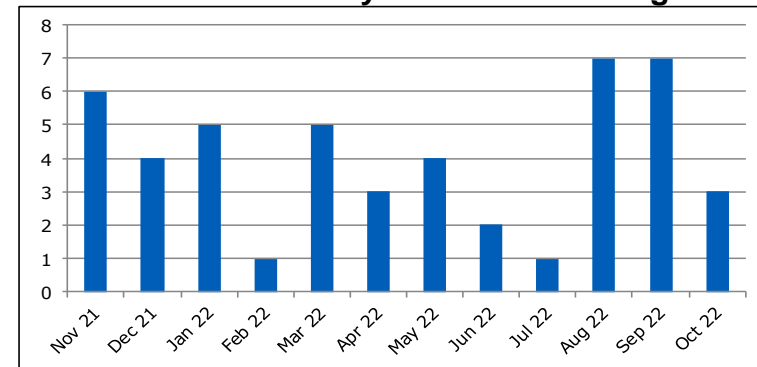
	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
No. of health & safety incidents	88	83	68	89	91	84	104	121	112	106	88	126	1160
Staff incident rate per month/year	0.8	0.8	0.6	0.8	0.8	0.8	1.0	1.1	1.0	1.0	0.8	1.2	10.7

No. of health and safety incidents affecting patients:



	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Accident	13	7	11	11	17	19	25	20	20	8	13	13	177
Blood/bodily fluid exposure (dirty sharps/splashes)	0	3	0	1	4	2	1	1	1	0	3	0	16
Environmental Issues	4	4	0	4	3	2	1	4	12	2	0	3	39
Equipment / Device - Non Medical	2	0	1	2	1	0	1	1	2	1	0	1	12
Moving and Handling	0	0	3	1	1	0	0	5	2	2	1	0	15
Sharps (clean sharps/incorrect disposal & use)	3	3	3	2	1	0	0	3	2	2	2	1	22
Violence & Aggression	16	5	14	11	8	13	18	16	19	8	18	14	160
Total	38	22	32	32	35	36	46	50	58	23	37	32	441

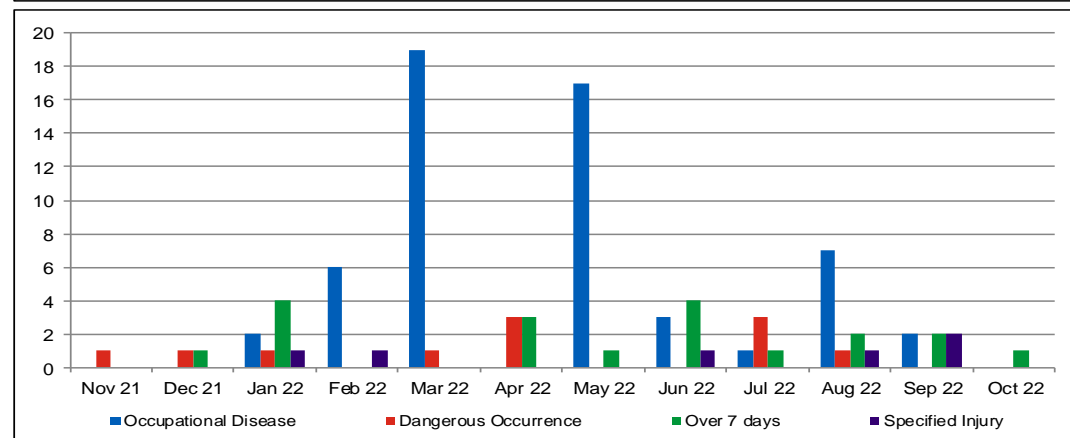
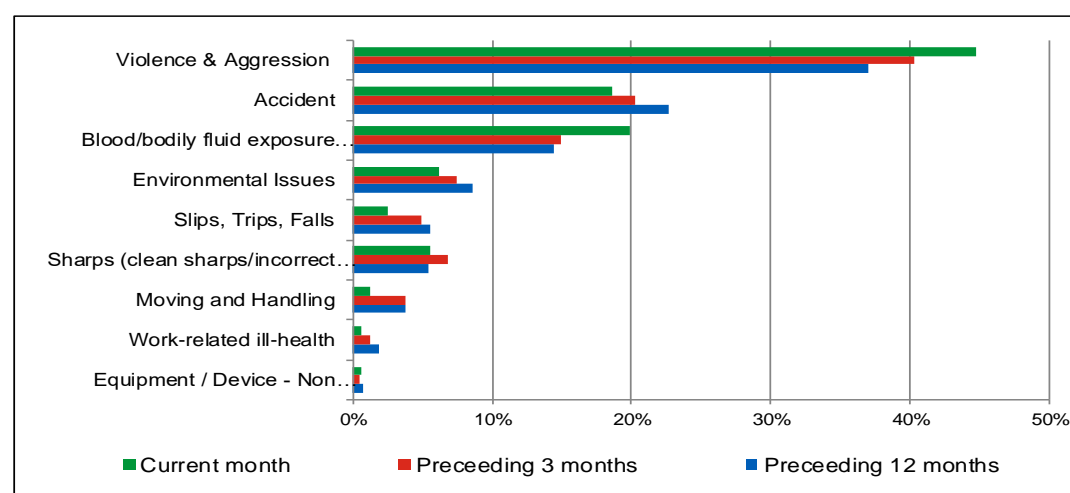
No. of health and safety incidents affecting others ie visitors, contractors and members of the public:



	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Accident	1	1	1	0	0	0	2	1	0	0	3	1	10
Environmental Issues	0	1	3	0	1	0	2	0	0	2	1	1	11
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	0	0	0	1	0	0	1
Slips, Trips, Falls	3	1	0	0	1	0	0	1	0	1	1	0	8
Violence & Aggression	2	1	1	1	3	3	0	0	1	3	2	1	18
Total	6	4	5	1	5	3	4	2	1	7	7	3	48

Health and Safety Incidents

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	1649	318	252	478	312	156	44	89
Accident	375	85	77	83	63	34	3	30
Blood/bodily fluid exposure (dirty sharps/splashes)	237	68	39	43	47	33	5	2
Environmental Issues	141	21	35	11	25	25	6	18
Equipment / Device - Non Medical	12	2	1	4	4	1	0	0
Moving and Handling	63	9	16	10	15	4	2	7
Sharps (clean sharps/incorrect disposal & use)	90	36	15	13	8	10	6	2
Slips, Trips, Falls	91	25	19	12	7	9	6	13
Violence & Aggression	610	64	44	300	138	38	11	15
Work-related ill-health	30	8	6	2	5	2	5	2



A total of 1,649 health and safety incidents were reported in the previous 12 months.

