

**There will be a meeting of the Council of Governors on
Wednesday 22 March 2023 at 17.30 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
17.30	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
17.35	3.*	Minutes of the previous meeting To approve the minutes of the meeting held on 19 December 2022	For approval
	4.*	Council of Governors action tracker and matters arising not covered by other items on the agenda	For review
17.40	5.*	Chair's Report To receive the report of the Trust Chair	For receipt
17.45	6.*	Chief Executive's Report (including Integrated Performance Report) To receive the report of the Chief Executive	For receipt

18.25	7.*	<p>Governors' Reports</p> <p>7.1 Lead Governor To receive the report of the Lead Governor</p> <p>7.2 Governors' Strategy Group To receive the report of the Governors' Strategy Group</p> <p>7.3 Membership Engagement Strategy Implementation Group To receive the report of the Membership Engagement Strategy Implementation Group</p>	For receipt
18.35	8.*	<p>Amendment to the Public Constituency To receive an amendment to the public constituency within the Trust's Constitution</p>	For receipt
Items for information			Purpose
18.40	9.	<p>Any other business Items of any other business to be identified to the Secretary in advance of the meeting</p>	For note
	10.	<p>Date of the next meeting The next meeting of the Council of Governors will be on Wednesday 28 June 2023 at 17.00</p>	
18.45	11.	<p>Close of meeting</p>	

Report to the Council of Governors: 22 March 2023

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 December 2022, there has been one change to the composition of the Council of Governors with the resignation of Brian Arney as a Patient Governor in December 2022. The vacancy will be filled through the current election cycle.

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 the change to the composition of the Council since the previous meeting.

Composition of the Council of Governors as at 1 March 2023

Public (7)		Patient (8)		Staff (4)		Partnership (10)		
Samira Addo	1 st term (2024)	Vacancy	(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
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)**

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 (<i>meeting Chair</i>)
Dr A Doherty	Non-Executive Director
Prof I Jacobs	Non-Executive Director
Mr M Keech	Chief Finance Officer (<i>representing the Chief Executive</i>)
Ms A Layne-Smith	Non-Executive Director
Prof P Maxwell	Non-Executive Director
Prof S Peacock	Non-Executive Director
Mr D Wherrett	Director of Workforce
Mr I Walker	Director of Corporate Affairs
Ms N Badoo	Membership Manager
Mr J Clarke	Trust Secretary (Minutes)

30/22 Apologies for absence

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

31/22 Declarations of Interest

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

32/22 Minutes of the previous meeting

The minutes of the meeting of the Council of Governors held on 21 September 2022 were approved as a true and accurate record.

33/22 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: The action tracker.

34/22 Chair's report

Received and noted: the Chair's report.

Chief Executive's Report (including Integrated Performance Report)

In the absence of the Chief Executive, Mike Keech, the Chief Finance Officer, presented the report.

Noted:

1. CUH was one of 44 trusts nationally, and the only large acute trust in the eastern region, to be involved in the first round of industrial action being undertaken by members of the Royal College of Nursing (RCN).
2. There was a large mandate among RCN members within the Trust, with a 92% vote in favour of industrial action.
3. Through negotiation with the RCN, the Trust was seeking to agree a list of derogated services which would continue to be provided to maintain life, limb and avoid permanent disability.
4. Through the Winter Taskforce, there was a close focus on the increasing prevalence of both Covid-19 and flu cases. Discussions were taking place on additional visitor restrictions in response to higher case numbers.
5. While October 2022 had been a very challenging month in terms of operational performance, key metrics had shown an improvement in November 2022 including a reduction in ambulance handover times.
6. Value-weighted elective activity was the highest in the region and, despite long elective waiting lists, positive progress was being made.
7. With regard to the financial position, the Trust remained on track to deliver its 2022/23 financial plan.

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

Q1. What mitigations have been put in place to minimise the impact of the nurses' strike, especially for patients that need urgent treatment and for priority planned operations? What is the scale of the impact of the strike on patients who had planned operations booked, outpatient appointments and on those who attended the Emergency Department (ED)? How have NEDs assured themselves that the risks to patient safety have been mitigated as far as possible? Was there learning from the first day of action that can be applied to the second?

The following points were noted in discussion:

- There were around 1,800 cancellations on each day across outpatients and elective surgery to enable the Trust to operate safely. This was equivalent to around 30% of booked activity.

- The Trust was working with staff and the RCN strike coordinators to support staff to take strike action, recognising the strong mandate.
- The process to agree derogations was complex and time consuming. The Trust's focus was on ensuring safe staffing levels to maintain patient safety.
- With the support of the RCN, some additional cancer services were able to operate on the second day of action.
- It was the intention to re-book patients whose procedures had been postponed due to industrial action as quickly as possible. For example, one Priority 2 cancer patient whose operation was postponed on 15 December 2022 had been re-booked for 20 December 2022.

Non-Executive Directors (NEDs) explained that they had had the opportunity to seek assurance from the Chief Nurse and other Executive Directors at the recent Board meeting on the plans in place to manage the period of industrial action and balance risks across the organisation. They noted that they had sought assurance that learning was being captured and lessons implemented for the forthcoming second day of action.

NEDs said that they felt assured that the Trust had engaged positively with the RCH to agree derogations and to ensure safe staffing levels were maintained. The Quality Committee would be focusing on how any harm resulting from the impact of industrial action would be captured.

Nine separate trade unions had either balloted or were balloting their members, with the results of a ballot of junior doctors by the British Medical Association (BMA) expected in the new year. While industrial action was also affecting many ambulance trusts across the county, staff in the East of England ambulance service staff would not currently be taking strike action.

The Council of Governors thanked the Executive and Board of Directors on behalf of patients for their work to ensure that patient safety was maintained.

Q2. As part of its winter plan, the hospital has prepared itself for a wave of infectious disease cases (flu, covid, norovirus). This includes offering flu vaccinations and Covid boosters to staff. What has the uptake been? How have infectious diseases contributed to the pressure the hospital is experiencing as compared with the pressure coming from referrals and more patients attending ED and the difficulties in discharge?

The following points were noted in discussion:

- The Trust's comprehensive Winter Plan was being implemented and overseen by the Winter Taskforce.
- CUH would be opening a satellite ward at Royal Papworth Hospital in January 2023 for medically fit patients.
- The prevalence of flu and Covid-19 was rising in both inpatients and in the wider community. In particular, the increase in flu cases (54 cases in the previous 24 hours and over 200 in the previous 7 days) was much higher than seen in previous years.
- Staff vaccination rates for both flu and Covid-19, at around 50%, were significantly lower than in previous years.

Q3. What steps is the Trust taking to address the high vacancy rate, especially with front line staff and can the Trust take any measures to help staff with the impact of inflation and interest rates?

Q4. The significant level of vacancies in the NHS workforce has been well publicised, and there has recently been comment in the press regarding the high cost of locum shifts. Clearly, such costs will negatively impact on Trust finances. CUH made great progress some years ago to reduce the number of locum/other agency shifts. What is the current situation in terms of number of agency shifts and associated costs? Are the NEDs assured that decisions to hire agency staff are thoroughly scrutinised to ensure optimal use of CUH resources?

The following points were noted in discussion:

- The key workstreams of 'resourcing', 'wellbeing' and 'good work' were regularly discussed at the Trust's Workforce and Education Committee.
- Through the 'Good Work' agenda, a number of schemes had been implemented including subsidising the cost of staff travel on Park and Ride buses from Trumpington and Babraham Road; subsidising on-site staff parking costs; and a subsidised hot food offer for members of staff. Work was also continuing to provide more and better serviced staff rest areas across the hospitals.
- It was vital to understand the experience of staff and identify further opportunities to support staff.
- There had been improvements made in a number of areas of the Trust which had resulted in reduced vacancy rates and improved staff retention.
- In 2022 the Trust has recruited 523 nurses, leading to a net growth of around 40 nurses.
- Through successful midwifery recruitment, the Trust now had a full complement of midwives. While this was a very positive

development, many of these staff were new to the profession and the midwifery leadership team was strongly focused on ensuring they received effective induction and support.

- Unlike many other trusts, CUH predominantly used internal bank arrangements rather than relying on external agency staffing.

Q5. The Integrated Report continues to show high incidence of patient falls, including several rated in the October report as serious incidents with severe/major impact. The report indicates that lack of i) risk assessments and ii) care planning for patients with cognitive impairments, are linked to falls. Are the NEDs assured that sufficient focus is being applied to understanding and remediating all the reasons for patient falls?

The following points were noted in discussion:

- There were 174 falls reported in October 2022 which was within normal statistical variance. A small number of these falls led to patient harm. The Trust was undertaking thematic reviews, with blood pressure and cognitive impairment being two of the main causes identified, and work was ongoing in these areas. The Quality Committee would continue to review and seek assurance on the progress being made.
- The increase in the number of pressure ulcers was of significant concern and the Quality Committee would be reviewing the findings and actions of thematic reviews of hospital-acquired pressure ulcers.

Q6. Please would each NED reflect on the most serious challenges of the past year and were they satisfied with the Trust's response. What is the biggest challenge in the next 12 months?

Overall, the NEDs reported that they were assured and satisfied with the responses of the Executive to the key challenges over the past 12 months.

In looking ahead to the next 12 months, the following challenges were highlighted:

- Reducing waiting times in the Emergency Department.
- Delivering the additional capacity required to support patient flow and reduce waiting lists.
- Supporting staff with the pressures that they faced and which was impacting on absence and wellbeing.
- Capturing harm caused as a result of the elective backlog.
- Working collaboratively with partners to improve community discharge arrangements.

- Making more rapid progress on integrated care.

Q7. At the last Council of Governors' meeting, we asked about the hospital's response to the proposal to levy a congestion charge to control traffic coming into and out of the city during working hours. Users of the hospital who already pay a lot for parking on site have asked governors whether the hospital has engaged with the consultation and what its position is. While we appreciate that congestion is a problem in Cambridge, we feel the hospital should be exempt, especially for staff and patients who have no option but to reach the hospital by car. Can NEDs share what the hospital's position is and what response if any has been given to the Council?

The following points were made:

- The Greater Cambridge Partnership's (GCP) travel consultation would end later that week. The Trust was finalising its response with input from staff, patients and partners.
- The current travel and transport situation was not sustainable and the Trust therefore recognised the need for change.
- There was a strong need for improved public transport and cycling/walking routes, and this would need to be delivered ahead of the introduction of any road user charge.
- The Trust would want to engage closely with the GCP on the details of the Sustainable Travel Zone.
- The Trust's consultation response would be shared with the Council of Governors.

The following points were noted in discussion of additional topics:

1. The implementation of the Virtual Ward continued. Some frustration was expressed that the pace of expansion had not been faster. It was noted that the aim was to increase numbers over time as confidence was built with both patients and a range of clinical services. The plan to appoint dedicated medical resource along the nursing resource would support this. The success of the Virtual Ward was vital given the capacity constraints faced by the organisation.
2. The Council of Governors was updated on the progress of the Cambridge Cancer Research Hospital and the Cambridge Children's Hospital. Both Outline Business Cases had now been approved by the CUH Board of Directors.

Agreed:

- To note the Integrated Performance Report.
- To note the responses to the questions.

36/22 Governors' Reports

Lead Governor

Neil Stutchbury, Lead Governor, presented his report.

Noted:

1. The Lead Governors of local NHS foundation trusts had met with the Chair of the Cambridgeshire and Peterborough Integrated Care Board (ICB) to continue discussions on how Governors could best link into the integrated care agenda.

Agreed:

1. To note the report of the Lead Governor.

Governors' Strategy Group

Julia Loudon, Patient Governor, presented the report.

Agreed:

1. To note the report of the Governors' Strategy Group.

Membership Engagement Strategy Implementation Group

Julia Loudon, Patient Governor, presented the report.

Agreed:

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

37/22 Membership Engagement Strategy Update

Julia Loudon, Patient Governor and Chair of the Membership Engagement Strategy Implementation Group, and Namoo Boodoo, Membership Manager, presented the report.

Noted:

1. Positive progress was being made on the implementation of the Strategy, including through participation and engagement in activities such as listening sessions.
2. A membership film was being developed which would give an insight into the role of members and how this integrated with other areas of the Trust. To support this, work was ongoing to develop the CUH website membership content.

3. The first two Medicine for Members ‘member only’ lectures had taken place covering Cambridge Global Health Partnerships and Specialist Palliative Care at CUH. While attendance in person had been relatively low, they had been well-accessed via Facebook and YouTube.
4. The monthly newsletter provided members with the opportunity to develop their areas of interest and incorporated news about CUH, key upcoming events, information on how to get involved and a governor profile in each issue.
5. Work continued to seek to increase the diversity of members. The Trust would be working with community stakeholder groups to better its understating of the most effective ways to engage.

The following points were noted in discussion:

1. The work of the Membership Engagement Strategy Implementation Group was commended.
2. It was suggested that work to engage with schools and colleges to promote the involvement of younger members should be prioritised.
3. There was support for the strategy and recognition that it was owned by the Governors.

Agreed:

1. To note the report.
2. To seek further views outside the meeting and to request the support of other Governors in helping to implement the Strategy.

38/22 Any other business

There was no other business.

39/22 Date of next meeting

The next meeting of the Council of Governors would be held on Wednesday 22 March 2023 at 17.30.

Meeting closed: 18.30



Council of Governors: Action Tracker

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

Report to the Council of Governors: 22 March 2023

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

22 March 2023

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

1. Introduction

- 1.1 I wanted to start by passing on and recording my appreciation of the work done across the Trust and as shown in the recent BBC series 'Surgeons'. This shows our surgical activity across a range of disciplines with some common characteristics; strong working across multi-disciplinary teams; flexible and mutual adaptive support to each other; capability and skill of the highest order; demonstration of the international nature of our workforce; and the daily and deep exercise of our values 'Together, Safe, Kind and Excellent'.
- 1.2 These values continue to underpin all that we do, in what remains the most challenging of circumstances. All the metrics, being considered regularly by the Board Committees, speak to a healthcare system under pressure and in which we all recognise that provision and patient experience are not what we would want them to be.
- 1.3 The strength of the Trust is that we are collectively putting huge effort into achieving relatively good recovery. We aim to optimise patient safety as much as possible in this period and within the periods of industrial action and in the forthcoming Junior Doctors' strike action.

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

- 2.1 I was pleased to attend 'You Made A Difference' award events on 24 January, 27 February and 28 February 2023. 132 individual nominations were received and I would like to personally congratulate the winners Jo Barnett, Clare O'Riordan, Pinelopi Papanastasiou and Ged McHale.
- 2.2 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
Quality Committee
Audit Committee
Addenbrooke's 3 Committee
Board of Directors
End of Life Committee
Remuneration and Nomination Committee
Brainbow Management Committee
Council of Governors' Strategy Group
National Apprenticeship Week event
Paediatric venipuncture room opening
Phlebotomy service visit
Governors' Remuneration and Nomination Committee

- 3.2 Other meetings attended during this period include:

Cambridge University Health Partners (CUHP) Board of Directors
CUHP/Cambridge Biomedical Campus liaison
Cambridgeshire and Peterborough (C&P) Integrated Care Board (ICB)
Development Session
John Addenbrooke Lecture 2023
C&P Chief Executives and Chairs meeting
Life Sciences Strategy launch

4. Recommendation

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

Report to the Council of Governors: 22 March 2023

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 Health and care is facing a challenging period. However, there is significant variation between and within organisations and systems. Alongside the widely portrayed challenges there are also multiple examples of excellent care and innovation. Thank you to all staff and patients.
- 1.3 CUH has performed well over the winter so far, with periods of acute pressure. However as a Trust we do continue to hold increased levels of risk, including; waits in the Emergency Department (ED); additional patients in wards and contingency areas; and waits for planned care. The pressures have come from winter demand and reducing elective waits, combined with a range of infectious respiratory illnesses, and industrial action. The two periods of industrial action were very difficult and required close working between CUH and RCN colleagues to get to a balanced position. While the pressure of respiratory illnesses is easing the Trust continues to face the profound difficulties of increasingly serious industrial action; alongside well understood challenges for health and care. Challenges continue to be met through intensive and excellent teamwork to deliver the Operational Strategy and Winter Task Forces, agreed by the Board in spring 2022. Actions include changes to the central operational function of the hospital, regular communications, support to staff, and additional capacity with partners at Royal Papworth Hospital (RPH), in the community and through virtual wards. Current performance is particularly strong on ambulance handovers, maintaining elective care, and cancer waits. The Trust is working on waits in the ED. Performance in most other areas remains strong e.g., finance; and the Trust awaits the results of the annual staff survey, where we can see an ongoing national downward trend.

- 1.4 Looking ahead the Trust and ICB partners will continue to actively manage day to day delivery of the Operational Strategy; alongside the 15 programmes in the three domains of the strategy, with appropriate flexible prioritisation.
- 1.5 Planned two years ago, the opening of 56 beds in U block in the summer; and the 40 bedded three theatres elective orthopaedic centre in late summer will be important for care delivery. The opening date of this capacity may move and will be in the context of reconfiguring our bed plan, continued work on delayed transfers of care and the planned closure of the nested ward at Royal Papworth Hospital (thank you to our colleagues for all their support). Planning for financial year 2023/24 is ongoing with ICB colleagues.
- 1.6 In Building for the Future the Trust and partners have submitted Outline Business Cases for the Children's and Cancer Hospitals - negotiation continues on additional capital for Children's. Work is ongoing to improve care across the southern place (noting the need to balance pathway improvements with possible contractual changes), alignment with RPH, eastern region specialised services, and better engaging partners and stakeholders on the operation of the Biomedical Campus and how it can develop. The Trust and partners have submitted a devolved model in the bid to host the eastern Regional Research Delivery Network, to complement the strong Biomedical Research Centre. It is encouraging to see the progress in building 1000 Discovery Drive on the Biomedical Campus, and ongoing progress on securing accommodation and office space for CUH and with plans for the new Maggie's Centre.
- 1.7 The Trust and partners continue to work with national colleagues, encouraging resolution of industrial action; aligning stakeholders on simplified plans and policy for the next 3-24 months; and a refreshed long term plan supported by appropriate enablers in workforce, innovation, digital and capital.
- 1.8 The Trust is also contributing to work in life sciences including; adoption of innovation, clinical trials and improvement in centres for innovation and improvement.
- 1.9 The Trust welcomes Aloma Onyemah as Interim Director of Equality, Diversity and Inclusion, Heather Noble as Managing Director for the Cambridgeshire South Care Partnership, and looks forward to welcoming Dr Wai Keong Wong as our new Director of Digital in May. The Trust will also be interviewing for the new Board Executive Director of Improvement, Transformation and Digital at the end of March.

Part A

2. The five areas of operational performance

2.1 Quality

Emergency care

2.2 On-going capacity and waits within the Emergency Department (ED) remain an area of focus and concern in relation to quality. Actions to improve performance against demand pressures and length of stay in ED are being coordinated by the UEC Oversight Group and the Winter Taskforce, both chaired by the Chief Operating Officer.

2.3 A process for capturing, reporting and acting on harm for patients who have long waits in the ED has been developed by the divisional leadership and patient safety teams.

Elective care

2.4 RAG-rated performance in January 2023 against all elective metrics either improved or stayed the same compared to December 2022.

2.5 Overall elective in-patient and day-case activity in January 2023 represented 98% of levels seen in January 2020, below the national target of 110% but above planned levels of 92%. Clinical prioritisation is on-going to ensure that patients with the greatest clinical needs are treated first. It remains a Trust focus to improve our delivery of elective activity, sustain levels across winter and reduce long waits for treatment.

Nursing

2.6 The vacancy position across the nursing workforce increased in January 2023 with a vacancy rate for Registered Nurses (RNs) of 9.0%, registered children's nurses (RSCN) of 20.1% and Health Care Support Workers (HCSWs) of 14.9%.

2.7 The areas of high concern continue to be the critical care units (including the Paediatric intensive Care Unit – PICU and Neonatal Intensive Care Unit - NICU), where achieving recommended levels of nurse to patient ratios is not always possible. This has resulted in both NICU and PICU having to close to referrals from the region on occasion. The staffing constraints within the adult critical care complex have been mitigated by the closure of seven beds.

- 2.8 The vacancy within the HCSW role, coupled with the high demand for specialising patients (one to one observation) across the Trust, is impacting fill rate across all wards resulting in a shortage of HCSWs on a shift by shift basis.

Midwifery

- 2.9 Over the last four months there has been a decreasing trend in the vacancy rate for registered midwives from 13% in July 2022 to 1.95% in January 2023. This is due in part to the large cohort of 26 newly qualified midwives who commenced work in the Trust in October 2022. It should be noted that these midwives undergo a year of preceptorship and require ongoing support.
- 2.10 Work is ongoing to maintain this vacancy level as the Birth Rate plus recommended an increase in midwifery establishment. International recruits are settling well into the Trust, with support from the practice development team.

Complaints and Patient Advice and Liaison Service (PALS) Contacts

- 2.11 The PALS and complaints service continues to receive a high volume of new cases. The number of open cases has however stabilised.
- 2.12 Longer than expected delays in processing of complaints in particular have led to some complainants contacting the CQC to express their dissatisfaction. Work continues on the improvement plan.