801 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (37%), accidents (23%) and blood/bodily fluid exposure (14%).

1,160 (70%) of incidents affected staff, 441 (27%) affected patients and 48 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (37%), blood/bodily fluid exposure (19%) and accidents (16%).

The highest reported incident categories for patients were: accidents (40%), violence & aggression (36%) and environmental issues (9%).

The highest reported incident categories for others were: violence and aggression (38%), environmental issues (23%) and accidents (21%).

Staff incident rate is 10.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 478 incidents. Of these, 63% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (61%).

40% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In October 2022, 1 incident was reported to the HSE:

Over 7 day injury (1)

➤ The Injured Person (IP) attended area A of the emergency department following activation of the panic alarm. Due to aggressive behaviour and threats of violence by the patient, the officers in attendance engaged in physical intervention. During this interaction, the IP sustained a muscle injury to their shoulder/arm. The IP was relieved of his duties and was seen by doctors at the emergency department. The IP has subsequently been signed off work for 2 weeks as a result of the injury.

Report to the Council of Governors: 19 December 2022

Agenda item	7.1
Title	Report of the Lead Governor
Sponsoring executive director	n/a
Author(s)	Neil Stutchbury, Governor
Purpose	To receive the report of the Lead Governor
Previously considered by	n/a

Executive Summary

This report summarises the activities of the Lead Governor since the previous meeting of the Council of Governors.

Related Trust objectives	n/a
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council is asked to note the report of the lead Governor.

Council of Governors
Report from the Lead Governor
Neil Stutchbury

1. Recent Governor meetings

- 1.1 We have held two **Governor Forum meetings** (28 October and 22 November) since the last Council of Governors' meeting. At these meetings we heard updates from governors who observe Board assurance committees as well as discuss upcoming issues, including the governor training event (see below), future seminar topics, and the logistics of this first face-to-face Council of Governors' meeting since the start of the pandemic. At the latter meeting, Jason Clarke, the new Trust Secretary, joined us as part of his induction and listened into the conversation.
- 1.2 A **Governor Strategy Group** meeting was held on 15 November, where we discussed the recently approved strategy refresh and the scenarios developed for the five-year plan. Further details can be found in the report from Julia Loudon.
- 1.3 Governors met the NEDs at the **quarterly Governor/NED** meeting on 2 November and sought assurance on a range of issues, including the time taken to recruit volunteers, radiology accreditation, transition to a new Director of Digital, the Integrated Care Board (ICB) implementation plan, the 60-hour waits two patients experienced in the Emergency Department in October and assurance on addressing the rising number of hospital-acquired pressure ulcers.
- 1.4 The **Membership Engagement Strategy Implementation Group** met on 15 November to discuss progress on implementing the strategy agreed earlier in the year. Good progress is being made in several areas, although increasing the age and ethnic diversity of our membership remains challenging. An update on the Membership Engagement Strategy is included as a separate agenda item.
- 1.5 A **Governor Seminar** was held on 8 November at which we heard two presentations: an overview by Sandie Smith, CEO of Healthwatch Cambridgeshire, on how Healthwatch is ensuring patient involvement in the Integrated Care System (ICS); and an update from Carin Charlton on the Trust's Green Plan and work to minimize the hospitals' carbon footprint.

2. Upcoming Governor meetings

2.1 The next three months' meetings of governors are as follows:

- 2.1.1 Regional Lead Governor meeting: 9 December 2022
- 2.1.2 Quarterly meeting with the NEDs: 11 January 2023
- 2.1.3 Governor Strategy Group: 16 January 2023
- 2.1.4 Governor Forum: 21 February 2023
- 2.1.5 Council of Governors: 22 March 2023

3. Other Governor activities

- 3.1 We held a training session for governors on 20 October, led by an external consultant. Training was focused on practical skills in effective questioning and holding NEDs to account.
- 3.2 A meeting of the Regional Lead Governors was held on 29 September. One of the aims of this group is to support each other and share best practice. It was clear that whereas CUH and Mid and South Essex FTs, for example, had boards who were very supportive of the contribution governors make, this is not always the case in every trust. Some trust governors face challenges in being able to do their job properly, due in part to difficult relationships with their boards. There was also wide variation in the degree with which trust governors had already connected with their ICBs.
- 3.3 All governors of the four foundation trusts within the South Integrated Care Partnership - North West Anglia, Cambridgeshire and Peterborough, Royal Papworth and CUH - were invited to meet with John O'Brien, Chair of the ICB, on 26 October. The meeting was valued by those governors who attended, providing an opportunity to hear more about progress in setting up the ICB and to discuss how the governor role changes in the context of trusts working in partnership within an ICS. As lead governors we intend to have regular meetings with John O'Brien and hope to make the cross-governor meeting an annual event.

4. Recommendation

- 4.1 The Council of Governors is asked to note the activities over the past three months.

Report to the Council of Governors: 19 December 2022

Agenda item	7.2
Title	Governors' Strategy Group
Sponsoring executive director	n/a
Author(s)	Julia Loudon, Patient Governor
Purpose	To summarise the activities of the Governors' Strategy Group.
Previously considered by	n/a

Executive Summary

This report summarises the activities of the Governors' Strategy Group.

Related Trust objectives	n/a
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council is asked to note the report covering the meeting of the Governors' Strategy Group held on 10 May 2022.

Cambridge University Hospitals NHS Foundation Trust

19 December 2022

Council of Governors

Governors' Strategy Group

Julia Loudon, Patient Governor

1. A meeting of the Governors' Strategy Group was held on 15 November 2022. Present were: Mike More (Chair), members of the Strategy Team (Daniel Northam-Jones (DN-J), India Miller (IM), Matthew Zunder) and governors David Dean, Julia Loudon, Neil Stutchbury, Gill Shelton and John Clarkson. Apologies were received from Brian Arney.
2. Topics discussed were (i) an update on strategy commitments (for the previous and forward four months) which had recently been discussed by the Board; and (ii) the 5-year implementation plan, taking account of projections on how key metrics will develop over the period.
3. DN-J provided a summary of progress being made with the strategy commitments since the strategy refresh was agreed in July 2022. In particular, he focused on the activities that will help drive and deliver the strategy:
 - Communicating to staff, patients and the public.
 - Building capacity, with dedicated resources to help design and implement the key transformational work.
 - Reporting to the Board and to the public.
 - Working to quantify some elements of the commitment to understand how gaps of activity and/or capacity could impact decision-making 3-5 years out.

Key points were:

- Given the difficult environment within the Trust and right across the NHS and social care, converting the strategy into deliverables at a level of granularity that can be effectively measured is going to be challenging.
- DN-J acknowledged they needed to focus on both tone and content of the strategy delivery, striking a balance between recognising reality of life for staff and patients. The content needs to be both inclusive, so that every member of staff feels involved, and decisive on what to prioritise in the prevailing circumstances.
- He emphasised that significant effort is being put into understanding constraints that are projected to impact delivery of the strategy (e.g.

capacity, increased demand), and finding ways to address these such that productivity can be improved. Examples of initiatives already in process to address these include virtual wards and planned additional orthopaedic capacity. While the ICS will help with these constraints, it will take time to show changes.

4. IM summarised the 5-year plan assumptions, with scenarios developed to project how:
 - Drivers of demand (including how population growth, increasing age, and higher acuity) will stretch primary care and impact on secondary care.
 - Various constraints (including diagnostics, capacity, patient flow, workforce, length of stay) could develop over the 5-year period and how system working will influence these.

For each metric, the 'medium scenario' is considered the most likely case. However, some are ambitious, and further work analysing financial and workforce constraints will further inform scenario planning.

5. Discussion points raised by governors included :
 - Governors acknowledged that improving discharge and patient flow is extremely complex – with many people involved, there is a lack of visibility across the whole process. JC outlined some work that his team had done on mapping the discharge process for other trusts. While each Trust has its own processes and specific challenges, the learnings and findings from this work could be helpful to CUH.
 - It was helpful to see the scenarios presented, and it was considered that workforce constraints will be a critical part of strategy delivery. Governors look forward to seeing the results of further work to show risks and mitigating factors between the scenarios.
 - It was noted that workforce shortages differ by staff area, and high vacancy rates in specialist services (e.g. pharmacy chemotherapy manufacture) will impact operational efficiency.
 - Governors were interested to learn that the Cambridgeshire population growth - 18% over the last 10 years - is the second highest in the UK. Governors are keen to understand how this is projected to develop over the next 10 years as it will obviously put significant pressure on CUH services.
 - The anticipated significant increase in diagnostics demand in the current model will likely increase further given the aspiration for early cancer detection.
 - The likely increase in private care (mostly as a result of patient choice) and how this will impact scenario planning, was discussed.

- It was commented that the performance of primary care will be critical to managing demand. While integrated care is intended (and expected) to ease some of the key challenges, lack of visibility across the system, and the impact of improvements implemented in other parts of the system, may impact how CUH can deliver its own improvements.

6. In terms of future reporting, the group agreed that it would be useful to:

- See the 'we said/we did/impact of what we did' loop of information against the strategy commitments.
- Demonstrate how continuous improvement work will be built into the strategy development.

Report to the Council of Governors: 19 December 2022

Agenda item	7.3
Title	Membership Engagement Strategy Implementation Group
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	Namoo Boodoo, Membership Manager
Purpose	To summarise the activities of the Membership Engagement Strategy Implementation Group.
Previously considered by	n/a

Executive Summary

This report summarises the activities of the Membership Engagement Strategy Implementation Group.

Related Trust objectives	n/a
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council is asked to receive and note the report.

Cambridge University Hospitals NHS Foundation Trust

19 December 2022

Council of Governors

Membership Engagement Strategy Implementation Group

1. The Membership Engagement Strategy Implementation Group met on 15 November 2022. The following governors were present: Julia Loudon, Neil Stutchbury, Ruth Greene, Adele White, Jane Biddle and Samira Addo. Ian Walker (Director of Corporate Affairs) and Namoo Boodoo (Membership Manager) also attended.
2. The Group discussed and agreed the outline script for a film to promote foundation trust membership. It was agreed that members should be identified to be part of the narration of the film.
3. The Group discussed priority areas for extending community engagement and suggested a number of additional groups to be included. It was recognised that increasing engagement with these groups would require additional input from governors.
4. The Group reviewed the progress report on the implementation of the Membership Strategy and supported the plans to provide an update to the Council of Governors in December 2022.

Report to Council of Governors: 19 December 2022

Agenda item	8
Title	Membership Engagement Strategy update
Sponsoring executive directors	Ian Walker, Director of Corporate Affairs
Author(s)	Namoo Boodoo, Membership Manager Julia Loudon, Patient Governor and Chair of Membership Engagement Strategy Implementation Group
Purpose	To review progress on the implementation of the Membership Engagement Strategy.
Previously considered by	Membership Engagement Strategy Implementation Group, 15 November 2022

Executive summary

The Membership Engagement Strategy Implementation Group (MESIG) was formed in March 2021 to develop an updated Membership Engagement Strategy for the Trust.

Following the approval of the Strategy by the Council of Governors in September 2021, MESIG has continued to meet at regular intervals to work through the membership implementation plan, making good progress against a number of objectives.

This paper updates the Council of Governors on progress to date in implementing the Membership Engagement Strategy. Appendix 1 provides a detailed update on progress against each of the elements of the Strategy and also against the key objectives and associated key performance indicators.