Harm Free Care

- 2.13 A thematic review of Hospital Acquired Pressure Ulcers (HAPUs) has been completed and reported to the Quality Committee.
- 2.14 A thematic review of patient falls is currently being undertaken and will report to the Quality Committee in May 2023.

Serious Incidents (SI)

- 2.15 There are currently 30 open SI investigations. Compliance in January 2023 with submission of SI reports within 60 days was 0%. Extensions have been agreed with the Integrated Care Board (ICB).
- 2.16 There are currently only three investigators the Patient Safety Team to support the SI workload. Recruitment has been challenging but progressing, temporary staff have been employed to support the team.

Patient Safety Incidents

- 2.17 There is currently normal variance in reported patient safety incidents. However, reported patient safety incidents of moderate harm and above have significantly increased in the last consecutive seven months as of January 2023. A further analysis is underway to review any emerging trends other than those we are currently aware of and working on.

Hospital Standardised Mortality Ratios (HSMR)

- 2.18 As reported verbally at Board of Directors in February 2023, the underlying causes for the gradual increase in HSMR are being investigated.

Clinical Negligence Scheme for Trusts (CNST)

- 2.19 The maternity team declared full compliance with all 10 standards within the Clinical Negligence Scheme for Trusts (CNST) requirement at the beginning of February 2023 and submission to the national portal was completed on time.

Improving Quality in Liver Services (IQILS)

- 2.20 Improving Quality in Liver Services (IQILS) – Hepatology – accreditation was successfully received, a highlight for the team as they are one of the limited Trusts accredited in the country to achieve this.

3. Access to Care

The Trust continues to implement our operational strategy and our 2022/23 Winter Plan which has a particular focus on waits for urgent and emergency care, effective use of our core beds, and the timely discharge of patients. This focus sits alongside maintaining and improving access to cancer and elective care, where performance is relatively strong. Over the last month the Trust has made significant improvements to our processes to enable patients to be transferred from ambulances to our Emergency Department more quickly. This releases ambulance crews to get to their next patient in the community needing urgent care. During February we were one of the strongest performers regionally and nationally for ambulance handover times. We are now focusing our efforts on reducing the length of time that patients spend in our Emergency Department overall.

- 3.1 **Emergency Department (ED).** Overall ED attendances were 10,602 in January 2023, which is 119 (10.3%) higher than January 2020. This equates to a slight increase in average daily attendances from 338 to 342 over the same period. 1,222 patients had an ED journey time in excess of 12 hours, compared to 278 in January 2020. This represents 11.5% of all attendances.
- 3.2 **Referral to Treatment (RTT).** In January 2023 the total waiting list size reduced by 632 to 58,708.
- 3.3 **Delayed discharges.** During January 2023 the Trust lost 3,941 bed days to patients beyond their clinically fit date. This equated to 127 beds, of these, the majority related to complex pathways. The UEC Taskforce, led by the Chief Operating Officer, is overseeing both pre- and post-hospital work to improve complex discharges.
- 3.4 **Cancer.** Following a reduction in two week wait referrals in December 2022, January 2023 has seen a return to above baseline referral levels with 1898 patients having a first appointment (119%). Two week wait breaches reduced in January and further reduced in February 2023.
- 3.5 **Operations.** Elective activity in January 2023 was at 94% compared to the January 2020 baseline.
- 3.6 **Diagnostics.** Total diagnostic activity in January 2023 delivered to 109.7% of the January 2020 baseline. The total waiting list size reduced by 597 to 13,029, and the volume of patients waiting over six weeks increased by 498 this month.
- 3.7 **Outpatients.** In January 2023 outpatients delivered 102% new activity against the baseline which had been adjusted for working days per month. This was an improvement compared to the previous month and slightly ahead of trajectory.

4. Finance – Month 10

- 4.1 The Month 10 year to date position is a £1.4m 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.

4.2 The following points should be noted in respect of the Trust's Month 10 financial performance:

- The Month 10 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 £18.6m. 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 £19.8m 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 the Cambridge Movement Surgical Hub (£14.9m) and additional funding for theatre equipment (£4.1m). Together with capital contributions from ACT, this provides a total capital programme of at least £63.6m for the year.

4.4 The Trust has invested £41.4m of capital at Month 10, £9.4m below the planned figure of £50.8m. The Trust expects to recover this under performance by year-end and achieve the forecast plan of £63.6m of capital expenditure.

4.5 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.

2023/24 CUH Financial Plan

4.6 Following the publication of the 2023/24 planning guidance, the Trust has been working closely with its commissioners and partners to develop its financial and operational plan for the 2023/24 year.

However, delays in the publication of the full technical guidance on certain aspects of the policy framework have added to the challenge of this year's planning process and has prevented effective engagement and negotiation with key NHS funders in some areas. The Trust continues to work closely with both system and out of system colleagues to ensure that plans will be finalised, and is seeking further national support to clarify provider funding expectations to avoid protracted NHS Commissioner negotiations.

- 4.7 The information that has been shared to date on the financial settlement and through the guidance, indicates that 2023/24 will be a significantly challenging year. The Trust will need to focus on productivity improvements, allowing more activity to be delivered within the current physical capacity and the current cost base. This, in the context of operational and workforce pressures, will be challenging, but it will increasingly need to be a focus of the organisation.
- 4.8 The Trust is working closely with system colleagues to ensure an updated plan with clarity over access to current ICB funding allocations can be agreed ready for submission in March 2023.
- 4.9 A draft plan submission for CUH has now been submitted for the 2023/24 financial year using the information shared to date. This includes a forecast deficit of £46.5m (3.8%). Due to the stage at which the planning process has reached, there remains significant levels of uncertainty around the income assumptions included in this plan and the Trust aims to improve this position in advance of the next submission.

5. Workforce

- 5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work and Wellbeing, Resourcing, Ambition, Inclusion and Relationships. In addition the workforce Winter Plan has been developed to set out areas of focus that require immediate attention.
- 5.2 Work is ongoing in response to industrial action which impacts the Trust. At the time of writing the trust has received a number of dispute notification letters from a range of Trade Unions and Professional Associations confirming the existence of a formal dispute regarding the pay award for 2022/23, and an intention to ballot their respective members on industrial action in furtherance of their formal pay disputes. The RCN, CSP, HCSA, BMA and BDA have all met the thresholds to be able to undertake lawful industrial action at CUH. The BMA, HCSA and BDA have now scheduled strike action at CUH in March 2023.

The Government is now in pay talks with the RCN, Unison, UNITE and GMB regarding their pay disputes. The Government has not extended pay talks to include the BMA, HCSA and BDA.

Good Work and Wellbeing

- 5.3 Occupational Health service recovery has made good progress over recent weeks, with wait times for employee's receiving health clearance to commence work being significantly reduced from September 2022 (now 14 days, against a 12 day KPI).
- 5.4 Following a successful pilot phase, the Workplace Adjustments programme is being relaunched Trust wide on 13 March 2023 to coincide with Neurodiversity Celebration week. The ambition of the programme is to provide, where and when needed, workplace adjustments in a timely and effective manner to ensure that everyone working at CUH has the right support in place to enable them to do their job well.
- 5.5 Three new wellbeing facilitators have commenced in post and are already making a practical difference, joining up managers with the wellbeing support offer available.
- 5.6 Support services including clinicians4clinicians, health assured (24/7 employee assistance programme) and the staff mental health service continue to care for our staff whether affected by work or personal situations or circumstances.
- 5.7 The provision of subsidised hot food for staff has been introduced (£2 options daily) including an "out of hours" offer. Additionally, following positive feedback, we have committed to extending subsidised travel to and from the campus, including free park and ride bus travel (Trumpington and Babraham Road sites) and free bus travel to and from Cambridge railway station until March 2024. A discount on other Stagecoach routes is also being continued.
- 5.8 Work continues on accommodation and the high cost area supplement.

Resourcing

- 5.9 During January 2023 30 Adult Nurses, three Midwives and five Paediatric Nurses joined the Trust. We were also delighted to welcome 47 new Healthcare Support Workers of which 18 joined the Staff Bank.
- 5.10 Centralised recruitment continues to receive positive feedback throughout the Divisions with 45 new administrators joining the Trust and a further 35 under offer.

- 5.11 Retention remains a key focus and a strategy has been developed and shared both internally and with the wider system retention collaborative. Priority areas have been identified and actions are underway; focusing in particular on exit interview processes in order to better understand the reasons why staff leave the organisation, early leavers (those colleagues that choose to resign within 24 months of commencement) and retention of those in the later stages of their career.

Ambition

- 5.12 The Work Opportunities' team have been extremely busy promoting National apprenticeship week 2023 (NAW23). This is now the 16th annual week-long programme which celebrates apprenticeship. The theme for this year's event promoted how apprenticeships can help individuals to develop the skills and knowledge required for a Skills for Life rewarding career.
- 5.13 A Talent Management process and toolkit has been launched in February 202, providing support for service areas around career development and succession planning. This provides the Trust with a considered approach as to how we attract, develop and retain our workforce.
- 5.14 A Trust wide Manager Skills Programme is in development, with consultation currently taking place with a range of senior stakeholders to finalise content and agreed outcomes. Full roll out will be undertaken by spring

Inclusion

- 5.15 As part of workforce inclusion, planning for a Trust wide anti-racism programme is progressing, using external expert provider support. The intention is to launch at a senior level in future months and to set out ongoing work with senior leaders to amplify key messages and to role model challenge of unacceptable behaviours.
- 5.16 The Trust has successfully appointed to the role of Interim Director of Equality, Diversity and Inclusion (EDI) who started on 1 March 2023.

Relationships

- 5.17 The CUH Senior Leaders Programme has re-launched in February 2023, with circa 70 senior leaders participating over the next six months. Over 250 leaders have participated in this Kings Fund delivered programme to date.

- 5.18 Following the success of our first CUH Annual Awards Programme in 2022, in February we launched the 2023 programme. This is a chance to recognise and celebrate all that is special about CUH. Over the next seven months there will be many touch points to acknowledge the great work of our colleagues, culminating in an awards evening to be held in September 2023.

6. Improvement and Transformation

Building QI capability and capacity

- 6.1 The Trust continues to work with its improvement partner, the Institute for Healthcare Improvement (IHI), on embedding a culture of sustainable continuous quality improvement (QI).
- 6.2 The recommendations from the IHI's onsite annual visit in October 2022 continue to be progressed. A rolling programme of QI visits across the organisation is being established for members of Management Executive. In addition, Management Executive sponsored QI projects (work with the Purple Network to help improve the working lives of our staff with disabilities, improving the Trust's complaints process and a project on improving sickness absence) are being progressed and a collaborative to reduce the incidence of hospital acquired pressure ulcers will commence in March 2023.
- 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 programme for teams will conclude in June 2023 for the 19 teams participating and wave two of the leading for improvement programme commenced in January 2023, with 14 senior leaders participating.

Urgent and emergency care

- 6.4 The improvement and transformation team continue to support colleagues with a number of initiatives aimed to reduce the length of stay (LOS) for patients in the emergency department (ED) and/or to stream patients to more appropriate care settings, such as same day emergency care.

Outpatients

- 6.5 The improvement and transformation team continue to support colleagues with the Trust's outpatient's programme. Examples of these QI projects include reducing unnecessary follow up appointments in nephrology and gastroenterology, increasing use of patient initiated follow ups, reducing patient waiting lists in gynaecology and increasing the use of an electronic referral system in ophthalmology.

Virtual wards

- 6.6 To date, the virtual ward team has successfully on-boarded 200 patients from across 22 specialties, with the team recording 1,040 nursing contacts in January 2023 alone. The activity through the virtual ward is currently saving an average of 5.6 to 6.8 beds per day.

Productivity and efficiency

- 6.7 The improvement and transformation team continue to work with colleagues from across the organisation, to ensure that productivity and efficiency schemes identified for 2022/23 deliver the efficiency requirement of £62m, thereby leading to an end-of-year break-even position.

PART B

7. Strategy update

Operational Planning

- 7.1 NHSE published its 2023/24 Priorities and Operational Planning Guidance in December 2022, reconfirming the ongoing need to recover core services and productivity, make progress in delivering the key ambitions in the Long Term Plan, and continue transforming the NHS for the future. The Trust and other system partners are currently preparing plans, to be submitted as a system response through the ICB, to present detailed information on how we will meet nationally-specified activity and financial targets.
- 7.2 Alongside this, internal business planning is underway within CUH with clinical divisions and corporate teams developing their priorities for the year ahead. This will help identify opportunities to transform services and ways of working, focused on delivering the Trust's strategic priorities this coming year.

Strategy implementation

- 7.3 Following the launch of the Trust's refreshed strategy in 2022, focus continues on its implementation and defining more specifically what will be delivered against the 15 commitments in the strategy, over the next 3-5 years. This includes undertaking targeted work on potential opportunities for strategic transformation which could enhance our ability to deliver on the commitments – focused on innovation, the role of the Cambridgeshire South Care Partnership in out-of-hospital care, and digital/data-driven operations. This work will form part of the five year plan for the Trust, referred to earlier.
- 7.4 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

- 7.5 The Trust continues to work with partners across the Cambridgeshire South Care Partnership (CSCP), working across East Cambridgeshire, South Cambridgeshire and Cambridge City, to improve care for people in and outside of hospital. The Partnership welcomed a new Managing Director, Heather Noble, in February 2023 who brings a wealth of experience from her time at Barts Health NHS Trust.
- 7.6 Conversations are ongoing with the Integrated Care Board to determine what responsibilities and resources will be devolved to the CSCP to support local integration and transformation work. This includes setting priorities for 2023/24, with clear definition of scope and expected outcomes and impact.
- 7.7 CUH continues to engage directly with primary care to understand how it can improve patient care and address common issues for patients. The Clinical Lead for Integrated Care within the CSCP continues to hold meetings with the Cambridgeshire Local Medical Committee (LMC) to identify and initially prioritise these. While this partnership is expected to grow over time, there is an initial focus on prescribing and medicines management.
- 7.8 Clinical specialties within CUH are also being supported to develop approaches for the joint delivery of care with other providers as part of the CSCP's approach to Proactive Care.
- 7.9 A Healthwatch report on health inequalities and barriers to care for communities within our geography has been published. It will inform the design of Integrated Neighbourhoods within the CSCP and will be considered as part of CUH's ongoing work on equality, diversity and inclusion.

Health Inequalities, Equality, Diversity and Inclusion

- 7.10 An interim director for Equality, Diversity and Inclusion (EDI) has been appointed and joined on 1 March 2023. She will lead the development and implementation of an ambitious strategy to improve EDI and tackle health inequalities across our staff and patients.
- 7.11 Work has been ongoing to deliver interventions for patients to support the Cost-of-Living crisis. The Early Intervention Team and the Discharge Planning Team have been using materials to screen patients for Cost-of-Living needs and provide advice, signposting and financial assistance to purchase items to support discharge and health at home (e.g. electric blankets) which may benefit their recovery post-discharge. The Trust has also engaged the Voluntary Sector to provide post-discharge follow up phone calls to make sure patients are doing well at home, to help avoid readmission. Work continues to gather feedback on the quality of these interventions to target improvements; roll them out to other areas in the Trust; create funded contracts to financially support the work the Voluntary Sector are providing for our patients; and plans are being developed to create a medium to long term plan for the future of Cost-of-Living as a subset of the Health Inequalities agenda around deprivation.

Supporting our staff

- 7.12 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

- 7.13 A work programme is underway to support the implementation of a Community Diagnostic Centre hub at the Princess of Wales Hospital in Ely with a smaller Centre (spoke model) at North Cambs Hospital in Wisbech. The first part of this diagnostic capacity is planned to open by autumn this year. Work is also continuing on the development of the options for the genomics service expansion to support service growth and the ambitions of the Cancer and Children's hospital projects.
- 7.14 Several key milestones have been achieved for the Cambridge Cancer Research Hospital project. In January 2023, the full planning application was submitted to Cambridge City Council for consideration, with expected approval by the Planning Committee in June 2023.

Following submission of the Outline Business Case (OBC) to regulators and the New Hospital Programme (NHP) in October 2022, and subsequent response to a wide range of queries, approval by the Department of Health and Social Care (DHSC) and NHS England's (NHSE's) Joint Investment Committee (JIC) is scheduled for 02 March. The project is also in the final stages of procuring a Private Sector Construction Partner to work with on the next phase of the project as we finalise designs and write the Full Business Case (FBC). The FBC requires articulation of a greater level of detail on a wide range of areas, such as delivery of the expected benefits, preparation for transferring services and commercial arrangements. This work has begun in earnest in collaboration with our range of stakeholders, including staff and patients.

- 7.15 The Cambridge Children's Hospital project team submitted its OBC to regulators and the NHP in December 2022. The team are continuing to work closely with the NHP team to secure our position in the Programme and a timeframe for OBC review and sign off. A key next step concerns an intensive programme of work with national leads in NHS England and NHP to scope options for funding the remaining capital requirement for the build and confirm funding of programme costs for the coming financial year. In parallel, the project is initiating plans for its FBC which includes engaging with a construction partner and outlining the clinical and operational plans to deliver benefits outlined in the OBC.
- 7.16 The timeframe for the FBC is still to be finalised, subject to OBC approval; however, the team are also developing enabling works construction plans aiming to start in January 2024. The project's fundraising campaign remains in a strong position, with over £40m of its £100m target achieved.
- 7.17 Phase three projects within the Addenbrooke's 3 programme are still in their early stages. They include: developing medium-term options for emergency care in recognition that a new acute hospital is likely to be over 10 years away and that the solutions already approved as part of phase one will not be sufficient to bridge this time span; and developing an approach to the use of the ward, theatre and day treatment space that will occur when the Cancer and Children's hospitals are delivered.

Specialised Services

- 7.18 The Trust is working with six other trusts across the East of England, and the NHSE East of England team, to support the Specialised Provider Collaborative (EoE SPC).

7.19 Since January 2023, the EoE SPC has continued to progress opportunities for transformation, including:

- **Paediatrics:** Scoping a potential project on improving our approach across the region to paediatric intensive care and long-term ventilation;
- **Neurosciences:** Developing a vision and strategy for neurosciences and neurology across the region;
- **Respiratory:** Mapping capability and capacity for a distributed model of care for biologic therapy (initially focused on asthma);
- **Dentistry:** Working with NHSE EoE to develop a delivery plan to improve secondary care dental services across the region, through several clinically led working groups.

7.20 We also hosted a meeting with the CEOs of the trusts in the EoE SPC, to discuss opportunities for us to promote research and innovation across the region. We have completed a research and innovation mapping across the seven EoE SPC members, and have identified several priorities for the EoE SPC to take forward e.g. on how we can simplify and align approvals processes across our trusts.

7.21 We continue to work with Integrated Care Boards (ICBs) and NHSE EoE to prepare for the delegation of specialised commissioning in April 2024. We are also aligning with ICBs and NHSE on transformation priorities for specialised services across the region, through regular meetings with NHSE and ICBs across the region.

7.22 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 continue our engagement activities across the region and support our activities through evolving our governance and resourcing models over time.

Climate change

7.23 Several projects are planned or underway which will reduce greenhouse gas emissions and save the Trust money. These include:

- A live trial to use mobile cylinders for the delivery of nitrous oxide in theatres. The switch to mobile cylinders is a strong and positive option to the long-term problem of piped network losses;
- The rolling programme of LED lighting upgrades and roof insulation to level 3 of the outpatients' building;

7.24 The CUH Sustainability social media presence has recorded a major increase in staff engagement with Facebook postings and a doubling in the number of 'followers'. A successful 'energy focus' week saw 25 new joiners to CUH's Green Champion Community. A trial of the new improved Think Green Impact programme has also been successful and the new programme went live at the end of February.