At this meeting, the Group is seeking:

- Comments from governors on the progress to date.
- Suggestions on how to address the key challenges.
- Commitment from governors to assist with the roll-out of membership engagement activities.

Background

1. MESIG: What have we achieved?

1.1. Identify initiatives that members can take part in that would directly influence how services are delivered.

Four listening sessions were run for our foundation trust members this year on stroke, outpatients (twice) and urgent and emergency care. Each session was attended by two governors to listen to the feedback and share what they had heard at governor forums and NED/governor meetings.

Generally, a maximum of 10 members sign up for the sessions (patient, carer and public) with between 3 and 5 members attending on the day.

The Outpatients service found the session really helpful and have requested support to help run these sessions every six months. The first session was held in May 2022 and second in November 2022.

Further listening sessions will be scheduled in 2023.

1.2. Create a film about membership at CUH which describes the offer and the benefits.

A proposed Membership film script was developed and shared with the Membership Engagement Strategy Implementation Group for comments. Overall, the script was supported by the group. The group then agreed that involving a diverse group of Trust members in the narration of the video would help prospective members relate to the benefits of membership.

1.3. Update website content to provide clear information on what membership is and the benefits of joining as a patient, public or staff member.

A clear narrative of what it means to be a member was developed and agreed with the Group. The finalised narrative is now live on the CUH website.

There was a discussion that it would be helpful to have a platform exclusive to members. A membership hub has now been developed within the CUH website and has the following information:

- Carousel slider – which links to narrative
- Links to our hospitals' history, new hospital plans, staff stories, Medicine for Members and information on visiting our hospitals
- Membership film (when ready)
- Governors' page link
- News
- How members can get involved

The hub will go live once the membership film is ready.

1.4. Bi-monthly Medicine for Members events, with two per year being exclusive to members only with governor involvement at each event (as governor host)

Since November 2021, patient, public and staff governors have hosted the Medicine for Members lectures.

Two 'members only' lectures have also been held:

- Wednesday 20 July - Cambridge Global Health Partnerships - the power of partnership. (54 members registered and 29 attended.)
- Wednesday 16 November - Specialist Palliative Care at CUH - pre, during and post-COVID pandemic. (105 members registered and 55 attended.)

All lectures are available to be watched after the event on Facebook or YouTube. It is thought that these are well-accessed and that we should include these statistics in our analysis.

1.5. Monthly newsletter ideally with the ability to target specific content based on member interests

The monthly membership newsletter was restructured in August 2021. In each edition a governor is profiled, and a variety of engagement activities are now offered to members via the newsletter to suit their needs/interests, including:

- Listening sessions on various services
- Patient-led assessments of the care environment (PLACE)
- Research
- Surveys
- Workshop
- Addenbrooke's Charitable Trust
- Get involved in photoshoot/videoshoot

Metrics to date are showing an increase in the number of members opening the newsletter and responding to the engagement activities. Ways to further increase interest and engagement with the newsletter are being discussed - ideas from other governors would be welcomed.

2. What are key challenges?

2.1 Increase proportion of members from a Black and Minority Ethnic background (10%), aged 16-29 (13%) and aged 30-49 (26%)

One of the key objectives of the Strategy is to increase the diversity of the Trust membership by increasing the proportion of the Black and Minority Ethnic, age 16-29 and age 30-49 membership against the baseline numbers.

The proportion of Black and Minority Ethnic members has increased slightly to 8% since the September 2021 baseline (7%). The proportion of members aged 16-29 and 30-49 has been the same since September 2021 - 16-29 = 2% and 30-49 = 11%.

To seek to further increase the number of Black and Minority Ethnic and younger members, a list of community groups has been identified to be approached with a presentation highlighting the benefits of Trust membership and other targeted content of particular relevance.

2.2 Increase participation in governor elections

The numbers of members who have voted in governor elections over recent years has generally been relatively low, with approximately 17-18% of members in each of public, patient and staff constituencies voting. However, this is not out of line with the turnout seen by other foundation trusts.

The number of staff voting in elections dropped to 15% in 2022 and we are working with the staff governors on further ways to engage with staff about the governor role.

3. Support required from the Council of Governors

MESIG would welcome broad governor support in the following areas:

3.1. Community engagement: MESIG has identified the importance of attracting membership from across the local and regional community, particularly in relation to ethnic diversity and younger age groups. Ideas from other governors on how to best approach the community groups and encourage engagement with the CUH membership would be welcome.

3.2. Supporting the Trust's membership strategy: MESIG would encourage all governors to support the membership efforts and be willing to participate in engagement activities, for example:

- Hosting Medicine for Members events.
- Attending member listening sessions.
- Speaking to community groups about the benefits of Trust membership.

Together
Safe
Kind
Excellent



Membership Strategy update

Namoo Boodoo
Membership Manager

Progress on membership engagement strategy implementation plan

1. Make the offer clear

Actions	Status	Comments
Identify initiatives that members can take part in that would directly influence how services are delivered – such as PLACE visits, 15 steps, readership panels, focus groups.	Ongoing	<p>Held the following listening sessions (similar to focus groups):</p> <ul style="list-style-type: none"> • Stroke - February 2022 (3 patients attended – 5 people signed up) • Outpatients - May 2022 (5 patients and 1 carer attended - 10 people signed up) • Urgent and Emergency Care – October 2022 (5 patients and 1 carer attended - 9 people signed up) • Outpatients - November 2022 - (3 patients attended -10 people signed up) <p>Outpatients found the session really helpful and requested if we (communications/membership) can help run these a couple of times a year.</p> <p>Promoted the monthly mini PLACE assessments (July 2022 – May 2023) in the July and August Membership newsletter. 9 FT members expressed an interest.</p> <p>Promoted the Annual PLACE event in the October Membership newsletter – 10 members signed up.</p>
Survey potential members/community groups to understand what would motivate them to get more involved with the Trust	Not yet started	Proposal – instead of doing a survey, we would recommend reaching out directly to the community groups to present membership and seek feedback on what would motivate them to become members/where the barriers exist.
Create a film about membership at CUH which describes the offer and the benefits	In progress	A proposed Membership film script was developed and shared with the Membership Strategy Group for comments. Overall, the script was supported by the group. The group then agreed that involving a diverse group of Trust members in the narration of the video would help prospective members relate to the benefits of membership.

1. Make the offer clear

Actions	Status	Comments
Clearly articulate the governor election process and role of governors and the important relationship between members and governors.	In progress	<p>The Membership film will touch on the role of a governor briefly. We could potentially have a separate governor video which talks more in detail about the role?</p> <p>For the 2023 elections, we have the following virtual briefing sessions are planned:</p> <ul style="list-style-type: none"> • Thursday 23 February 2023 (12-1pm) – patient and public members • Thursday 23 February 2023 (5-6pm) – staff members • Engaging staff members with the Governor role – We are working with the Staff Governors to engage staff members better about the governor (what is the governor role/what kind of things would staff members go to staff governors for?). We are looking to implement the following: 8:27/Presence on Connect/Speaking at the Staff Networks /Stall in concourse/Staff Facebook Group.
Profile role of governors / governor stories to members more directly clearly articulate the channels available for members to interact with governors	Ongoing	Include profile of governors in the monthly membership newsletter with link to contact form.
Survey current members to help understand motivation for getting involved and gather feedback/insight (and repeat this on an annual basis)	Completed in April 2022	This is carried out on an annual basis.
Update website content provide clear information on what membership is and the benefits of joining, for each constituency making the most of current NHS profile.	Complete	<p>Narrative was developed to be clear on what membership is/who it is open to. Agreed with the Membership Strategy Group. Narrative is live on the website.</p> <p>A membership hub has also been developed within the CUH website and will go live once the membership film is ready.</p>

2. Build an active membership and improve representation from minority groups

Actions	Status	Comments
Data cleanse exercise mailing to those we do not have email addresses for	Ongoing	Namoo called members with no email addresses in autumn/winter 2021. However, this wasn't helping to increase email addresses but only cleansed the database by removing those who no longer wanted to be member.
Review/consider alternatives to Civica	On going – to be completed as part of election process	<p>Spoke to Tractivity in summer 2021 who was looking to implement a Membership database by summer 2022. They've not had many prospects who wanted to use Tractivity as a Membership database – confirmed July 2022.</p> <p>Renewed our contract with Civica for 2023.</p> <p>Civica is working well for what we need it for, however if we see an opportunity for an alternative, we will consider.</p>
Increase the diversity of the membership by working with different community groups, using appropriate channels and creating targeted content for those groups age, location, ethnicity, protected characteristics but also from non professional backgrounds	In progress	<p>In the November Membership Strategy meeting, the group reviewed the community engagement list (Broad ethnicity groups, Disability groups, General community groups and Youth groups) and discussed other groups which were missing.</p> <p>The following suggestions were made:</p> <ul style="list-style-type: none"> • Consider other religious groups • Speak to GP Patient Participation groups to reach broad ethnicity and youth groups • Reaching out to groups that CUH already have links with – schools/colleges and other community groups via the chaplaincy • Setting up a LinkedIn page

2. Build an active membership and improve representation from minority groups

Actions	Status	Comments
Promotion via MyChart	Not yet started	To discuss with the E-hospital team.
Promotion via existing patient groups (including to ACTs programme of 'grateful patients')	On going	Promoted membership in ACT newsletter – November 2021. To ask ACT to promote again.
Promotion to Cambridge Biomedical Campus partners (via existing stakeholder newsletter)	Not yet started	

3. Provide regular, engaging, communications

Actions	Status	Comments
Bi - monthly Medicine for Members events, with two per year being exclusive to members only with governor involvement at each event (such as governor host)	Ongoing	<p>November 2021 lecture – hosted by Gemma Downham, Public Governor January 2022 lecture – hosted by Will Watson, Staff Governor March 2022 lecture – hosted by Adele White, Patient Governor May 2022 lecture – hosted by Emma Rose, safety and quality midwife July 2022 lecture - hosted by Adele White, Patient Governor November 2022 lecture – hosted by Mahad Nur, Staff Governor</p> <p>First Members only lecture was held on Wednesday 20 July - Cambridge Global Health Partnerships - the power of partnership. (54 members registered and 29 attended)</p> <p>Second Members only lecture was held on Wednesday 16 November - Specialist Palliative Care at CUH - pre, during and post-COVID pandemic. (105 members registered and 55 attended)</p>
Monthly newsletter ideally with the ability to target specific content based on member interests	Ongoing	Various engagement activities are included in the monthly membership newsletter which give members the opportunity to get involved in our work based on their interests.
Provide more personalised content based on members interests (encourage members to update their interests list on Civica)	Ongoing	<p>Updated service preferences list – included a survey in December 2021 newsletter for members to update their preferences so we are able to deliver engaging talks, listening sessions and more.</p> <p>Survey after Medicine for Members – ask attendees what topics they would like to hear about.</p>

3. Provide regular, engaging, communications

Actions	Status	Comments
<p>Reinstate a printed communication (twice a year TBC whether this is members only or all staff/patients/public).</p> <p>Online version to be made available also.</p>	Not yet started	<p>In the July meeting, there was a discussion around whether this is feasible as members have not engaged over the years when requested for an email address.</p> <p>The group suggested including a piece of communication within the election ballot pack to members instead of the postal magazine.</p> <p>Civica Electoral Service confirmed that a newsletter can be included in the ballot pack but without articles or photos about a re-standing governor.</p>
Members/governors Q&A sessions/focus groups focusing on particular topics (quarterly)	In progress	<p>Governors who attended the listening sessions:</p> <ul style="list-style-type: none"> • Stroke - February 2022 (Ruth Greene and Julia Loudon attended) • Outpatients - May 2022 (David Dean and Julia Loudon attended) • Urgent and Emergency Care - October 2022 (Howard Sherriff attended) • Outpatients - November 2022 (Dr Carina Tyrrell attended)
Invite members to take part in consultation and engagement events on major projects	Ongoing	Seven members signed up to the CCRH cancer network – to be involved in filling in short surveys to participating in discussions to inform key decisions.
Create engaging Governor profiles for use on website and other channels	Not yet started	Can be looked into once the Membership Hub has launched.
Governor update to be included in each monthly newsletter	Not yet started	