8. Recommendation

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



Integrated Report

Quality, Performance, Finance and Workforce to end Jan 2023

Chief Finance Officer
 Chief Nurse
 Chief Operating Officer
 Director of Workforce

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

2022/23 Performance Framework

2022/23 Quality Account Measures				Nov 22	Dec 22	Jan 23					
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	Jan-23	85%	58%	73%	39%	↓	56.0%	50.0%	56.3%	
	% of patients over 65 years of age who have a lying and standing blood pressure completed within 48 hours of admission	Jan-23	50%	13.9%	12.2%	16.5%	↑	14.8%	13.4%	14.8%	
	% of patients who have a VTE risk assessment undertaken within 14 hours of admission	Jan-23	95%	N/A	95.7%	95.3%	↓	95.3%	N/A	95.3%	
	Average % compliance with blood cultures within 60 minutes of Sepsis diagnosis	Jan-23	95%	90.9%	40.0%	100.0%	↑	85.7%	70.0%	85.7%	
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)	Jan-23	7%	12.5%	12.4%	12.5%	↑	11.6%	14.0%	11.5%	
	Publication of actions and improvements undertaken as a result of feedback received from patients and their representatives	Jan-23	90%	66.4%	74.7%	83.0%	↑	83.0%	50.0%	N/A	
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Jan-23	20%	16.6%	14.8%	16.2%	↑	16.3%	15.3%	16.4%	
	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	Jan-23	80%	72.1%	79.6%	80.8%	↑	76.3%	74.0%	76.0%	
	Same day emergency care (SDEC)	Jan-23	30%	24.0%	19.1%	23.0%	↑	18.9%	22.0%	19.3%	
	Quarterly				Jun 22	Sep 22	Dec 22				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Dec-22	55%	25.9%	29.2%	27.0%	↓	27.3%	29.2%	27.3%	
Staff Experience / Well-led	Band 5 Nurse vacancy rates (Clinical Divisions)	Dec-22	5.0%	7.0%	7.4%	8.4%	↑	7.6%	12.0%	N/A	
	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

2022/23 Performance Framework

Performance Framework - Quality Indicators				Nov 22	Dec 22	Jan 23					
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)	Jan-23	0	0	0	0	↔	3	4	3	
	<i>E.Coli</i> Bacteraemias (Total Cases)	Jan-23	50% over 3 years	37	31	37	↑	344	384	407	
	<i>C. difficile</i> Infection (hospital onset and COHA* avoidable)	Jan-23	TBC	12	6	5	↓	114	123	139	
	Hand Hygiene Compliance	Jan-23	TBC	96.8%	96.7%	94.1%	↓	96.7%	97.5%	96.8%	
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Jan-23	100%	42.9%	33.3%	70.0%	↑	54.2%	33.8%	52.4%	
	% of external visits where expected deadline was met (cumulative for current financial year)	Jan-23	80%	N/A	N/A	N/A	▪	44.4%	38.5%	46.7%	
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Jan-23	-	N/A	20.0%	25.0%	↑	47.7%	17.2%	46.7%	
	No national audit negative outlier alert triggered	Jan-23	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	Jan-23	85%	N/A	N/A	N/A	▪	60.7%	84.6%	63.6%	
Nursing Quality Metrics	Blood Administration Patient Scanning	Jan-23	90%	99.5%	100.0%	99.8%	↓	99.6%	99.1%	99.7%	
	Care Plan Notes	Jan-23	90%	96.4%	95.9%	96.6%	↑	96.5%	95.8%	96.5%	
	Care Plan Presence	Jan-23	90%	99.7%	99.5%	99.7%	↑	99.8%	99.6%	99.8%	
	Falls Risk Assessment	Data reported in slides									
	Moving & Handling	Jan-23	90%	72.5%	69.5%	70.5%	↑	73.3%	74.2%	73.2%	
	Nurse Rounding	Jan-23	90%	99.2%	98.8%	99.3%	↑	99.4%	99.6%	99.4%	
	Nutrition Screening	Jan-23	90%	74.1%	68.7%	72.8%	↑	74.3%	77.1%	74.4%	
	Pain Score	Jan-23	90%	83.8%	82.7%	82.1%	↓	84.8%	86.6%	85.0%	
	Pressure Ulcer Screening	Data reported in slides									
	EWS										
	MEOWS Score Recording	Jan-23	90%	65.1%	63.7%	63.8%	↑	63.1%	63.1%	63.0%	
	PEWS Score Recording	Jan-23	90%	99.3%	99.3%	99.4%	↑	99.2%	99.2%	99.2%	
	NEWS Score Recording	Jan-23	90%	97.2%	97.4%	97.4%	↑	97.3%	96.6%	97.3%	
	VIP										
	VIP Score Recording (1 per day)	Jan-23	90%	85.5%	83.7%	84.3%	↑	87.1%	91.2%	87.4%	
PIP Score Recording (1 per day)	Jan-23	90%	90.7%	88.8%	91.4%	↑	89.5%	88.4%	89.3%		
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	Jan-23	0	11	21	29	↑	113	29	119	
	Re-opened complaints (non PHSO)	Jan-23	N/A	1	0	1	↓	16	74	34	
	Re-opened complaints (PHSO)	Jan-23	N/A	1	0	0	↔	2	4	3	
					Nov 22	Dec 22	Jan 23				
	Number of medium/high level complaints	Jan-23	N/A	18	15	23	↑	209	244	260	

Operational Performance

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		47%		Non-elective LoS (days, excl 0 LoS)		9.1	
	Ambulance handovers <30mins		95%	Immediate		88%		Long stay patients (>21 LoS)		245	
	Ambulance handovers > 60mins		0	Immediate		3%		Elective LoS (days, excl 0 LoS)		6.0	
	12hr waits in ED (type 1)		2%	Immediate	2%	12%		Discharges before noon		16%	
Cancer More information on pages 17,18	Cancer patients < 62 days		85%	Immediate		73.2%		Theatre sessions used		1,477	
	28 day faster diagnosis standard		75%	Immediate	76.8%	79.6%		In session theatre utilisation		84.2%	
	31 day decision to first treatment		96%	Immediate		89%		Virtual Outpatient Attendances		20.1%	
Outpatient Transformation More information on page 21	Advice and Guidance Requests		16%	Mar-23	15%	9.1%					
	Patients moved / discharged to PIFU		5%	Mar-23	4.5%	2.7%					
Diagnostics More information on page 19	Patients waiting > 6 weeks		5%	Mar-24		42%					
	RTT Patients waiting > 78 weeks		0	Mar-23	167	316					
RTT Waiting List More information on page 16	RTT Patients waiting > 104 weeks		0	Jul-22	-	0					

	Jan-23	Dec-22	% change	Feb-20	% change
Outpatients - New	31,498	25,895	↑22%	28,700	↑10%
Diagnostics - Total WL	13,029	13,626	↓4%	8,708	↑50%
RTT Pathways - Total WL	58,708	59,340	↓1%	34,097	↑72%
Cancer (62d pathway) >62d	149	141	↑6%	56	↑166%

Surgical Prioritisation - WL	Jan-23	Dec-22	% change
P2 (4 weeks) Including planned	2,448	2,366	↑3%
P3 (3 months)	5,637	5,650	↓0%
P4	3,532	3,545	↓0%

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

2022/23 Performance Framework



Elective Inpatient Activity

91%	In Month Actual
68%	In Month Plan
87%	YTD Actual
77%	YTD Plan



Elective Daycase Activity

99%	In Month Actual
96%	In Month Plan
102%	YTD Actual
101%	YTD Plan



Emergency Admissions

90%	In Month Actual
103%	In Month Plan
82%	YTD Actual
94%	YTD Plan



New Outpatient Activity

102%	In Month Actual
98%	In Month Plan
102%	YTD Actual
100%	YTD Plan



Follow Up Outpatient Activity

110%	In Month Actual
119%	In Month Plan
109%	YTD Actual
122%	YTD Plan



Diagnostic activity (national planning submission)

111%	In Month Actual
136%	In Month Plan
109%	YTD Actual
128%	YTD Plan



RTT Clockstops (All)

90%	In Month Actual
95%	In Month Plan
92%	YTD Actual
101%	YTD Plan



RTT Clockstops (Admitted)

85%	In Month Actual
87%	In Month Plan
84%	YTD Actual
88%	YTD Plan



RTT Clockstops (Non admitted)

92%	In Month Actual
98%	In Month Plan
94%	YTD Actual
105%	YTD Plan

Serious Incidents

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Jan 20- Jan 23	month	-	1640	1433		-		The number of patient safety incidents is in normal variance.
Percentage of moderate and above patient safety incidents	Jan 20- Jan 23	month	2%	2.8%	2.0%		S7		There is a statistically significant increase in patient safety incidents graded as moderate harm and above. The last 7 consecutive months have been above the mean. [The mean currently is 2% which is the same as CUH threshold].
All Serious Incidents	Jan 20- Jan 23	month	-	5	5		-		5 Serious Incidents were declared with the Integrated Care Board (ICB) in January 2023, which is within normal variance for the trust
Serious Incidents submitted to ICB within 60 working days	Jan 20- Jan 23	month	100%	0%	62%		-		Nine Serious Incidents were due to the Integrated Care Board (ICB) in January 2023, all of which have had extension dates to submission agreed.

Safety and Quality

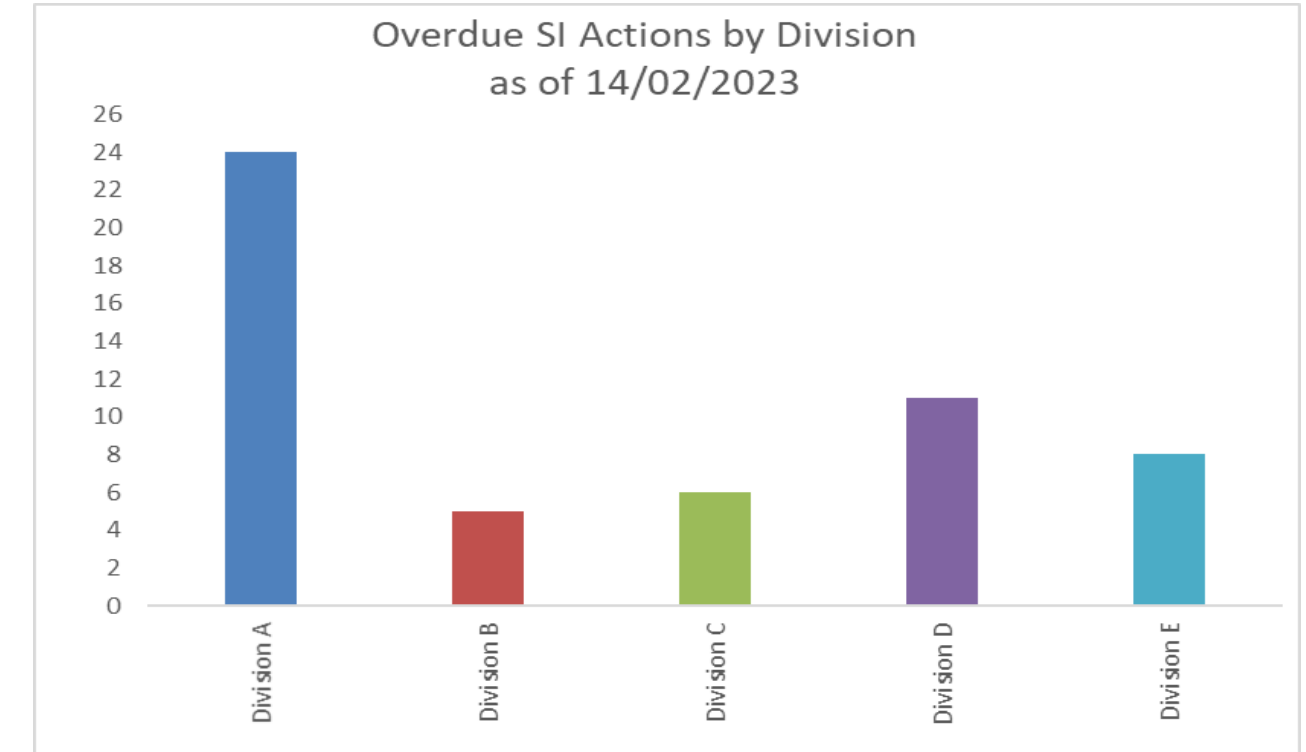
Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR 155980	Cardiac arrest in ED	Suboptimal care of the deteriorating patient	Death	C	ED
SLR 149202	Delayed ophthalmology appointment	Treatment delay	Severe/Major	D	Clinic 3
SLR 150886	Fall on ward G2	Slips, trips and Falls	Severe/Major	C	G2
SLR 136503	HAPU Grade 4	Pressure Ulcer	Severe/Major	A	C8
SLR 153922	Delayed allogenic transplant	Treatment delay	Severe/Major	B	Haem/Onc

Executive Summary:

There is a statistically significant increase in patient safety incidents graded as moderate harm and above. The last 7 consecutive months have been above the mean.

To date the number of serious incident investigations declared exceeds the numbers of last 4 years, resources for investigating have been limited due to competing clinical and operational priorities and resources within the central patient safety team. This has impacting compliance with the 60 day Target for submissions. Further use of alternative investigation methodology and thematic reviews in collaboration with the ICB will improve the investigation process.

There has been a continued increase of reported safety incidents affecting patients. These include Hospital Acquired Pressure Ulcers which in turn has increased the number of incidents reported leading to moderate harm or above.

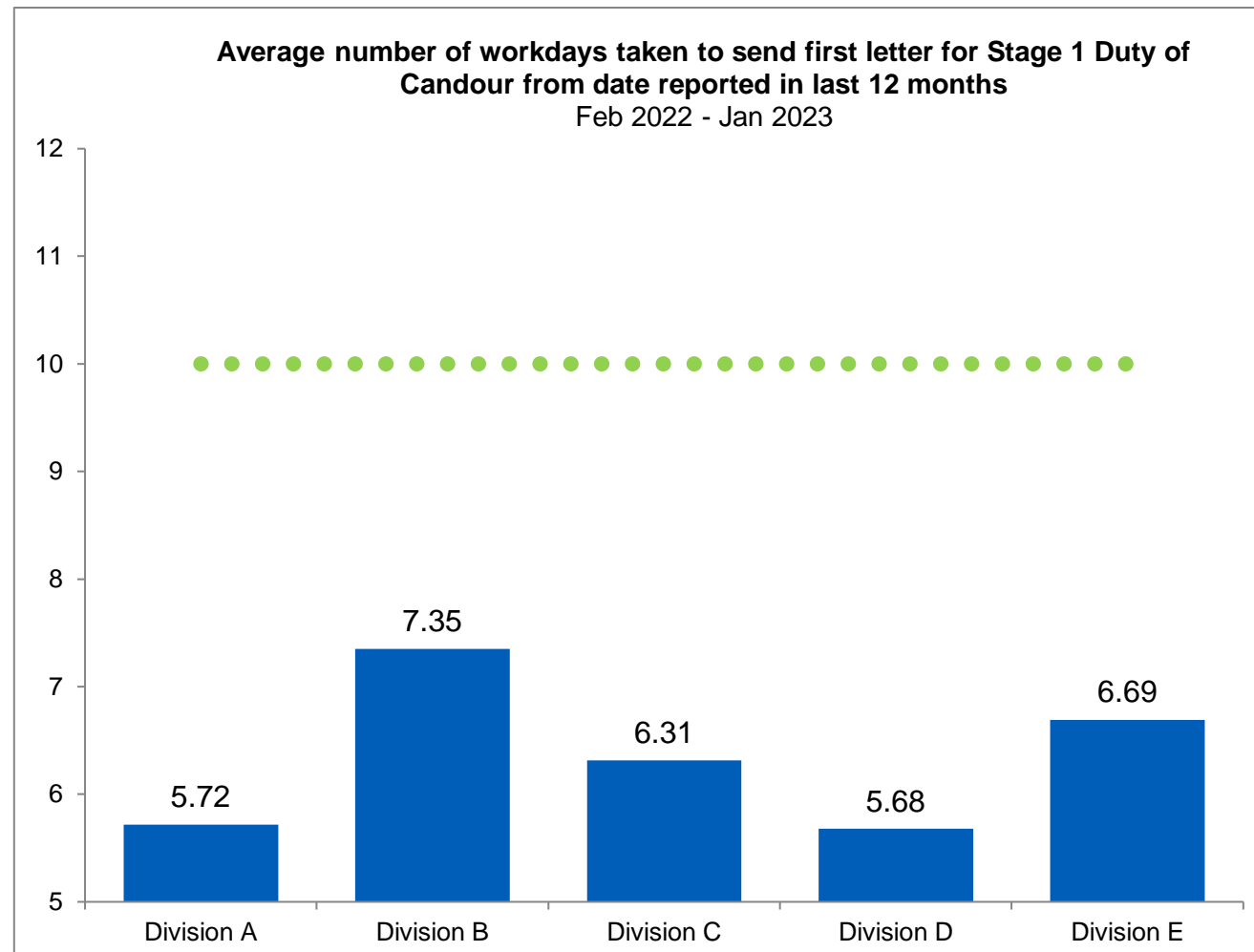


Together-Safe | Kind | Excellent

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*	Feb 20 - Jan 23	month	100%	65%	69%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Feb 20 - Jan 23	month	100%	82%	66%		-		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 70% for all confirmed cases of moderate harm or above in January 2023. 65% of DOC Stage 1 was completed within the required timeframe of 10 working days in January 2023. The average number of days taken to send a first letter for stage 1 DOC in January 2023 was 3 working days.

Trust wide stage 2** DOC is compliant at 82% for all completed investigations into moderate or above harm in January 2023 and 82% 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 via Divisional Governance.

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	Feb 20 - Jan 23	month	-	150	143.52		S7	-	There were a total of 150 falls (inpatient, outpatient and day case) in January 2023. This is within normal variance, however there has been an overall increase in the number of falls over the last 36 months with 7 consecutive points above the mean from July 2022.
	Inpatient falls per 1000 bed days	Feb 20 - Jan 23	month	-	3.95	4.54		-	-	The Trust remains within normal variance. The rate of inpatient falls has shown an overall increase over the last 36 months.
	Moderate and above inpatient falls per 1000 bed days	Feb 20 - Jan 23	month	-	0.14%	0.09%		S7	-	There were 6 falls categorised as Moderate or above harm in December 2022. The level of harm is classed according to injury and not lapses in care. This is within normal variance, however there has been an overall increase over the last 36 months, with 7 consecutive points above the mean from July 2022.
	Falls risk screening compliance within 12 hours of admission	Feb 20 - Jan 23	month	90.0%	43.7%	87.2%		SP		Compliance has been below the target since July 2021. The Falls Risk Screening tool in Epic was updated in January 2023 and an issue within the data collection was identified following this, which resulted in completed screenings not showing in the data. This has now been rectified and is being monitored
	Falls KPI: patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Feb 20 - Jan 23	month	90.0%	14.7%	11.5%			-	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	Feb 20 - Jan 23	month	90.0%	27.7%	15.4%			-	There has been a steady increase in compliance however the rate remains low therefore improvement work is ongoing to address this.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Feb 20 - Jan 23	month	90.0%	72.5%	76.5%			-	An issue with understanding of this question has been identified. Changes to the question have been made in January 2023 and compliance will continue to be monitored.	

Executive Summary

Trust capacity remains an important factor in the number of falls across the Trust. Number of falls are increasing however when this is stratified by falls per 1000 bed days, data is within normal variance.

Compliance with the lying and standing blood pressure [LSBP] and confusion care planning KPI remains low. The Falls Champions are currently focusing on this.

It has been identified, via the Falls Champions monthly reports, that some areas have achieved a significant improvement in completion of LSBP. A review of these areas is underway to identify how this has been achieved and to look at ease of replication.

New CUH specific care plans have been developed and EPIC changes are being worked on currently

Changes have been made to the Falls Risk Screening, this will prompt for LSBP, confusion care plans, Mental Capacity Assessment for basic care and treatment and delirium assessments. The new Falls Risk Screening will also identify where the information to complete the screening was gained from i.e. patient, family/carer, notes, this is due to concerns that inaccurate information is being recorded for patients with confusion. The updated Falls Risk Screening went live on the 17/01/2023.

Following the January 2-23 update to the Falls Risk Screening, issues with data collection in EPIC were identified which impacted on the figures for compliance this has been rectified and the data is currently being monitored for any further anomalies.






A thematic review of falls that met the serious incident criteria has been undertaken in collaboration with the Integrated Care System (ICS). The conclusion of this review will be triangulated with the existing Falls Quality Improvement plan and any appropriate changes will be made.

Changes to the incident report for falls on QGIS have been made to capture post falls care and staffing issues. The monthly falls report will be updated to capture and review this data from February 2023.

Currently there is no resilience within the inpatient falls team as there is only the Lead Falls Prevention Specialist, due to this and increasing demand a case of need has been completed to increase the inpatient falls service.

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 - Jan 23	month	-	37	24		shift	-	There is a statistically significant increase in HAPUs with the last consecutive 7 months being above the mean - upward shift.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Jan 23	month	-	17	11		-	-	Within normal variance.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Jan 23	month	-	20	12		shift	-	There is a statistically significant increase in HAPUs with the last consecutive 9 months being above the mean - upward shift.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Jan 23	month	90%	73%	80%		Point		The last 3 consecutive months compliance has been below the Lower Control Limit. The last four consecutive months compliance has been below the mean.

Exec Summary

HAPUs of category 2 and above have increased since July 2022.
 HAPU incidents; Category 1 = 17, Category 2 = 10, Category 3 = 0, Category 4 = 0, SDTI = 8, Unstageable = 2
 A thematic review is 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 and QPOs induction programmes, Practice Development study days as well as ward-based teaching.
 'Pressure Ulcer Prevention' is the theme for the first TV Link Nurse Study Day, which is taking place on 23rd February 2023.
 External speaker (Senior Lecturer Advanced Practice at ARU) has been confirmed to support pressure ulcer teaching sessions in order to release time for TVNs to focus on ward-based teaching and clinical visits.
 A new band 6 TVN will be appointed within the Emergency Department to reinforce Pressure Ulcer Prevention care plan at the beginning of patients' hospital journey.
 Epic Change requests have been approved for identifying accurate body location for skin inspection and prompts to assist in skin inspection and completing the Waterlow Risk Assessment tool.
 The up-to-date Tissue Viability folders have been delivered to the majority of clinical wards, relevant outpatient clinics and departments.
 The plan to resume the Tissue Viability Stakeholders Group meeting is currently underway.
 The plan to work in partnership with the Institute Health Improvement (IHI) and the Transformation team to explore ways to promote best practice to prevent Hospital-acquired Pressure Ulcers is underway.

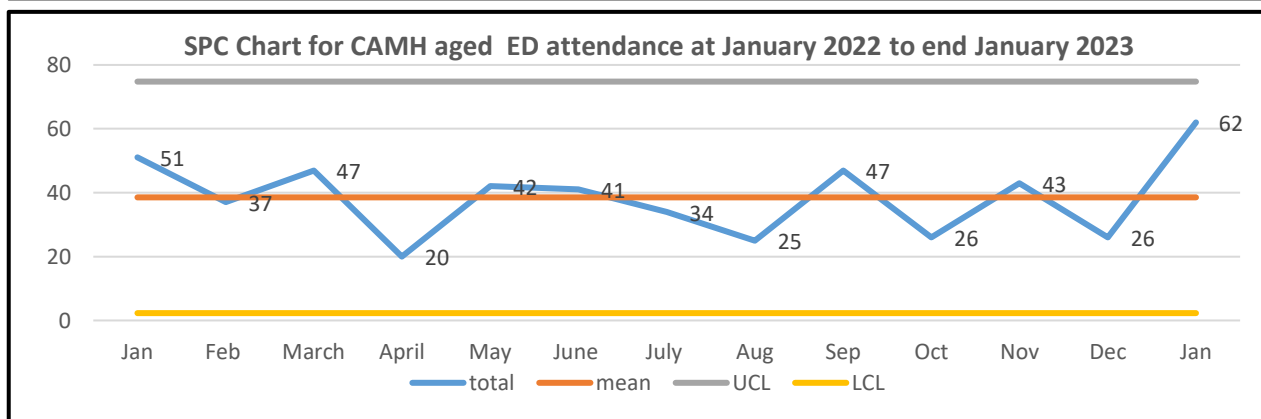
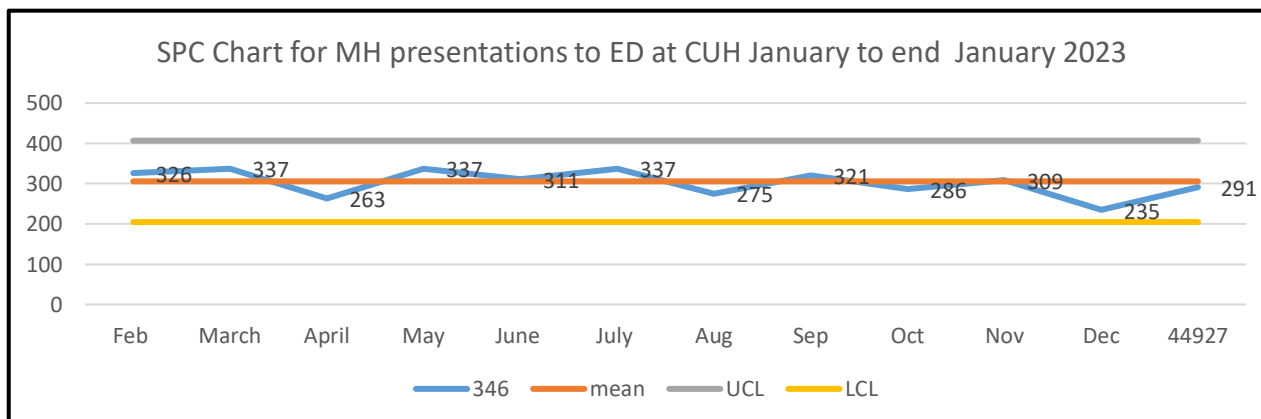
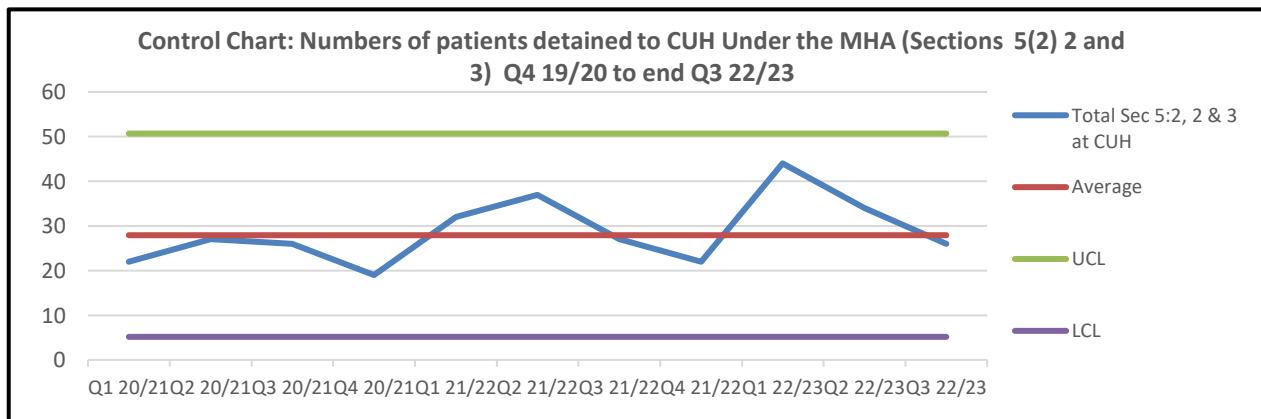
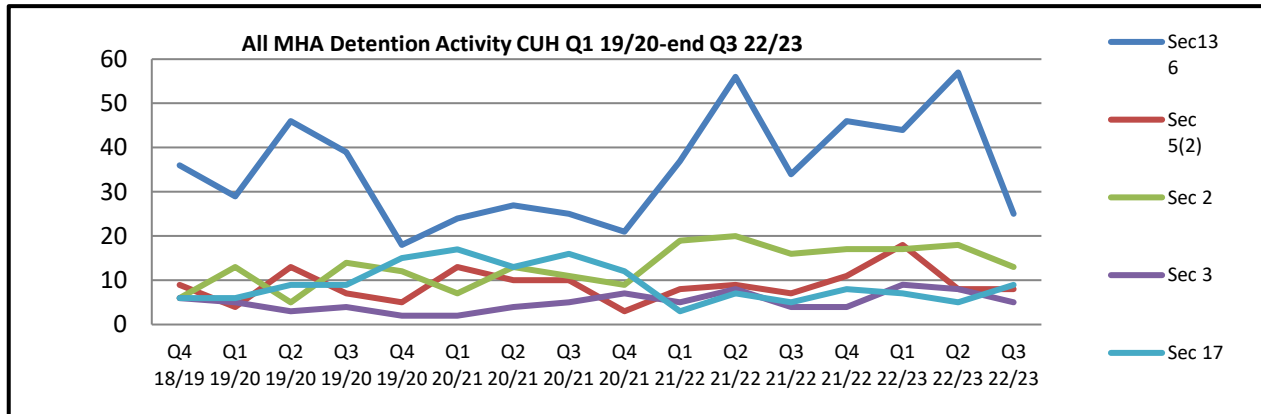
Sepsis

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 within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jan-23	Monthly	95%	40%	54%		-		Elements of the sepsis 6 bundle that have impacted on the overall compliance for Jan 23 are Antibiotic administration within an hour of triggering sepsis (47%), Iv fluid administration (80%) and monitoring (67%). This is an improvement of Dec 22. In some cases patients were being managed in the ambulance bay which impacted on patients receiving the care they required within the hour. 1 patient was treated in a PAT space for nearly 3 hours with a NEWS 2 of 12. Another patient was in area C chair space then moved to resus after observations this delayed the review and prescription of antibiotics and the there was delay in administration.
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jan-23	Monthly	95%	47%	71%		-		The average time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was 38 mins in Jan 23 In 73% of audits antibiotics were prescribed within 30 mins of the patient triggering sepsis.
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Jan-23	Monthly	95%	83%	40%		SP		In 66% of audits the timeframe between a patient triggering sepsis and being diagnosed was less than 30 mins. The metric would be 100% if this wasn't the case in this one audit
Antibiotics administered within 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Jan-23	Monthly	95%	83%	60%		-		The time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was less than 30 mins, in one audit significant delays were seen and this was due to a delay in the patient having a senior review. The metric would be 100% if this wasn't the case in this one audit.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Jan-23	Monthly	95%	93%	91%		-		Average door to needle time for Jan 23 was 1 hour 46 Mins, this is an increase in delay of 1 hour from Nov 22 and a decrease on Dec 22. The average time between antibiotic prescription and administration was 42 mins. However in 63% of audits antibiotics were administered within 30 mins of prescription. The average prescription and administration time of antibiotics together was 40 mins.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Jan-23	Monthly	95%	100%	64%		SP		
Executive Summary:									
<p>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. We have started to scope the possibility of an automated data pull from Epic for Sepsis in an attempt to increase our sample size for inpatients. Sepsis data for maternity is also being collected and reported into Sepsis action group and the Paediatric team are working towards data reporting on sepsis this year. Quality Improvement efforts are continuing, in ED work has been done to try and reduce delays due to flow.</p>									

Safety and Quality

Mental Health - Q4 2022/23

Mental Health



Narrative

- Data has been adjusted from previous reports to reflect financial years rather than calendar years
- The numbers of inpatients detained to CUH under the Mental Health Act has fallen in Q3 22/23. The total number detained was 37.5% lower than Quarter 2 (historically a busier month) but only 9% lower than same quarter 21/22 .
- There has been a significant reduction in Section 136 attendances in Q3 2022/23 (25 versus 57 in Q2). Although Q2 is historically the busiest quarter this number is as low as those seen during the Pandemic. This may be accounted for by low use of the Emergency Dept. when the Sec 136 suite is full, (13x in Q3) but the numbers of Sec 136 were reported as low across the region.
- The cumulative number of mental health presentations to ED in the period April '22 to end January '23 (2965) is 23.9% lower than for the same period 2019/20 (pre-pandemic) , 3.5% lower than 20/21 and 12.8% lower than for the same period last year
- The number of individuals presenting to the ED at CUH with a mental health need in January '23 (291) is 24% higher than in December 2022 (235). Numbers in December were below average
- The number of *adults* presenting to ED in January '23 (291) represents a 21% decrease on December '22 (266) .
- The *cumulative* no of adults presenting at ED for MH reasons who were subsequently admitted to CUH in the period April '22 -end Jan '23 shows a 19.5% decrease (337 admissions) in comparison to the same period April-Jan 21/22 (419 admissions).
- Compared with December '22, (26), there was a 138% increase in CAMH aged patients presenting in ED in Jan '23 (62). Of these, 40.3% were subsequently admitted to a bed at CUH (25). It is unclear how many individuals this represents.
- Of those 25 CAMH aged patients admitted to CUH in Jan 23 , 18, (72%) presented with self harm or suicidal thoughts
- For CAMH aged patients, the cumulative number of those admitted to a CUH bed from ED has reduced from 172 patients between April 21-jan 2022 to 150 over the same period 2022/2023 a 12.8 % 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 e.g. In Q3 2022/23 38% of CAMH attendances converted to admission compared to 12.5 of adult attendances.

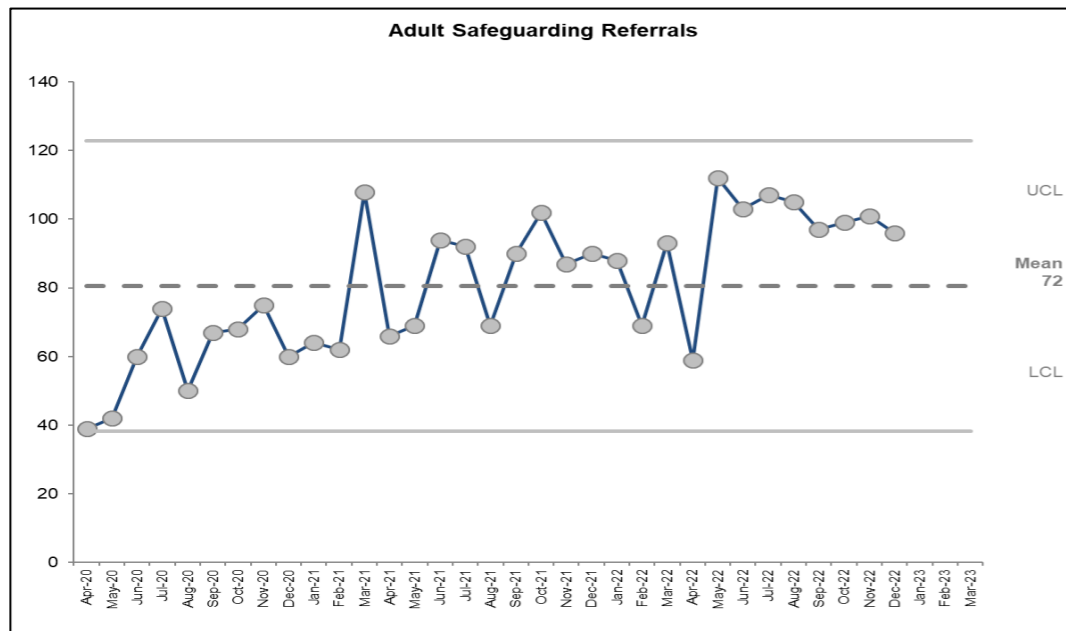
Ongoing work:

- The 3 band 7 MH specialist nurses are now in post.
- 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,
- Interface meetings between mental health and CUH for both adult and younger peoples services continue. The plan now is to invite other agencies to the meeting such as Centre 33 who provide support for younger people with mental health needs in the county.

Safeguarding

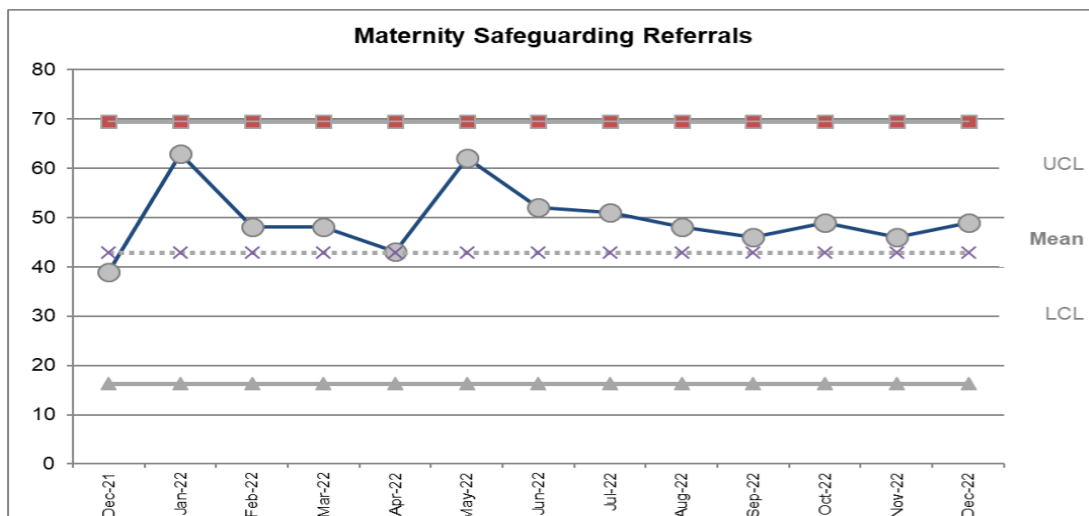
Adult Safeguarding

Referrals to the safeguarding team have continued to increase year on year. There has been a 6% increase in referrals in Q3 22/23 compared to the same time period in 21/22. A total of 206 referrals were made to the Adult Safeguarding Team this quarter compared to 309 in Q2 (this figure does not include DOLs requests). 38% of the referrals received were safeguarding enquiries and of these 32% were forwarded to the relevant Local Authority for further investigation. The largest number of referrals relate to concerns of neglect or acts of omission (25%). 20% of referrals related to domestic abuse concerns which is a slight increase from 17% in Q2 22/23.



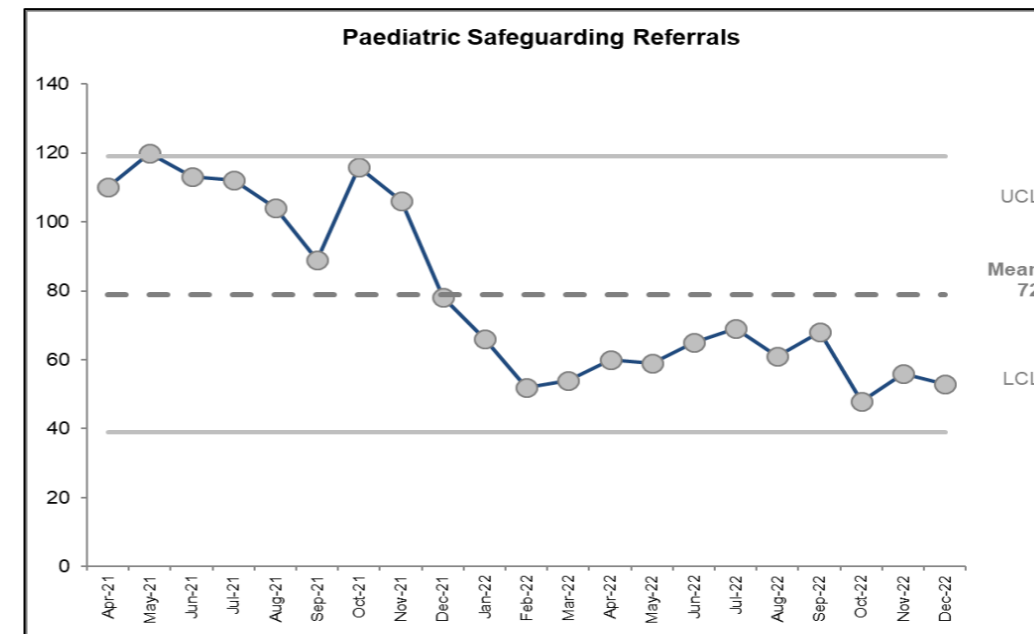
Maternity safeguarding

The number of referrals to the maternity safeguarding team has remained static this quarter, ranging between 46 and 52 referrals per month however it should be noted that there are 278 mothers with safeguarding concerns which require oversight, and in some cases, case-loading by the specialist Midwives to ensure there are plans to identify risk and make adequate plans to protect babies from harm. No babies were removed from parental care in Q3.



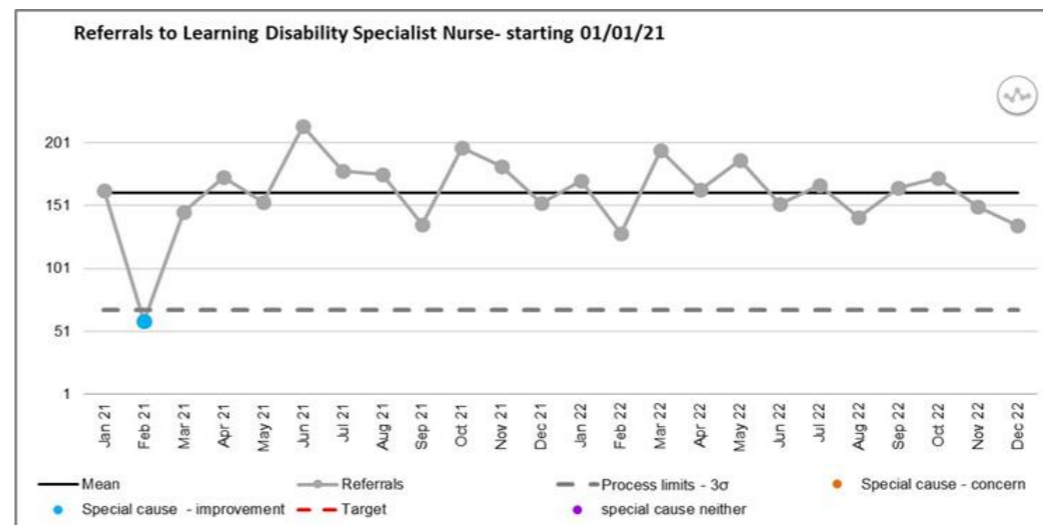
Children's Safeguarding

Referrals to the paediatric safeguarding team have continued to decrease this quarter with a 18.6% decrease in referrals from Q2 (22/23). There has been a 46.5% decrease compared to the same quarter last year. This could be linked to the pandemic where more families, children and young people were in crisis during lock downs resulting in an increase in referral numbers. Mental Health concerns continue to be the consistent theme dominating Children's social care referrals.

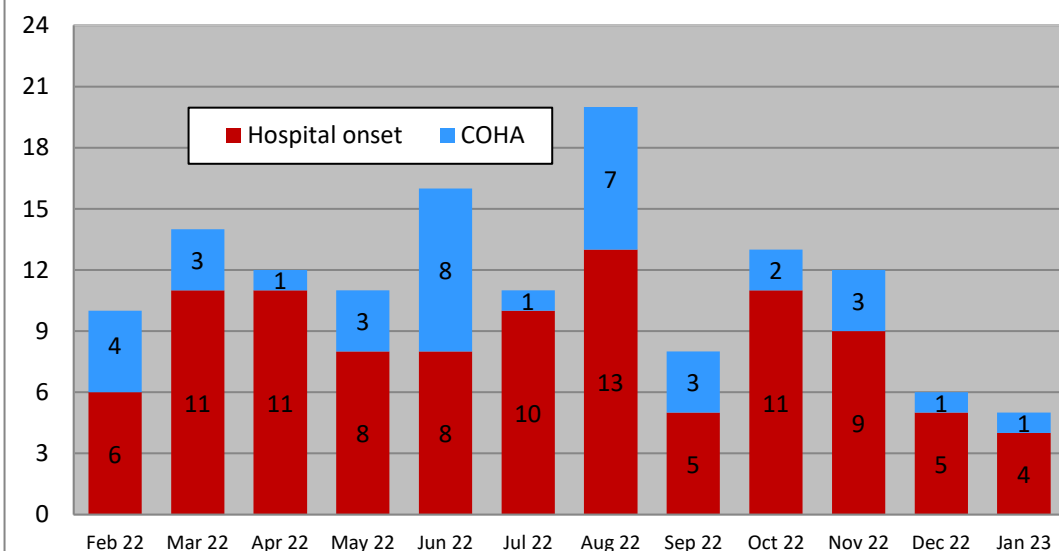


Learning disabilities

During Q3 there have been 458 referrals to the learning disability specialist nurse which is a 3% decrease from Q2 22/23 and a 16% decrease when comparing against Q3 2021. 7% (31) referrals were from external partners who alerted the LD specialist nurse prior to the patient being admitted/reviewed within the trust. 93% (427) of referrals were internal. The electronic flag within EPIC has improved the timeliness of these referrals.