Baseline statistics - November 2022

Objectives	Target	March/September 2021 position	Current position
1. Maintain current number of members	Our focus is on engaging more actively with current members rather than increasing numbers during the next two years.	<ul style="list-style-type: none"> Patient members: 3,995 (March 2021) Public members: 4,800 (March 2021) 	<ul style="list-style-type: none"> Patient members: 3,702 Public members: 4,547
2. Increase proportion of members from Black and Minority Ethnic background	10%	7%	8%
3. Increase proportion of members aged 16-29 and aged 30-49	<ul style="list-style-type: none"> Increase 16-29 to 13% Increase 30-49 to 26% 	<ul style="list-style-type: none"> 16-29 = 2% of members 30-49 = 11% of members 	<ul style="list-style-type: none"> 16-29 = 2% of members 30-49 = 11% of members
4. Increase the proportion of members with email addresses	50%	34% (March 2021)	36%
5. Increase participation in governor elections	<ul style="list-style-type: none"> Those putting themselves forward to become governors Increase voting in elections to 30% for each constituency 	<ul style="list-style-type: none"> 29 total for 15 positions = average of 1.9 per position Patient (2019) = 1,102/25.7% Public = 821/17.2% Staff = 1959/17.5% 	<ul style="list-style-type: none"> 10 total for 5 positions = average of 2.0 per position Patient = 705/18.3% Public = 825/17.5% Staff = 1720/15.0%
6. Increase participation in membership events to average of 200 live attendances	Average of 200 live attendances	Average of 147 live attendances at M4M (March 2021)	Average of 78 attendances (from November 2021 - November 2022)
7. Increase readership of the monthly newsletters	Over 50% open rate	March 2021 - 49%	Open rate since March 2021 = 52%; Sep-Nov 22 = 55%

Objective 1 - Maintain current number of members

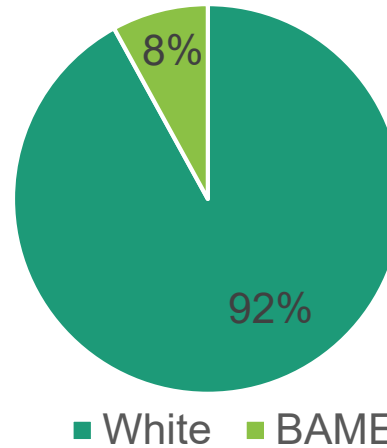
Target: Our focus is to engage with current members rather than increasing numbers during 2022/2023.

Current position = 3,702 patient members and 4,547 public members.

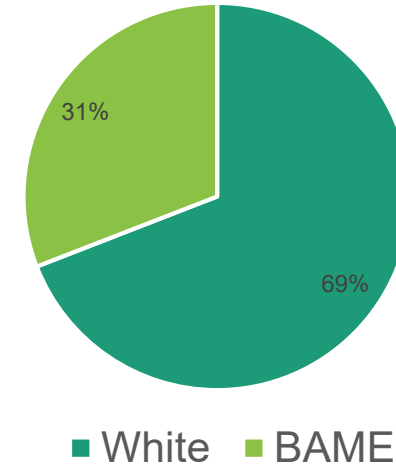
March 2021 position = 3,995 patient members and 4,800 public members.

Objective 2 - Increase proportion of members from Black and Minority Ethnic background