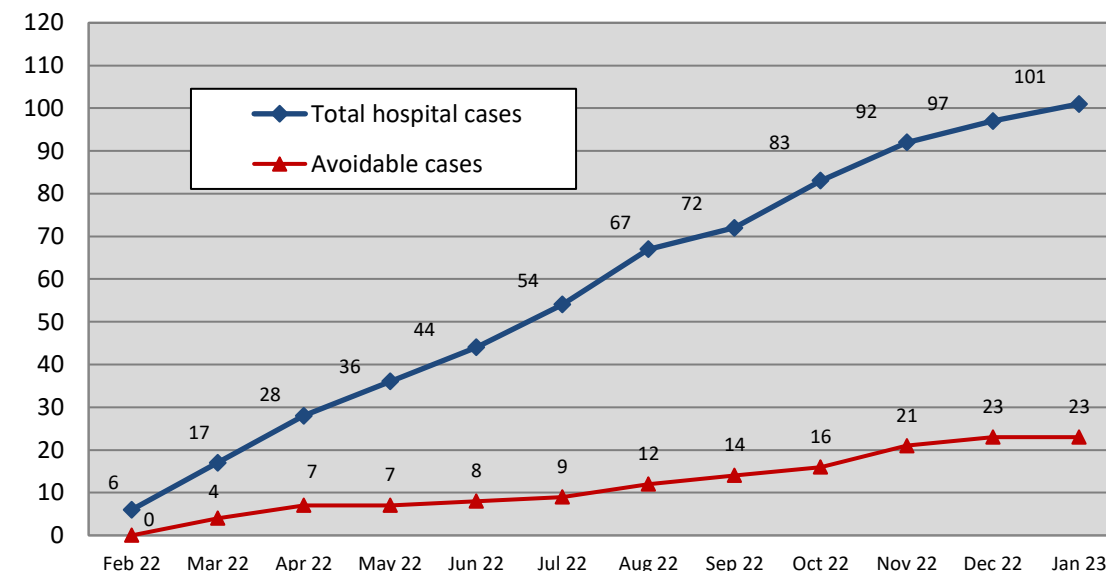


Monthly *Clostridium difficile* cases in last 12 months



* 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.

- No cases of hospital onset MRSA bacteraemia in January 2023
- 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*.

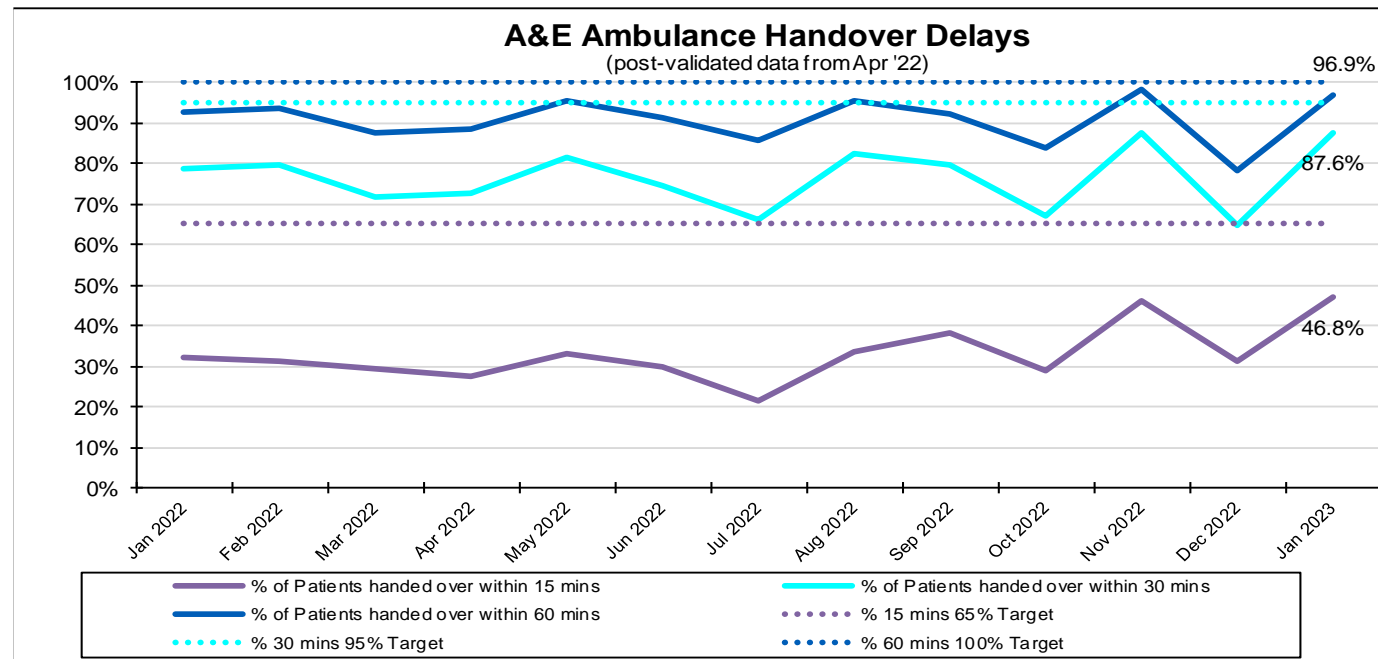
- 4 cases of hospital onset *C difficile* and 1 case of COHA in January 2023.
- 84 hospital onset cases and 30 COHA cases year to date (91 cases unavoidable, 19 avoidable and 4 pending).

MRSA and C difficile key performance indicators

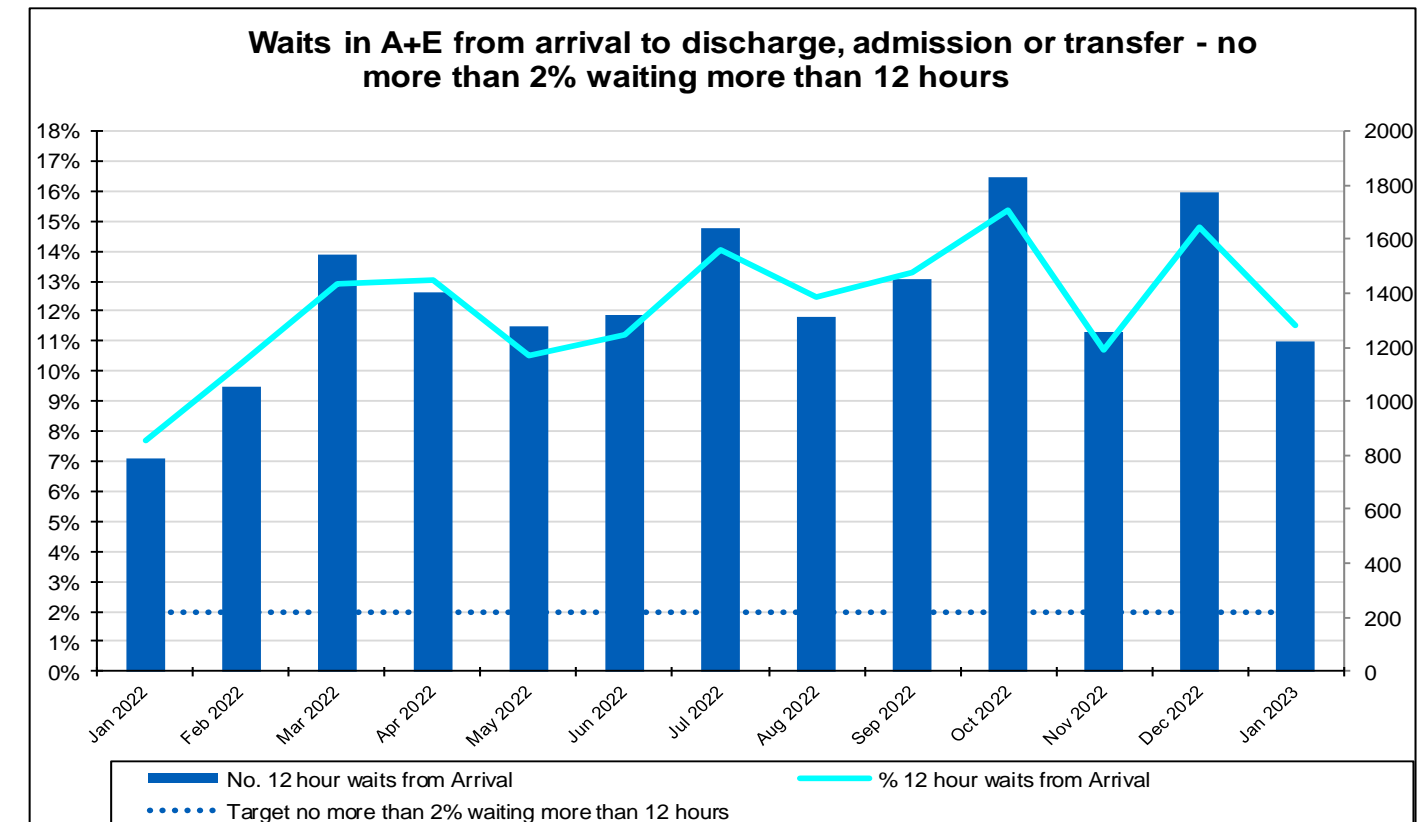
- Compliance with the MRSA care bundle (decolonisation) was 86.1% in January 2023 (83.1% in December 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to December 2022) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.
- Compliance with the *C. difficile* care bundle was 100% in January 2023 (75.0% in December 2022).
- The latest *C. difficile* rate comparative data (12 months to December 2022) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.

Amb. Handovers & 12 Hr Waits From

Operational Performance



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
No. of Patients <u>not</u> handed over within 30 mins (Post-validation)	735	398	443	674	278	652	290
No. of Patients <u>not</u> handed over within 60 mins (Post-validation)	313	97	172	326	38	401	73



Demand:

- ED attendances in January were 10,602. This is 119 (10.3%) higher than January 2020, equivalent to a slight increase from 338 to 342 attendances per day
- This was driven by an increase in paediatric attendances, which rose by 10.6% (+209) compared to January 2020. Adult attendances fell slightly, by 90 (-1.1%) over the same period
- 1,222 patients had an ED journey time in excess of 12 hours compared to 278 in January 2020. This represents 11.5% 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:

- 308 patients were streamed from ED to our Medical Assessment Unit (MAU) and a further 468 patients to our Surgical Assessment Unit.
- 3,098 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,561 patients were seen by a GP or ECP.

Ambulance handovers: In January 2023 we saw 2,341 conveyances to CUH which was a decrease of 21% (-648) compared to January 2020. Of these:

- 46.8% of handovers took place within 15mins vs. 53.2% in January 2020
- 87.6% of handovers took place within 30mins vs. 90.0% in January 2020
- 96.9% of handovers took place within 60mins vs. 98.0% in January 2020.

Overall:

January saw a significant improvement in UEC performance compared to December. Over this period ambulance handovers >60mins reduced from 21.7% to 3.1% and waits >12hr decreased from 14.8% to 11.5%. During January CUH delivered the best performance of all trusts in the East of England against 60-minute ambulance handovers and the second best performance against 30-minute handovers. Initiatives driving this improvement included a focus on improving medical discharges and in-the-moment management of delays in the department. The UEC Oversight Board and Winter Taskforce, led by the Chief Operating Officer, continue to oversee actions to drive performance during winter and formulate longer-term plans for improvement across our urgent and emergency care pathways. The Trust received notice that the national pilot of CRS standards is being stepped down and that 4hr performance reporting should resume from 15th May. A plan to meet this requirement and deliver a trajectory for improving our performance is being finalised.

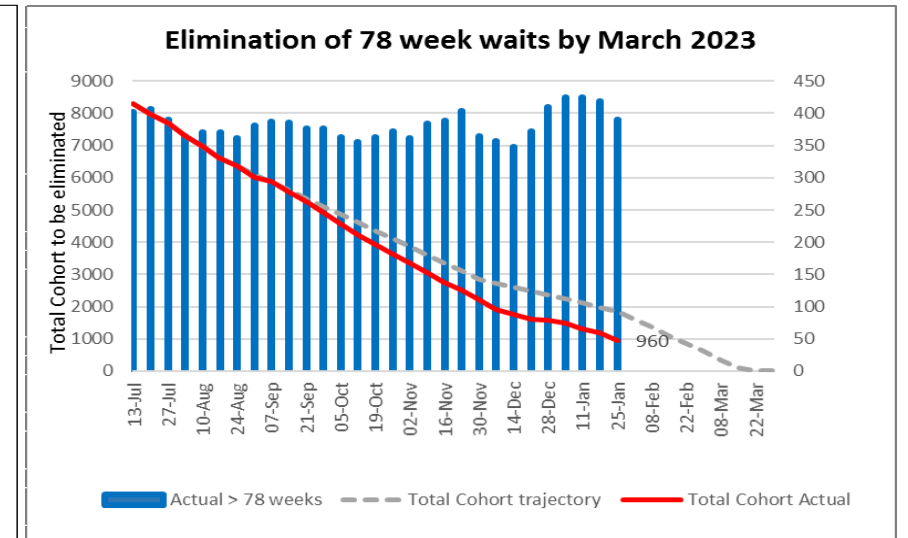
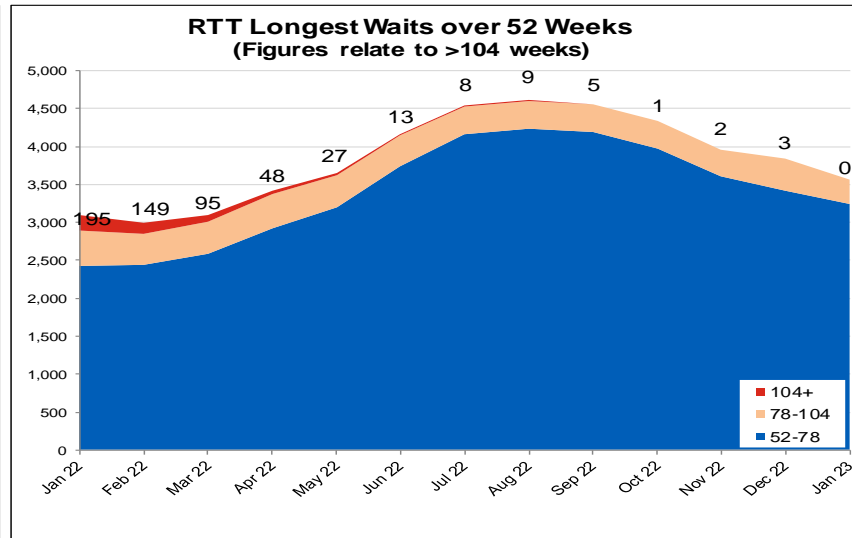
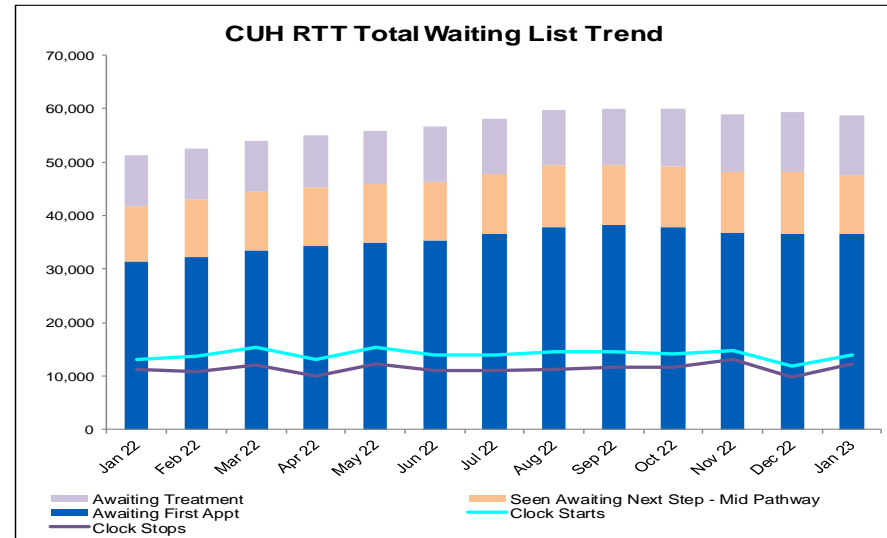
Fit Testing compliance for substantive staff

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
Additional Clinical Services	35	24	69%	213	91	43%	61	17	28%	133	61	46%	91	28	31%	83	30	36%	616	251	41%
Allied Health Professionals	-	-	-	60	14	23%	15	4	27%	1	0	0%	-	-	-	3	2	67%	79	20	25%
Estates and Ancillary (Porters and Security Personnel only)	85	57	67%	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%	86	58	67%
Medical and Dental	-	-	-	237	52	22%	-	-	-	180	57	32%	142	25	18%	226	59	26%	785	193	25%
Nursing and Midwifery Registered	-	-	-	601	336	56%	5	2	40%	269	144	54%	145	66	46%	352	168	48%	1372	716	52%
Total	120	81	68%	1111	493	44%	81	23	28%	583	262	45%	378	119	31%	665	260	39%	2938	1238	42%

The data displayed is at 15/02/23. 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 January the total waiting list size reduced by 632 to 58,708. Our Month 10 planning submission had forecast reduction to 51,044 so we are 15% above plan this month. Compared to pre-pandemic the waiting list has grown by 72%.

The number of patients joining the RTT waiting list (clock starts) were back up by 12% on the previous seasonally lower month, but were 2.9% higher than the same month in the baseline year. We had forecast continued referral growth of 2.3% above 2019 baseline and cumulatively year to date we are now 2.7% above planned levels. Clock starts (referrals) represented a lower 24% of the total waiting list size in the month. Patients waiting to commence their first pathway step still account for 62% of the total.

The number of RTT treatments (stops) delivered in January were up by 20% on prior month, and represented 90.4% compared to January 2020. Non-admitted treatments were at 91.8% of baseline. Admitted treatments were comparatively lower at 85.3%, with January 2020 having delivered the highest volume of monthly admitted treatments in the baseline year. Total treatments cumulatively are now 9% below plan year to date. Together with the contribution from validations, the variance for total removals stands at 4.2% below plan year to date. The clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) reduced to 20 weeks.

The 92nd percentile total waiting time remains 48 weeks.

The volume of patients waiting over 52 weeks reduced for the fifth consecutive month by 7% to 3,563. 1240 patients in total were treated who had waited over a year, 10.1% of treatments. The specialties with the highest volumes over 52 weeks remain ENT (504), OMFS (469), then Ophthalmology, Cardiology and Orthopaedics (each over 300). All of these services did have a reduction in month. There was a notable increase in Urology from 148 to 196 over 52 weeks. The service has been carrying four Consultant vacancies in recent months.

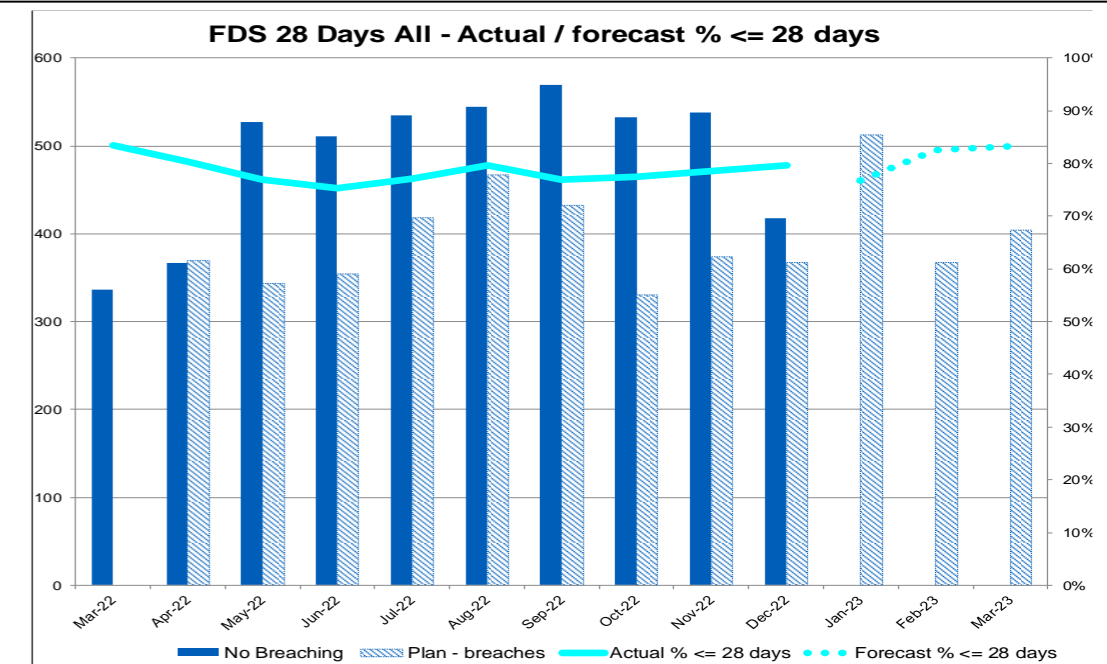
The volume of patients waiting over 78 weeks reduced by 24% at the end of January to 316. The current rate of reduction of the total cohort is 511 ahead of trajectory to deliver the requirement to eliminate 78 week waits by April 2023. The remaining patients to treat have fallen to below 600 from 8300 in July. With the impact of RCN Industrial Action in early February and now again in March, we would no longer anticipate achieving zero capacity breaches at year end given there will be a need to reschedule cancelled higher clinical priority activity first. ENT, OMFS and Cardiology are the only services with more than 50 patients remaining.