PATIENT AND PUBLIC MEMBERS
ETHNICITY



STAFF ETHNICITY

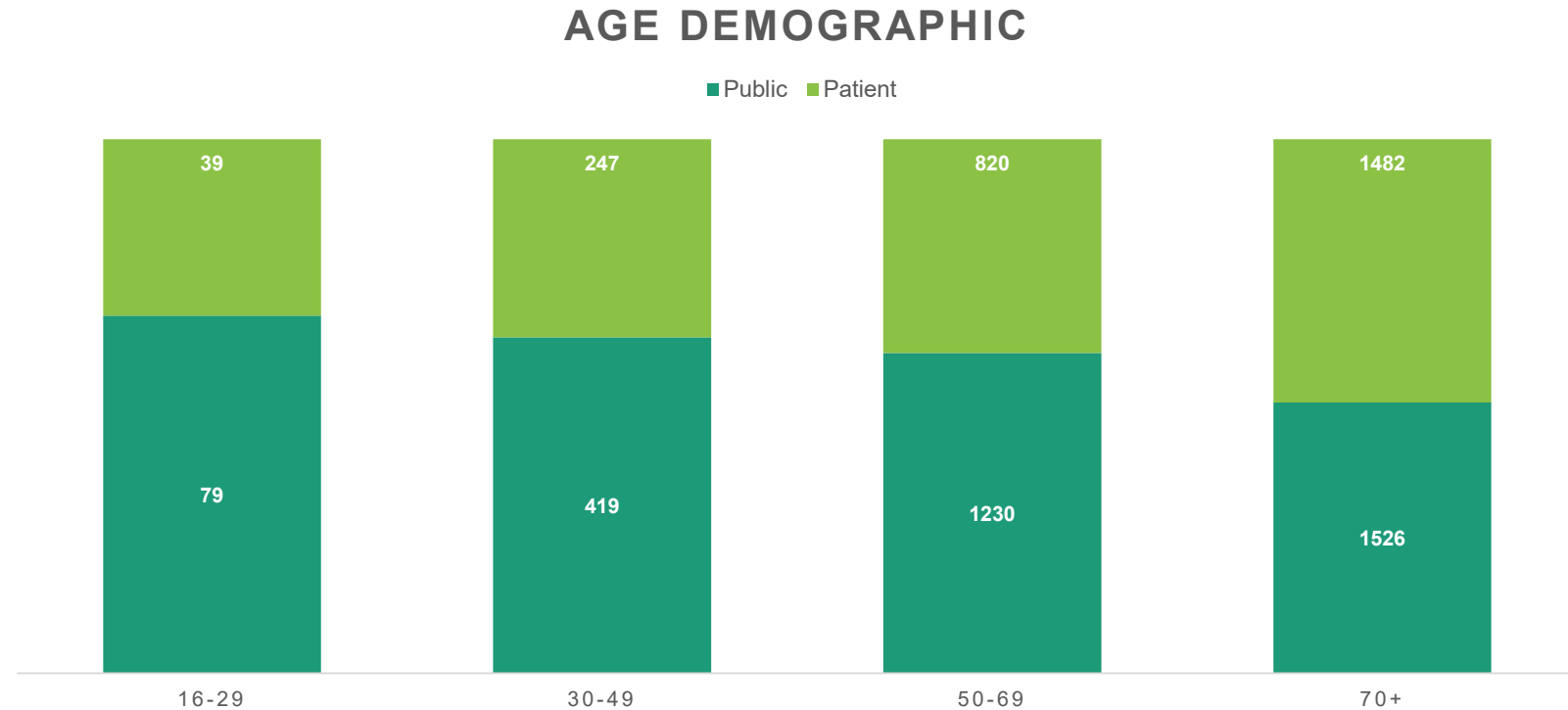


Target: Increase proportion of members from Black and Minority Ethnic background to 10%.

Current position = 8% of patient and public members are Black and Minority Ethnic.

March 2021 position = 7% of patient and public members are Black and Minority Ethnic.

Objective 3 - Increase proportion of members aged 16-29 and aged 30-49



Target: Increase proportion of members aged 16-29 to 13% and aged 30-49 to 26%.

Current position 16-29 = 2% of members. (September 2021 = 2% of members)

Current position 30-49 = 11% of members. (September 2021 = 11% of members)

Current position 50-69 = 35% of members.

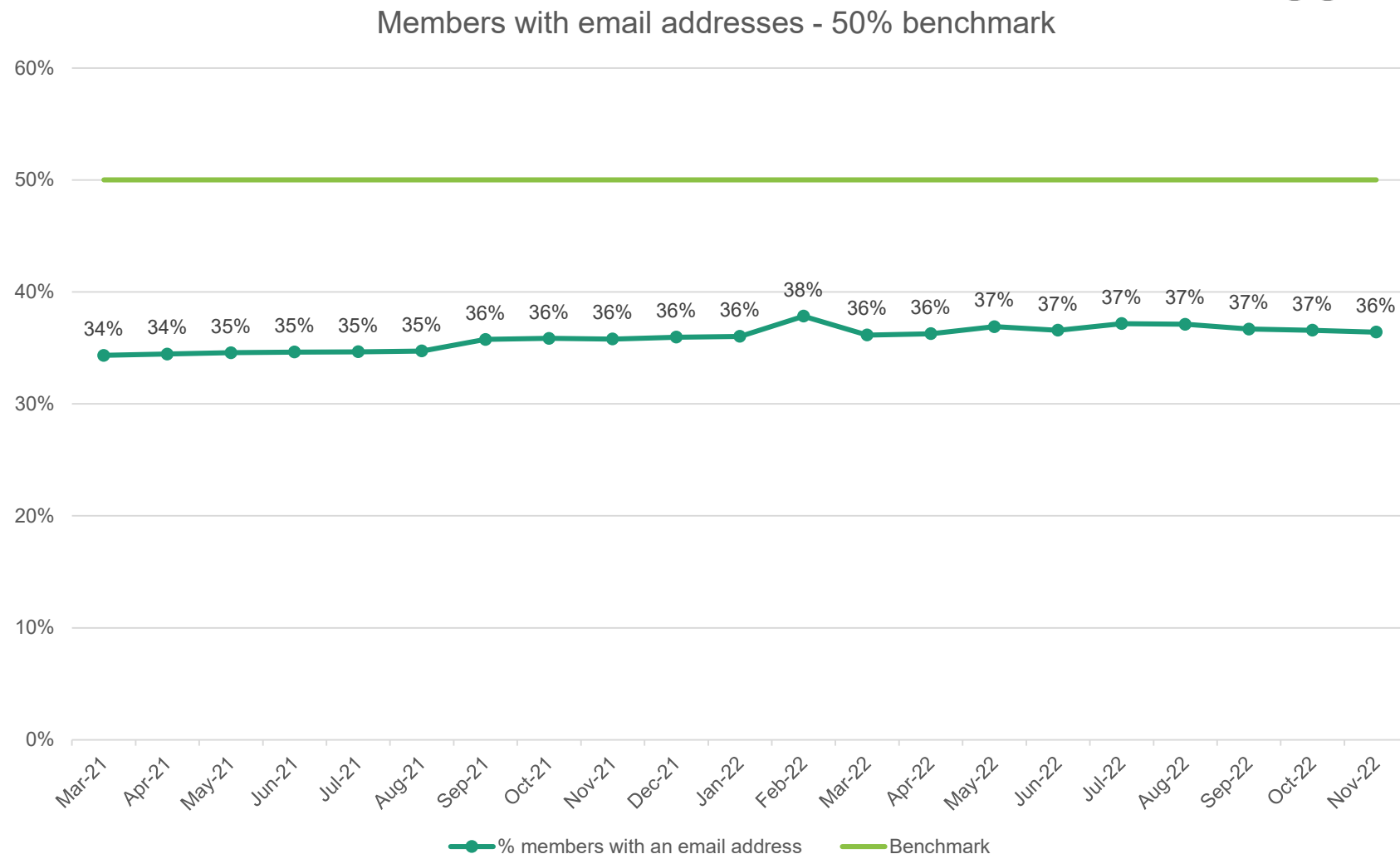
Current position 70+ = 51% of members.

Objective 4 - Increase proportion of members with email addresses

Target: Increase the proportion of members with email addresses to 50%.

Current position = 3006 (36%) of members have an email address.

March 2021 position = 3027(34%) of members have an email address.



Objective 5: Increase participation in Governor elections:

2022 Election stats

1. Number of candidates putting themselves forward:
 - Patients = 5 (2 elected)
 - Public = 2 (1 elected)
 - Staff = 3 (1 elected)
2. Number who voted (by each constituency):
 - Patient = 393 post and 312 online votes out of 3,849 eligible voters (18.3%)
 - Public = 467 post and 358 online votes out of 4,715 eligible voters (17.5%)
 - Staff = 0 post and 1,720 online votes out of 11,479 eligible voters (15.0%)
- a) Those putting themselves forward to become governors (2022 = 10 total for 5 positions = average of 2.0 per position)
- b) Those voting in elections to 30% for each constituency (patient = 705/18.3%, public = 825/17.5%, staff = 1720/15.0%)

2021 Election stats

1. Number of candidates putting themselves forward:
 - Patients = Uncontested
 - Public = 15 (6 elected)
 - Staff = 8 (3 elected)
2. Number who voted (by each constituency):
 - Patient = Uncontested
 - Public = 447 post and 376 online votes out of 4,783 eligible voters (17.2%)
 - Staff = 0 post and 1,959 online votes out of 11,176 eligible voters (17.5%)
- a) Those putting themselves forward to become governors (2021 = 29 total for 15 positions = average of 1.9 per position)
- b) Those voting in elections to 30% for each constituency (public = 821/17.2%, staff = 1959/17.5%) / (Patient = 1,102/25.7% - 2019)

Objective 6 - Increase participation in Membership events

July and November 2022 were members only lectures.

The videos weren't streamed live on our external Facebook page – hence no data has been provided.

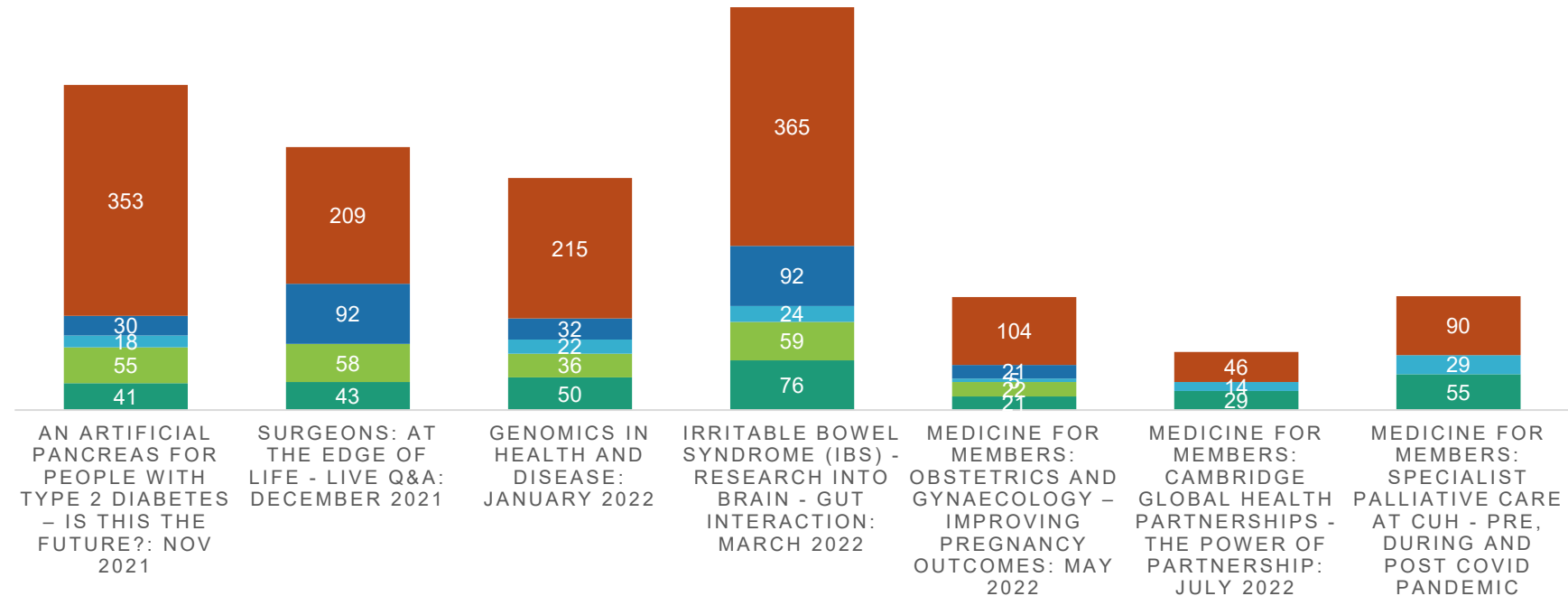
Cambridge Global Health Partnerships – the power of partnerships: *“The content was very inspiring indeed! Also hearing about what the staff can bring back to CUH shows that everyone can learn from every situation - be open-minded in all situations.”* Julia Loudon, Patient member

Specialist Palliative Care at CUH: *“An excellent talk covering the key points while presenting the topic with a good deal of compassion.”* Susan Scott, Patient member

In a survey done at the end of the Specialist Palliative Care at CUH M4M event, the lecture was given an average score of 9/10.

EVENT ATTENDANCE AND ENGAGEMENT

■ Live Zoom Attendance ■ Live FB Attendance ■ Zoom Engagement ■ FB Engagement ■ YouTube views



Objective: Increase participation in membership events to average of 200 live attendance.

Current position = average 78 attendance (from November 2021 - November 2022). Lower number of attendees via Zoom and Facebook for this period and due to the members only lectures, this leads into further reduction of attendees.

September 2021 position = average 147 live attendance. There was a rise in attendees for ‘Your hospital during covid-19’ (124 Facebook attendees) and ‘Cambridge Children’s Hospital’ (113 Zoom and 139 Facebook attendees).

Objective 7 - Increase readership of the monthly newsletters

The average open rate for our membership newsletter since March 2021 is 52%; and 55% over the past three months

Objective: Increase readership of the monthly newsletters to over 50%.

Current position = 55%.

March 2021 position = (49%).

*A newsletter wasn't sent in September 2022 due to the death of Her Majesty The Queen.