For the first month we reported zero breaches over 104 weeks in January and forecast to remain at zero in February.

Nationally the RTT waiting list increased again in December 2022 to 7.2 million, with 5.5% of patients waiting over 52 weeks. CUH in the same month dropped to 6.5% over 52 weeks, ranked 8th of the fourteen Acute Trusts in EoE. At 12.4% over 52 weeks, Norfolk and Norwich remains the greatest challenge in the Region followed by James Paget at 7.9%. We rank eighth of ten amongst the Shelford Group with Birmingham the most challenged with 16.8% over 52 weeks.

National Targets

Cancer Standards 22/23	Target	Qtr 3 - 21/22	Qtr 4 - 21/22	Qtr 1 - 22/23	Qtr 2 - 22/23	Oct-22	Nov-22	Dec-22	Qtr 3 - 22/23
2Wk Wait (93%)	93%	81.8%	78.9%	83.3%	75.2%	72.7%	72.4%	78.4%	74.3%
2wk Wait SBR (93%)	93%	43.9%	35.5%	55.1%	32.1%	17.5%	22.2%	14.8%	18.4%
31 Day FDT (96%)	96%	91.0%	94.3%	91.0%	89.9%	92.6%	86.0%	89.0%	89.0%
31 Day Subs (Anti Cancer) (98%)	98%	100.0%	100.0%	100.0%	99.7%	100.0%	99.1%	100.0%	99.6%
31 Day Subs (Radiotherapy) (94%)	94%	98.3%	93.7%	85.1%	88.2%	86.1%	96.2%	91.8%	91.7%
31 Day Subs (Surgery) (94%)	94%	83.0%	89.0%	82.9%	69.7%	81.0%	77.6%	72.7%	76.9%
31 Day - Combined	96%		94.2%	89.3%	88.7%	90.4%	90.1%	89.2%	90.0%
FDS 2WW (75%)	75%	85.3%	81.3%	78.0%	78.9%	79.3%	80.2%	81.0%	80.1%
FDS Breast (75%)	75%	98.0%	94.6%	96.6%	92.4%	88.7%	90.7%	84.9%	88.0%
FDS Screen (75%)	75%	65.7%	64.5%	64.6%	63.4%	54.3%	57.2%	64.1%	58.4%
FDS - Combined	75%		80.6%	77.4%	78.0%	77.4%	78.5%	79.6%	78.5%
62 Day from Urgent Referral with reallocations (85%)	85%	74.2%	69.6%	73.2%	70.3%	66.1%	75.8%	73.2%	71.7%
62 Day from Screening Referral with reallocations (90%)	90%	67.1%	60.0%	53.8%	55.9%	62.9%	40.0%	60.0%	50.8%
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	48.4%	56.7%	62.9%	68.2%	54.5%	45.5%	63.6%	56.8%
62 Day Reallocations - Combined	85%	72.3%	67.7%	70.7%	68.0%	65.4%	69.4%	71.4%	68.6%



The latest nationally reported Cancer waiting times performance is for December 2022 and Q3 2022/23.

The Cancer Waiting Time standards are currently out for consultation Nationally, the proposal was to consolidate into three combined standards: Faster Diagnosis within 28 days; Referral to Treatment within 62 days; and Decision to Treat to Treatment within 31 days, however it is understood this will now not happen by the expected date of April 2023. CUH will continue to shadow monitor the combined standards.

The volume of 2ww patients seen in December 2022 was 9.9% higher than in December 2019. 2ww breaches reduced to 402 in December from 653 in November leading to an improvement in performance at 78.4%. 71% were capacity related. There is a further 20% reduction in breaches forecast for January. Breast remain the site with the majority of breaches with 66%, skin reduced their breaches to within tolerance levels. The breaches that were due to capacity reflected an ongoing average wait of 23 days for Breast. The National 2WW performance was higher at 80.29%. For symptomatic breast referrals our performance deteriorated as patients with suspected cancer were prioritised, it remained well below National performance at 14.8% compared to 72.4%.

Our combined performance on the Faster Diagnosis standard within 28 days remained ahead of target at 78.5%. National average was 70.7% for FDS. Screening FDS remains the area that falls consistently below standard due to the lack of control services have over the initial appointments on the LGI screening pathway (these are booked by the central screening hub).

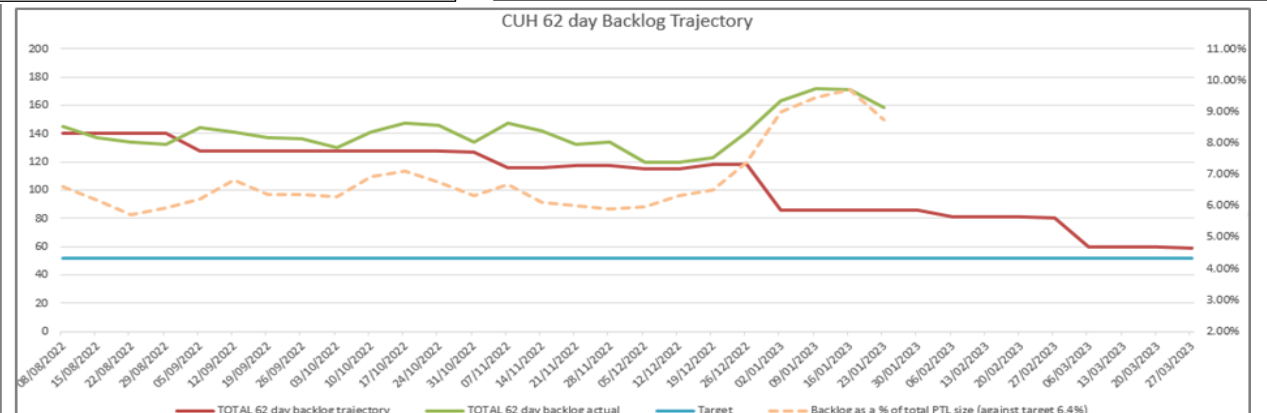
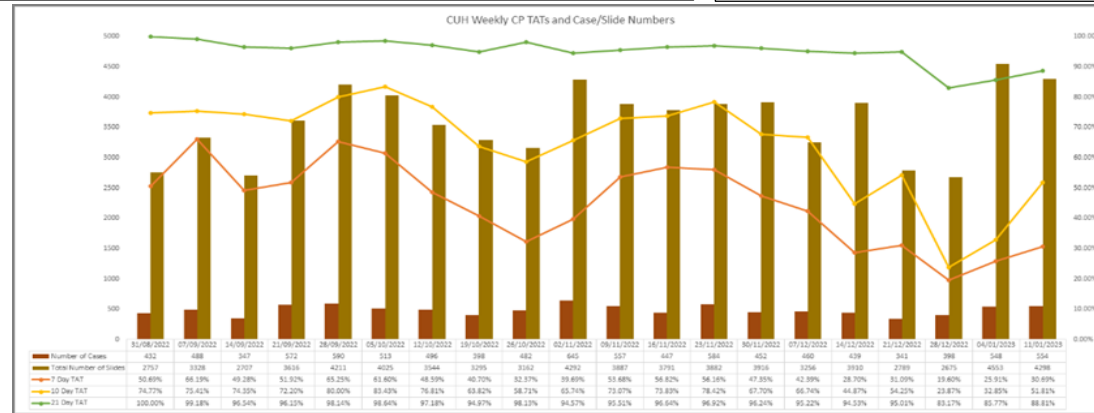
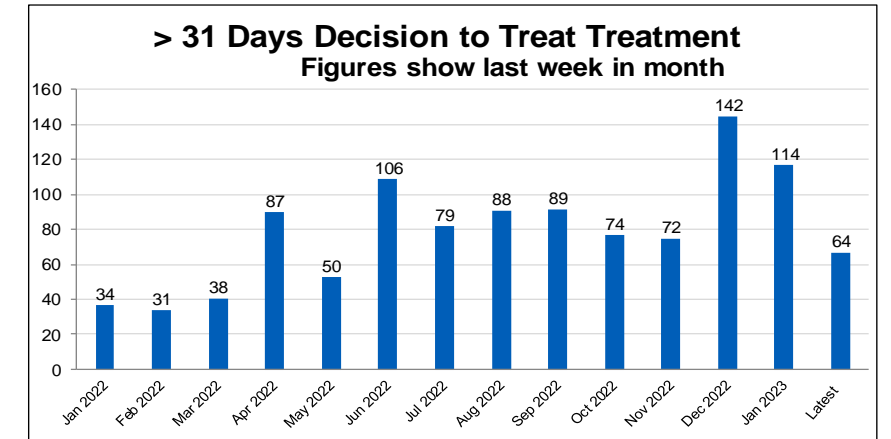
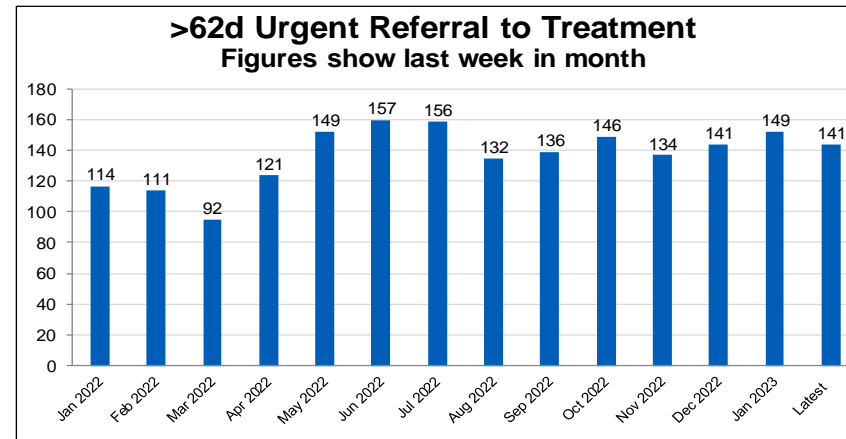
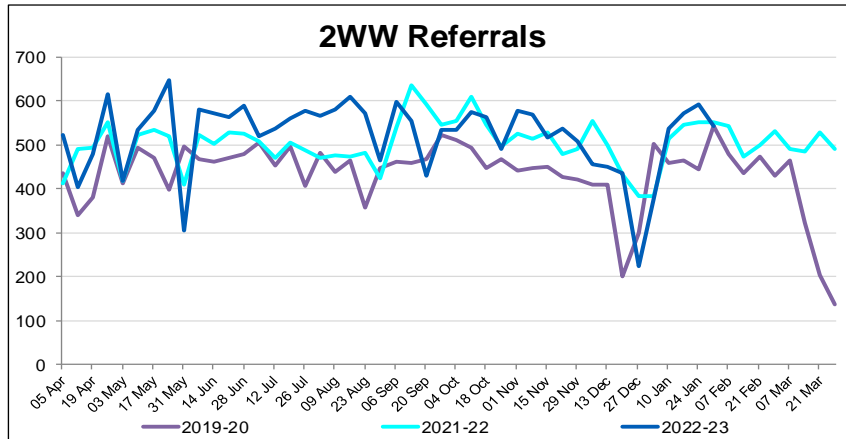
The 62 day Urgent standard performance deteriorated slightly in December to 73.2%. This remained ahead of performance Nationally of 61.7%. There were 37.5 accountable breaches of which 24 were CUH only pathways. Of the total breaches 22.5 of these delays were provider initiated delays, within which 2 due to outpatient capacity, 6 due to delays in booking diagnostics due to capacity, 2 due to histopathology delays, 12.5 were late referrals of which 4 were treated within 24 days of transfer. Complex pathways requiring multiple diagnostic tests reduced this month with 3.5 breaches. Breaches spanned 11 cancer sites, with the highest volumes by site being Urology with 10, LGI with 7.5 and Breast with 6.5. The 62 day screening standard incurred 5.5 breaches this month, between Breast (54% of screening breaches) and Lower GI. Performance was 60% compared to higher National performance at 73%. 54% of delays on a screening pathway were due to reasons within CUH control e.g surgical capacity, outpatient capacity and/or diagnostic capacity.

The 31 day FDT standard improved in December to 89%, however was below National at 92.6%. The subsequent surgery standard deteriorated to 72.7% against National of 81.8%. Elective capacity accounted for 87% of those exceeding 31 days, Urology accounted for 35% of the breaches. The subsequent radiotherapy performance fell back below standard at 91.8% due to increased sickness within the team.

22 pathways waited >104 days for treatment in December. 15 were shared pathways with high volumes from WSH (4), NWAFT (3) and Bedford (3). 7 CUH pathways exceeded 104 days across Breast (3), Skin, Head and Neck, HPB 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 all pathways were classed as 'no harm' or 'low harm'.

Cancer

National Targets



Current position

Following a reduction in 2WW referrals in December, January has seen a return to above baseline referral levels with 1898 patients having a first appointment (119%). 2ww breaches reduced in January and further reduced in February however have still not resulted in CUH achieving the 2WW standard as forecast. Breast breaches reduced as forecast in February but skin have seen significant increases to their breaches in February due to capacity. Divison D have established a Skin Cancer Task and Finish project group with defined operational and clinical leadership. January saw the change in guidance for patients referred as a suspected LGI cancer, GPs are now mandated to undertake a FIT test and only refer patients if the result is higher than 10. Following a grace period of 6 weeks it is expected this could reduce referrals by 40%. A new Non Specific Symptom (NSS) 2WW pathway also went live in February as required in the national cancer plan.

The number of patients waiting longer than 62 days from referral to treatment is monitored against our recovery trajectory submitted to the Cancer Alliance. The backlog > 62 days has slowly reduced since Christmas and variance from trajectory is now at 56, representing 7.17% of the total cancer waiting list over 62 days. This has resulted in a return to 2nd in the region. The highest variances from plan are in Skin and Urology although skin have reduced their backlog. All teams have actions developed to improve pathways with the main focus being on the first 28 days, this includes implementing the national best practice pathways. This is crucial to the Urology recovery plan where all pathways have complex diagnostics that are currently delayed due to capacity. Actions are closely monitored for all sites through the Operational Taskforce and Divisional Executive meetings. A refreshed trajectory has been developed in line with the national planning expectations for 2023/24 to reduce the backlog to pre covid levels by March 2024, this is awaiting approval.

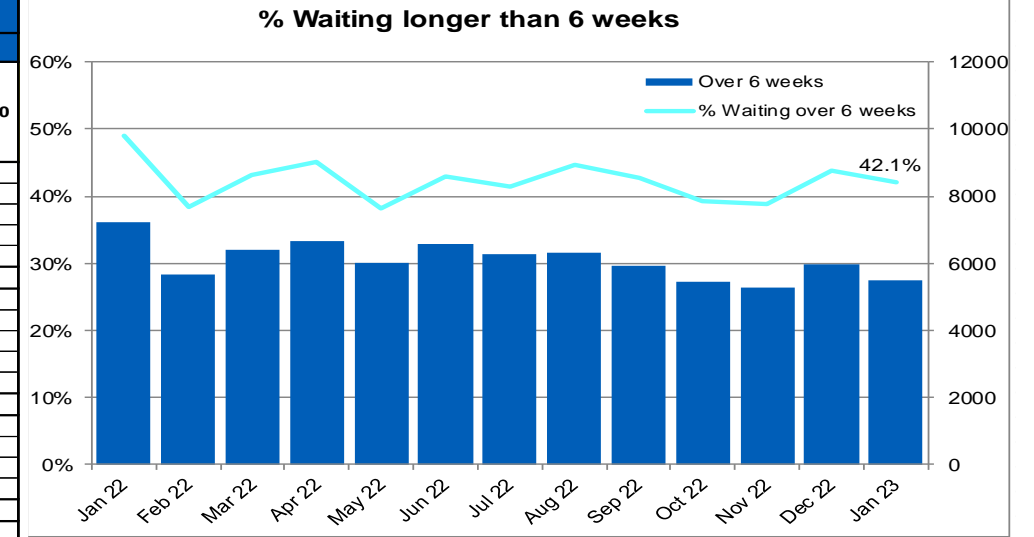
January saw a slight improvement in histology turn around times within 7 days, however the position is still impacting many pathways. An increase in sickness; decrease in overtime undertaken and annual leave were contributing factors. Performance is improving week on week however is only at 31% in 7 days at the end of February. Compliance with the Faster Diagnosis Standard (FDS) continues to be strong with CUH being invited to share good practice at a recent Shelford Group meeting. Oxford is the highest performing Trust for FDS in the Shelford Group with CUH a close 2nd.

The number of patients waiting over 31 days for treatment has decreased to 87 from 152 last month. The largest number of patients waiting over 31 days are in Skin at 40%. Medical workforce gaps in Urology are impacting on the service with the position not having improved from last month, 1 replacement Consultant commenced in post on 1st February, with a further to start in May, 2 locums are awaiting approval. HPB continue with delays to surgery and RFA treatment, a business case is in progress for additional resource.

Diagnos

Operational Performance

Change from previous month: Deteriorated ■ Improved ■		Jan-23								
		Waiting List				Scheduled Activity		Total Activity		
		Total Waiting List	Variance from Feb 2020	% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Jan-20 Baseline	Total Activity	Variance from Jan-20 Baseline	
Imaging	Magnetic Resonance Imaging	2610	1962	33%	47.6%	8	2859	113.2%	3271	114.3%
	Computed Tomography	1583	1038	53%	40.2%	7	3119	111.7%	6293	117.0%
	Non-obstetric ultrasound	3001	1876	60%	45.4%	7	3493	102.2%	4199	99.5%
	Barium Enema	31	31	0%	12.9%	3	34	197.9%	39	215.0%
	DEXA Scan	598	648	-8%	6.5%	3	592	105.7%	592	103.7%
	60%	7823	5555	41%	42.0%	7	10097	108.5%	14394	110.3%
Physiological Measurement	Audiology	947	338	180%	60.8%	9	337	110.3%	337	110.3%
	Echocardiography	2257	967	133%	57.8%	12	1482	122.2%	1875	126.7%
	Neurophysiology	176	269	-35%	1.7%	2	208	75.9%	221	77.7%
	Respiratory physiology	40	24	67%	50.0%	7	30	125.7%	30	125.7%
	Urodynamics	268	93	188%	69.4%	12	59	95.1%	59	95.1%
	17%	3688	1691	118%	56.7%	10	2116	112.7%	2522	117.0%
Endoscopy	Colonoscopy	568	539	5%	5.8%	2	460	107.6%	465	105.4%
	Flexi sigmoidoscopy	129	106	22%	3.9%	2	72	92.0%	89	81.8%
	Cystoscopy	141	236	-40%	15.6%	3	371	96.4%	390	99.2%
	Gastroscopy	680	581	17%	7.6%	3	575	90.4%	642	89.8%
		12%	1518	1462	4%	7.4%	3	1478	43.4%	1586
Total Diagnostic Waiting List		13029	8708	50%	42.1%	8	13691	107.7%	18502	109.7%

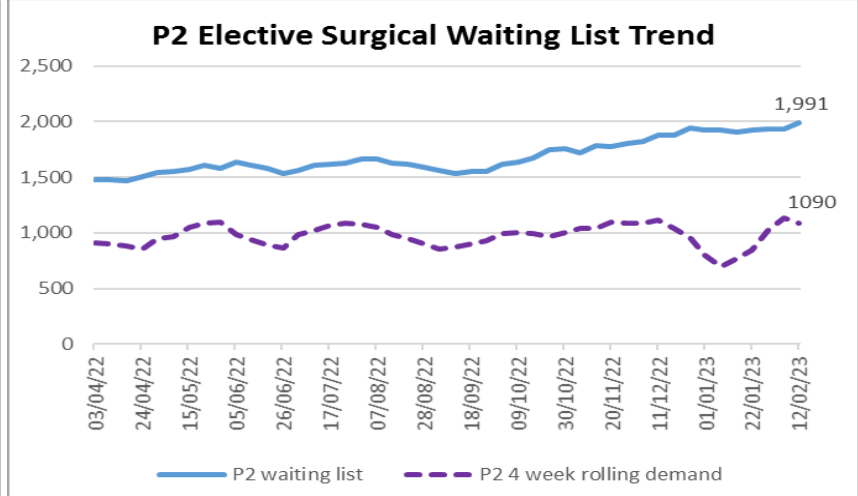
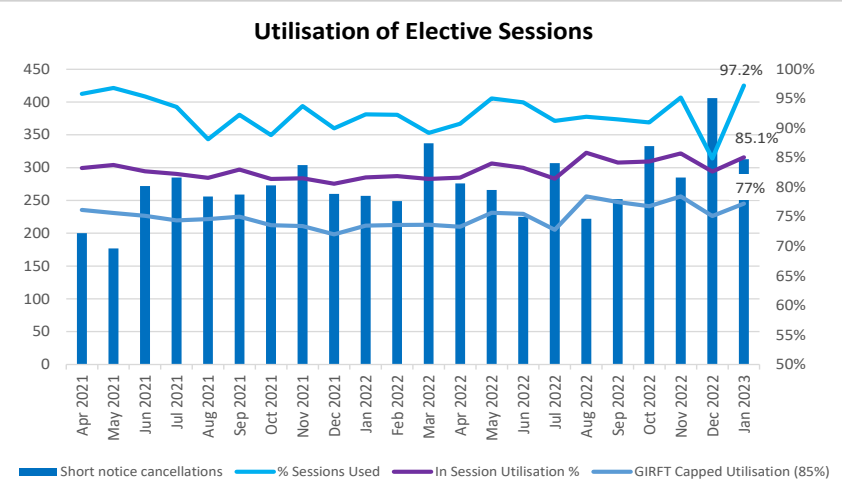
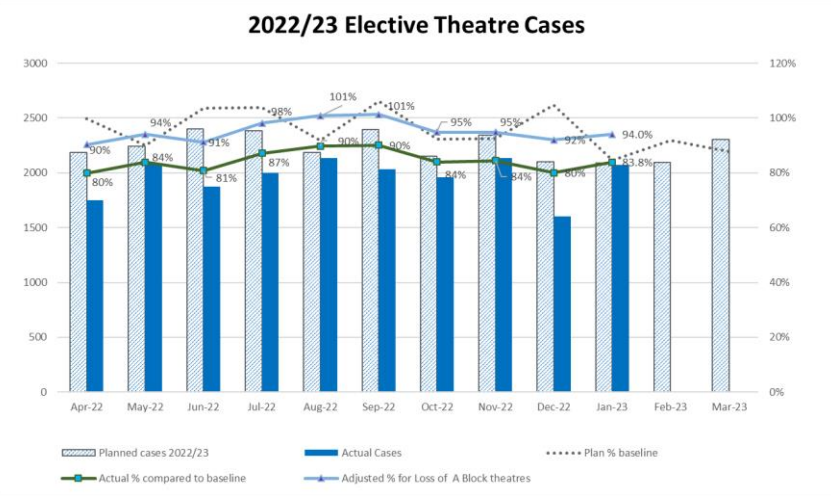


The Planning guidance for 2022/23 requires Systems to increase diagnostic activity to a minimum of 120% of pre-pandemic levels. This would include community diagnostic activity as well as that delivered in the Acute hospital setting. Recovery of 6ww performance is required to be <5% by March 2025. Only two diagnostic modalities achieved <5% in January. Total diagnostic activity in January delivered to 109.7% of January 2020 baseline. Scheduled activity only, which addresses our waiting list, delivered 107.7% this month. The total waiting list size reduced by 597 to 13,029, and the volume of patients waiting over 6 weeks increased by 498 this month so the > 6 weeks performance showed improvement to 42.1%. Nationally published data for December 2022 shows National performance of 31.3%. CUH ranks 131st out of 156 providers. From a Regional perspective, CUH were ranked 10/13 with E&N Herts, Kings Lynn, and NWAFT having a slower recovery rate. Within the Shelford Group only Birmingham is behind ranked 143rd Nationally.

- **Imaging** activity overall achieved baseline levels for total activity and scheduled activity at 110% and 108% respectively. The waiting list reduced by 637, and >6ww reduced by 614.
- ICS decisions on the future funding of Early Adopter additional capacity in the system from April 2023 in advance of Community Diagnostic Centre are vital for Imaging recovery.
- **CT** reduced long waits over 6 weeks by 122 supported by a Cardiac CT focused week in January. This led to a 4% improvement in 6ww performance down to 40.2%. National average is 17.8%. Another focus week is planned for February and March. A business case for the hire of a specialist cardiac mobile unit is in progress. Total waiting list size is forecast to recover to baseline by end of March. CUH CT is ranked 129th out of 136 Nationally for recovery of 6ww performance, with only E&N Herts and Mid & South Essex further behind at 136th and 130th.
- **MRI** total waiting list continued to reduce in month by 128, and the volume over 6 weeks reduced by 162 leading to an improvement to 47.6%. National average is 25.7%. On the current trajectory the total waiting list size would not reach baseline until end of Q1 2023/24, and the 6ww recovery will require specific action to focus on Paediatric MRI under GA. Five Radiographer, 2 HCSW and 4 admin booking vacancies are impacting core capacity. CUH MRI % recovery is 126th of 137 Nationally, with only Kings Lynn (134th) and E&N Herts (132nd) behind.
- **Dexa** is ranked 84th of 117 providers Nationally. The >6 weeks waits reduced by 38 in month improving performance to 6.5%. They will be below 5% in February.
- **Ultrasound** total waiting list saw a reduction of 396 in month, and the >6 week waits reduced by 293 which meant % performance improved to 45.4%. National average is 29.5%. Scheduled activity in month also delivered above baseline. Vacancies remain high amongst staff with 5 wte at Band 7. Vacancy authorisation approved for additional agency support during March and April. Ultrasound recovery ranks 122nd of 140 Nationally, with NWAFT (129th), Norwich (126th) and Kings Lynn (123rd) being below.

Physiological measurement saw a further waiting list increase of 158 in January, driven by Audiology and Echocardiography, but also an increase in Urodynamics. 6ww performance deteriorated in all three modalities, who now have the longest average waits of all the diagnostics services. Of these three services only Urodynamics is not delivering activity at baseline. Echocardiography have revised their recovery forecast due to growth in demand, a significant downturn in the vacancy position (5 resignations), and a sickness rate running at 11%. Increasing the RRP for this staff group in line with the EoE is being considered. Current and expanded insourcing arrangements plan to be extended to end of Q2 2023/24 with recovery delayed until November 2023 is all actions deliver to plan. Urodynamics is impacted by National consumable shortages and consultant absence. If consumable supply recovers a locum Urologist appointment will support recovery by end of Q3 2023/24. We are now ranked 99th of 129 Nationally for Echo recovery; 87th of 107 for Urodynamics and 107th of 126 for Audiology.

Following the impact of Strike Action in December, **Endoscopy** modalities have seen improvement in January and are on forecast to recover to <5% again from February.



Operational Performance

Elective theatre activity in January was at 83.8% compared to January 2020 baseline. After taking into account the loss of the A-Block theatres from our capacity, performance would increase to 94%. Our plan for January 2023 was lower also at 85% of baseline in recognition that January 2020 had been an exceptionally high month, the highest in the baseline year. We were 18 cases short of plan, and delivered the highest number of cases per working day this year so far.

- In January we achieved 97.2% of elective sessions used the highest this year.
- In-session utilisation against the GIRFT Capped Utilisation metric was 77% against the National aim for 85.0%. This performance is in 3rd Quartile Nationally with only Sheffield from the Shelford Group performing higher at 80% in the top quartile. Five high volume surgical specialties did deliver over 85% in month: Breast, Maxfax, Gynaecology, Colorectal and Upper GI.
- Short notice cancellations of elective sessions in January were reduced at 313. However this equated to 604 hours of theatre time which was the third highest this year. 38% of cancellation were for clinical reasons, 18% were patient initiated, and 12% for higher priority cases. Bed related cancellations were 9%.
- At the Ely Day Surgery Unit the GIRFT Capped Utilisation metric remained very low at 61%. The 6-4-2 booking oversight meetings are going to be strengthened with more senior input as it is felt that under booking is a cause. The break in operating for staff also still needs to be acknowledged for this remote location.
- The Cambridge Eye Unit used 98.8% of sessions this month, but capped utilisation remained very low at 66%. A new cataract support post will be operational in February to call patients again ahead of surgery to help reduce short notice cancellations.
- The latest BADS Day case rate performance for December was 78% against the GIRFT aim of 85%, however when the Intended Management is excluded and only whether it was zero LOS taken into account performance was 85% for the month. We are therefore minimising the use of inpatient beds which is the aim of this metric.

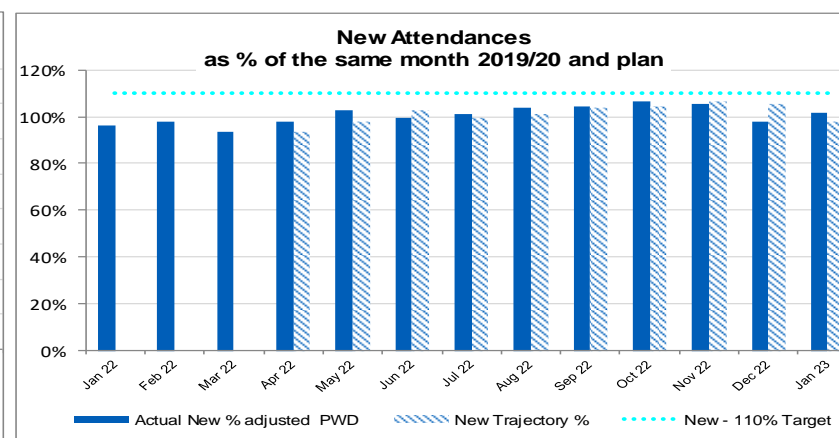
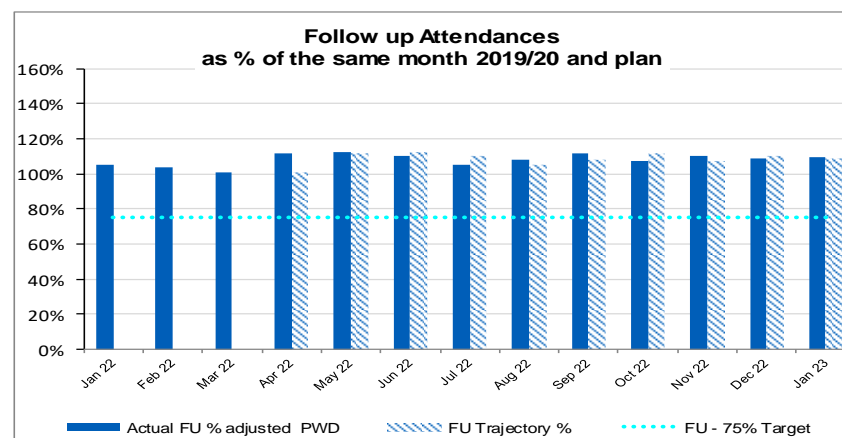
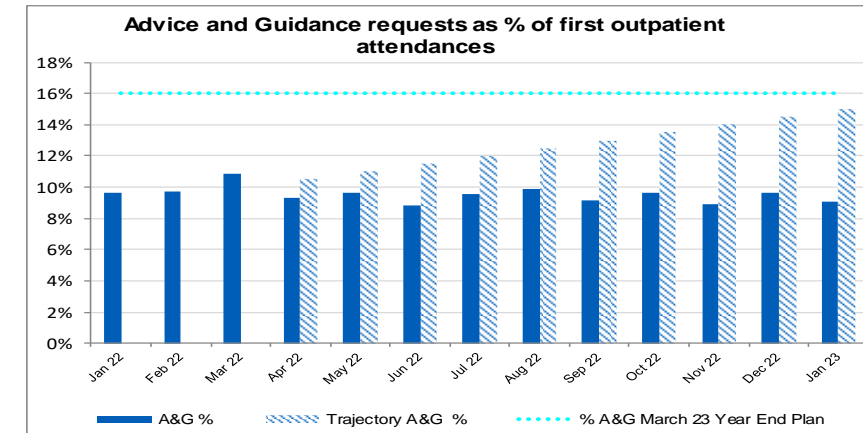
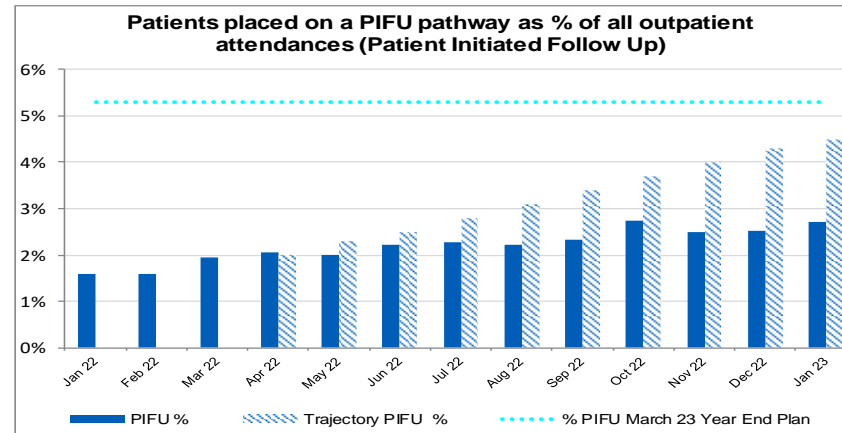
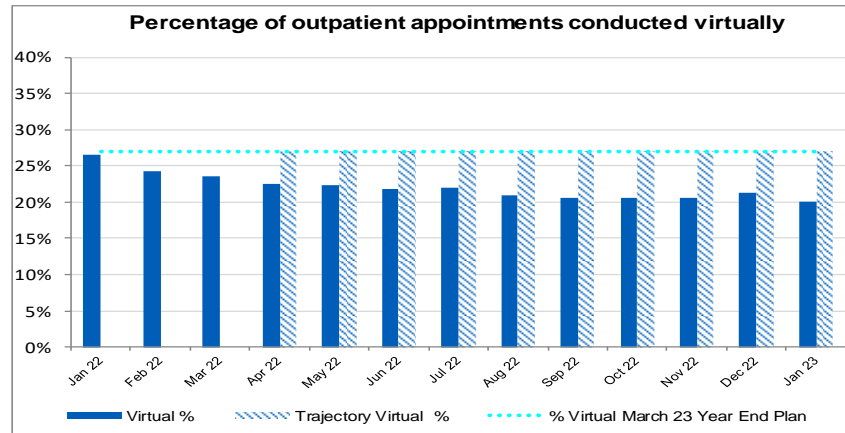
The number of P2 patients awaiting surgery has increased further by over 100 in the last 2 months, to 1,990. The highest increase has been in Urology which represented 40% of the increase. The four week rolling P2 demand dropped over Xmas and into January but has now returned to over 1,000. The volume waiting over four weeks has increased by 148 over the past two months to 1,309. The Surgical Prioritisation Group (SPG) continues to allocate theatre capacity based on the P2 demand as the dominant principle, but specialties then need to align their medical workforce to also match that as a priority which is dependent on flexibility with job plans.

Further Updates from Surgery Programme Board:-

- Additional equipment has now been installed at Ely which will support Urology HOLEP day case capacity, a focus of GIRFT HVLC for Urology. First lists will commence at the end of March. There will be 3 ring-fenced HoLEP lists per months to tackle Bladder Outflow Obstruction waiting list backlog.
- Urology also seeking learning from Newcastle as a Shelford Group peer performing at 89% day case rate for Uteroscopy compared to CUH at 64.6%.
- 23 hrs stay spinal surgery pathway in development with L2DSU nursing training undertaken in January. These cases being treated in this location, will reduce the need for inpatient Neurosurgical beds and the high risk of cancellation.
- Pre-op assessment Meeting with EPIC team in March 2023 to discuss Digital questionnaire build, potentially via MyChart. This build aimed to go live from May 2023.

Outpatients

Operational Performance



In January outpatients delivered 102% new activity against baseline which has been adjusted for working days per month. This is an improvement over last month and slightly ahead of trajectory. Follow-up numbers performed below baseline at 109.8%, slightly worse than last month. This figure is also adjusted for working days per month. Divisions are testing a combination of pathway redesigns, waiting list initiatives and clinic template changes to further increase new activity. GIRFT Outpatients guidance is now available for 15 specialties, published first in November 2022, further supports specialties with more detailed guidance to test change ideas including specialist advice, virtual appointments, DNAs and PIFU. An NHSE data opportunity tool enables specialties to benchmark with and learn from other Trusts e.g. on new: follow up ratio, virtual, PIFU, DNA and other metrics.

A new Patient not Present SOP is now live to support specialties to test this change idea. Patient pathways are being redesigned to reduce follow ups e.g. in Gastroenterology, Nephrology, Gynaecology and Hepatology. The Emmeline Centre are in early discussions about possible pathway re-designs by incorporating remote monitoring where it is clinically sensible to do so.

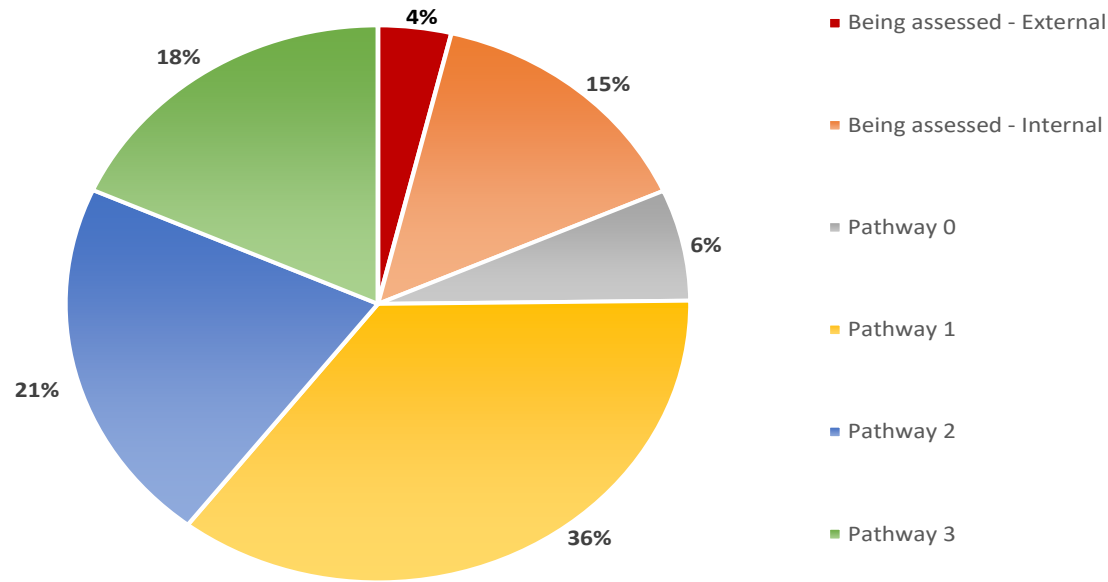
PIFU numbers have increased very slightly to 2.7% and are still below trajectory. Several specialties are focusing on increasing PIFUs as part of pathway redesign, including Diabetes (foot clinic). CHEQS data shows that PIFU does reduce follow ups. As at Jan 23, 93.5% of the 29,198 PIFU orders placed at CUH since 2019 that have now expired, expired with no follow up taking place, saving 27,309 follow ups.

For A&G in January there was a positive increase of 1.5% to 17.2%, so CUH is again meeting the 16% national target. 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. We are continuing to work with the ICS and national teams on how to resolve this issue in a consistent way.

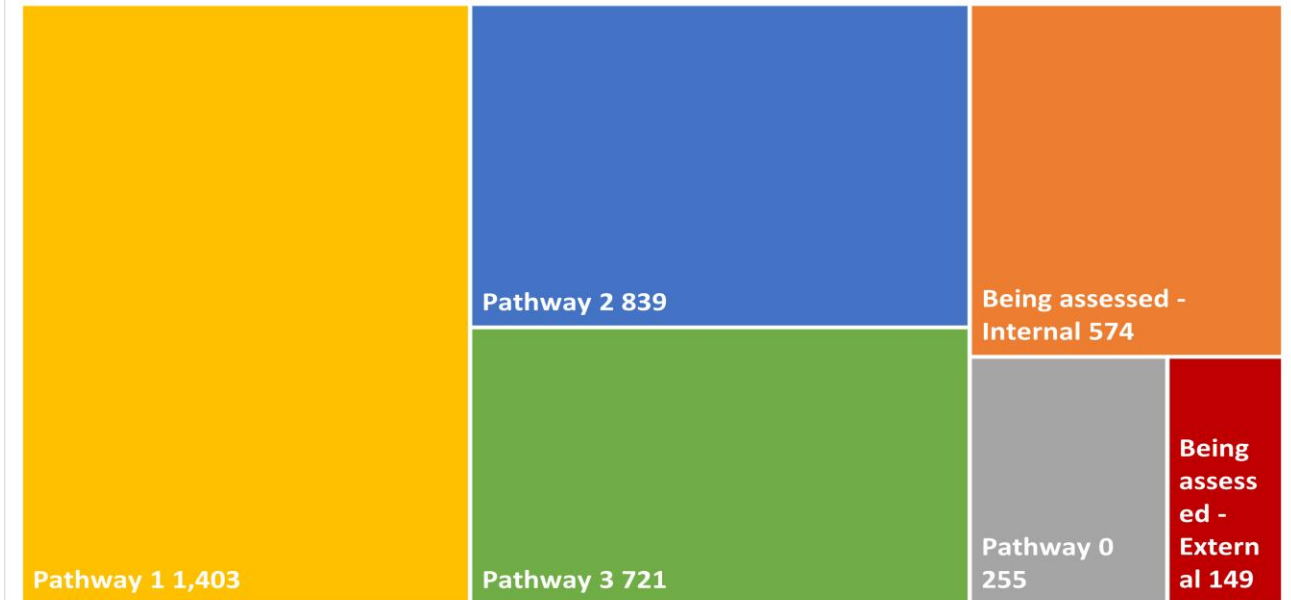
Delayed Discharges

Operational Performance

Complex patients - Average bed days lost per patient by pathway (Jan 2023)



Complex patients - Average bed days lost per patient by pathway (Jan 2023)



During January the Trust lost 3,941 bed days to patients beyond their clinically fit date. This is equivalent to 127 beds. Of these, the majority related to complex pathways 1-3:

- 1,403 (36%) bed days related to pathway 1 (support to recover at home)
- 839 (26%) related to pathway 2 (rehabilitation or short-term care in a 24-hour bed-based setting)
- 721 (18%) related to pathway 3 (require ongoing 24-hour nursing care, often in a bedded setting)

We also note that 15% of patients were awaiting internal assessment. The Patient Flow Taskforce is forming a new workstream to examine internal delays post-CFD and is drawing up an action plan to manage their reduction.

A number of interventions are being undertaken to reduce the number of bed days lost to patients beyond their clinically fit dates who require packages of care post-discharge, involving work across the Trust and the wider system. These include:

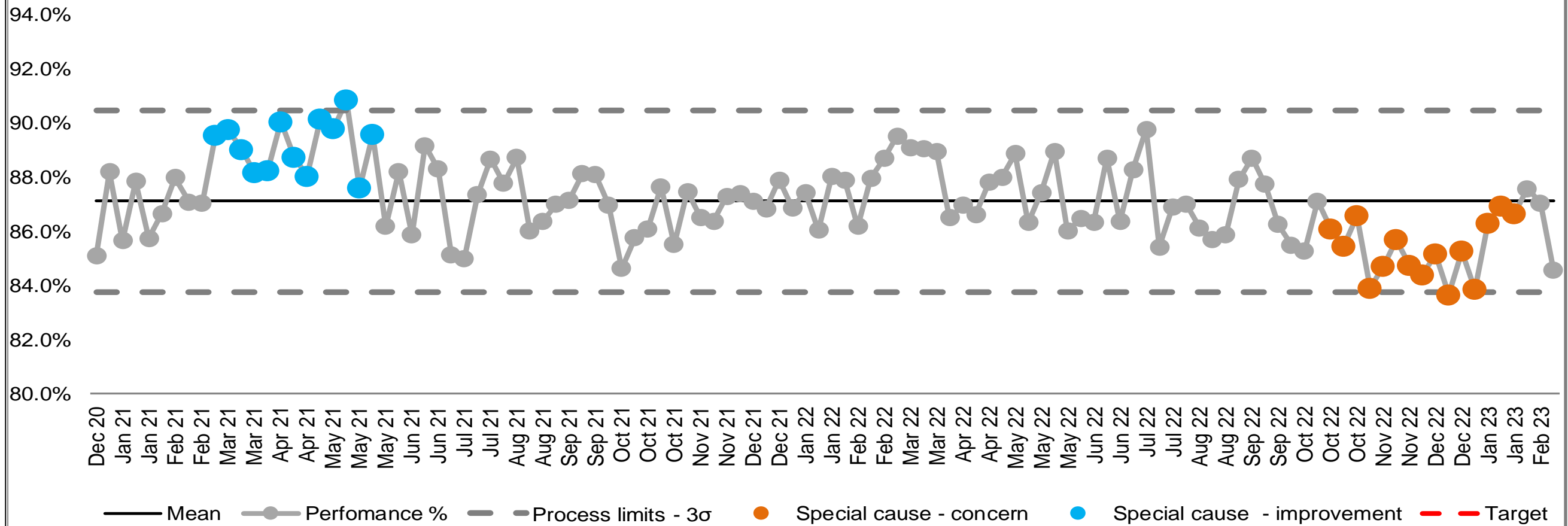
- Transfer of Care Hub (TOCH):** Written confirmation received for the ASC Discharge funding secured to support the TOCH workforce development for 15 months. Recruitment to the TOCH manager post, admin post and the backfill arrangements for each system partner to support the TOCH development are all in progress.
- Integrated PTL scoped and fully implemented:** Huddles are embedding well with further changes to the process being discussed amongst partnering organisations to ensure continuous improvement. Trends and themes are now being collated and will feed to the Home First programme and/or other programmes in the system.
- D2A Pilot for Pathway 2:** Commenced roll out mid January – open in South Place to 7 beds. Challenges with drop in demand for nursing home placements generally, and tight exclusion criteria across South. On-going development of data capture tool stored centrally on TOCH channel so all partners can input.
- Digital Enablers:** Continuing to work with digital leads at the Acute Trusts and CPFT to develop consistent reporting structure against the proposed metrics and KPIs.

The UEC Taskforce, led by the Chief Operating Officer, is overseeing both pre- and post-hospital work to improve complex discharges.

Discharge Summaries

Weekly: Letters - discharge summary- starting 27/12/20

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.

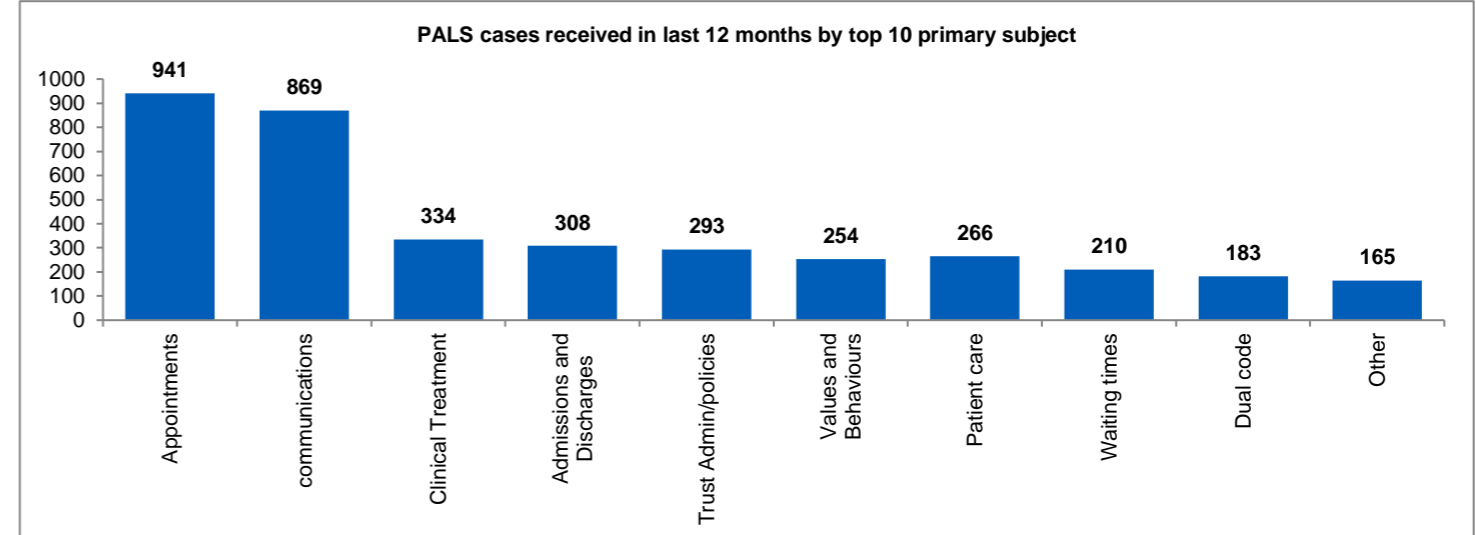
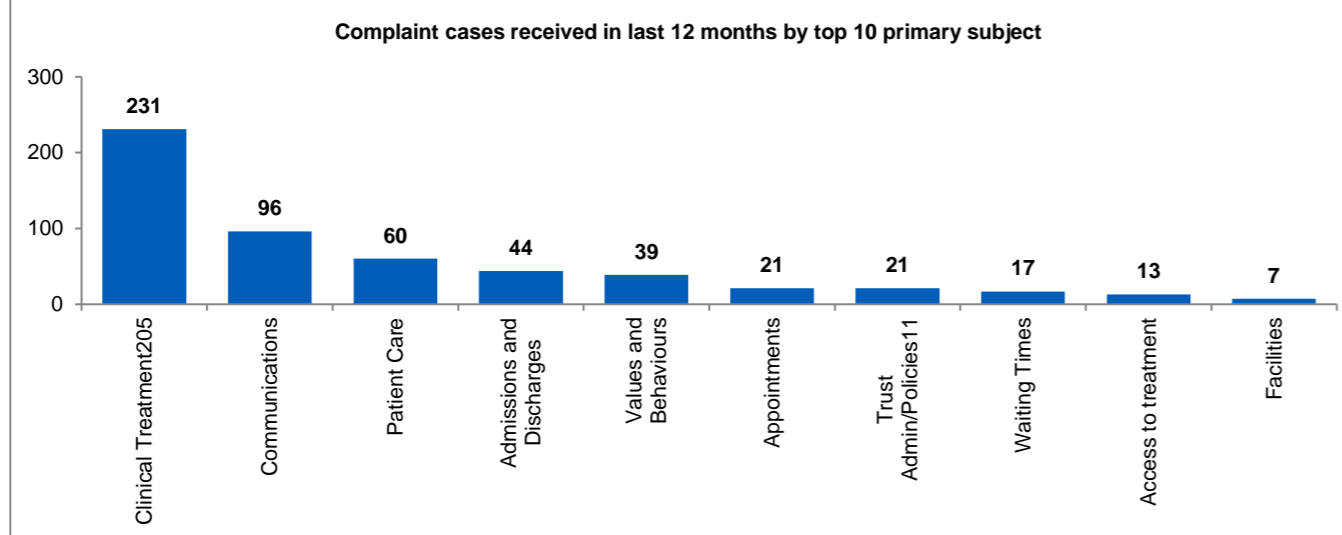
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Jan 23	Month	-	94.5%	95.7%		-	-	For January there was no change in the Good score compared to December, and a 1% improvement in the Poor score. The number of FFT responses increased, as December # of FFT was the lowest for the year. Pre pandemic # of FFT responses is 850-950. FOR JAN: there were 362 FFT responses collected from approx. 3,632 patients.
FFT Inpatient poor experience score	Jul 20 - Jan 23	Month	-	1.1%	1.5%		-	-	
FFT Outpatients good experience score	Apr 20 - Jan 23	Month	-	94.8%	95.1%		S7	-	For January, the Good score improved by 0.8% compared to December. The Poor score is 2.7% which is about the same as 3.0% in December. This score has not been below 2.5% since May but it is very low and not a concern. There were 4 FFT responses collected from paediatric clinics so the FFT scores mainly reflect adult clinics. FOR JAN: there were 5,661 FFT responses collected from approx. 30,787 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 Outpatients poor experience score	Apr 20 - Jan 23	Month	-	2.7%	2.3%		S7	-	
FFT Day Case good experience score	Apr 20 - Jan 23	Month	-	96.8%	96.5%		-	-	For January the Good score improved by 1.0% compared to December and is a 2% improvement since May, and is the strongest score for the year. There was no change in the Poor score and remains the lowest for the year. FOR JAN: there were 1,222 FFT responses collected from approx. 4,464 patients.
FFT Day Case poor experience score	Apr 20 - Jan 23	Month	-	1.3%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Jan 23	Month	-	81.0%	83.9%		S7	-	For January the Good score improved by 11% and the Poor score improved by 9% compared to December. Both Adult and Paeds Good scores improved by 10% each and Poor scores improved about 8% each. Adult FFT compared to Dec; Good score 81% from 70% / Poor score 11% from 20%. Paeds FFT compared to Dec; Good score 78.8% from 68.8% / Poor score 8.8% from 17%. FOR JAN: there were 983 FFT responses collected from approx. 5,061 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 - Jan 23	Month	-	10.6%	9.9%		S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Jan 23	Month	-	97.3%	94.9%		-	-	FOR JAN: Antenatal had 2 FFT responses; 100% Good score. Birth had 60 FFT responses out of 432 patients; 96.7% Good score / 3.3% Poor score (2% increase Good score/2% increase Poor score compared to Dec). Postnatal had 86 FFT responses: LM had 50 FFT with 98% Good / 0% Poor, DU had 3 FFT with 100% Good / BU had 22 FFT with 95.5% Good / 0% Poor, and COU 100% Good from 10 responses. 0 FFT responses from Post Community . JAN MATERNITY OVERALL: Good score improved by 1% and Poor score increased 1% compared to Dec. The change in overall scores is from Birth. There were 148 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Jan 23	Month	-	1.4%	1.8%		-	-	
<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 November 18 wards did not collect any FFT data.</p> <p>Overall FFT in January, the Good scores improved for all areas of FFT, except for inpatient which had no change. ED had the largest improvement of 11% and the score of 81% is the best score for the year. Overall FFT Poor scores in January were mixed, with no change for day case and outpatients. Inpatients and ED Poor scores improved, with ED having a 9% decrease in the score and 10.6% of the lowest Poor score for the year. Both Adult and Paeds ED scores impacted the overall FFT scores. Adult ED: Good score 81.6% from 70% in Dec and Poor score 11% from 20%, and both scores are the strongest for the year. Paeds ED: Good score 78.8% from 68.8% in Dec and Poor score 8.8% from 17%. For Maternity, antenatal and postnatal FFT scores remained the same compared to Dec. For Birth, the Good score improved by 2% but the Poor score increased by 2% compared to Dec. FFT data for maternity community has not been collected since July and only 2 FFT responses collected this year.</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.</p>									

Patient Experience

PALS and Complaints Cases

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Jan 19 -Jan 23	month	-	83	53		SP	-	The number of complaints received between Jan 2019 - Jan 2023 is higher than normal variance.
% acknowledged within 3 days	Jan 19 - Jan 23	month	95%	76%	93%		SP		63 out of 83 complaints received in January were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Jan 19 - Jan 23	month	50%	23%	31%		-		65 complaints were responded to in January, 15 of the 65 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	Jan 19 - Jan 23	month	80%	52%	90%		-		34 out of 65 complaints responded to in January were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Jan 19 - Jan 23	month	-	34%	35%		-	-	There were 25 complaints graded 4 severity, and 3 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Jan 19 - Jan 23	month	-	20	34		-	-	Compliment numbers are lower than usual due to administrative staff shortages

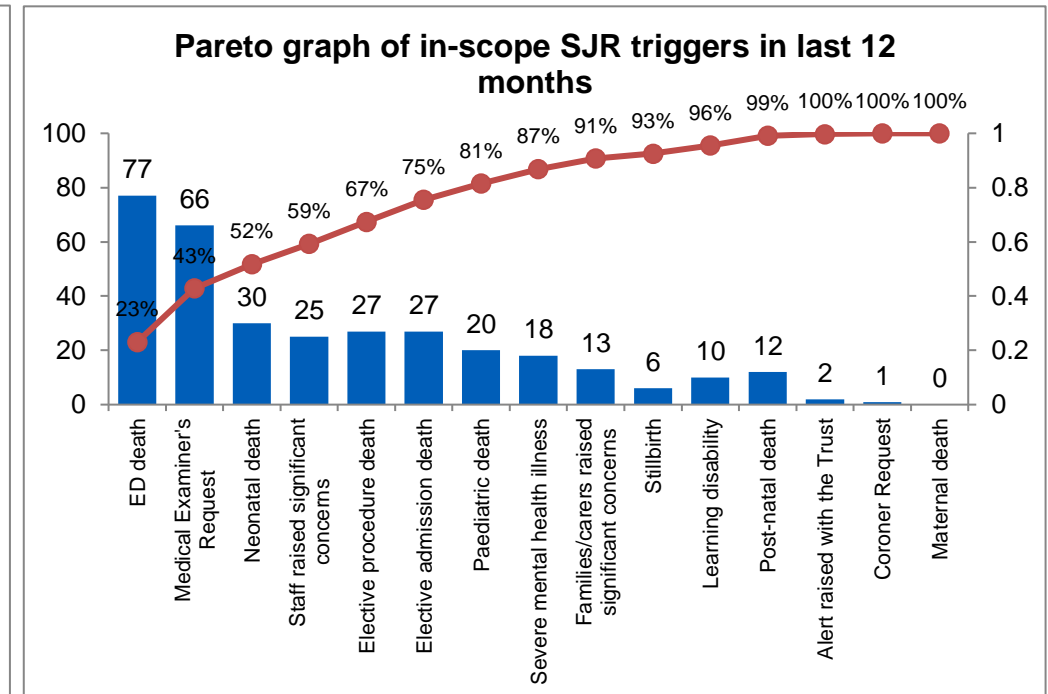
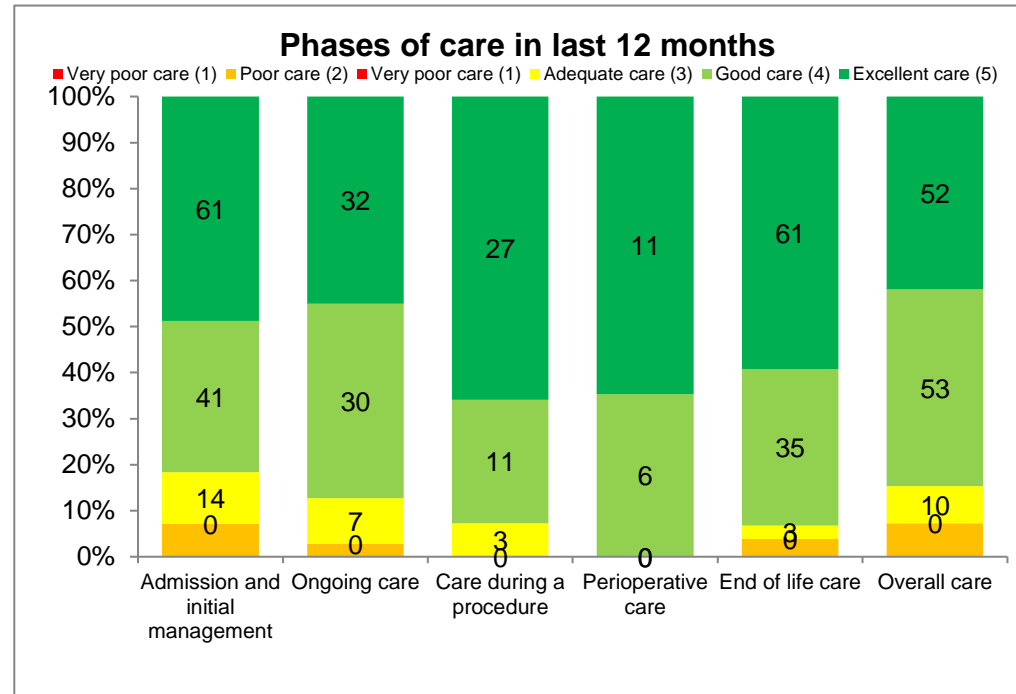
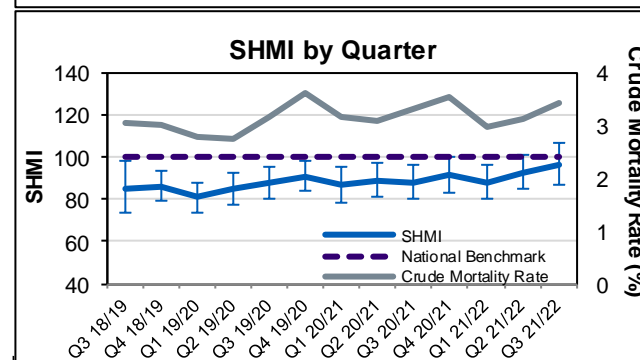
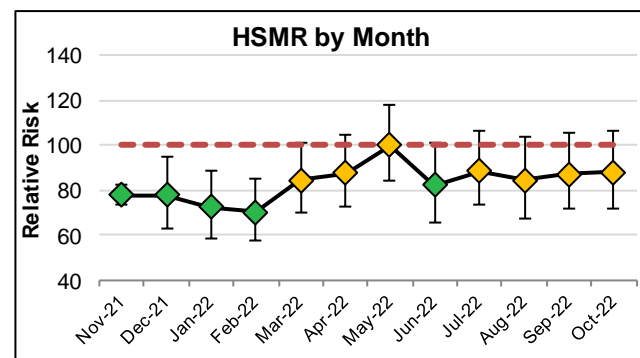


PHSO - There were no complaints accepted by the PHSO for investigation in January 2023. **Completed actions** Due to current workload actions have not been reported this month.

Learning from Deaths

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	May 18 - Jan 23	month	-	12.07	8.53		-	-	There were 186 deaths in January 2022 (Emergency Department (ED) and inpatients), of which 19 were in the ED and 167 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)	May 18 - Jan 23	month	-	19%	18%		-	-	In January 2022, 33 SJRs were commissioned and 3 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	May 18 - Jan 23	month	-	2	1.70		-	-	There were two unexpected/potentially avoidable death serious incident investigations commissioned in January 2023.

Mortality

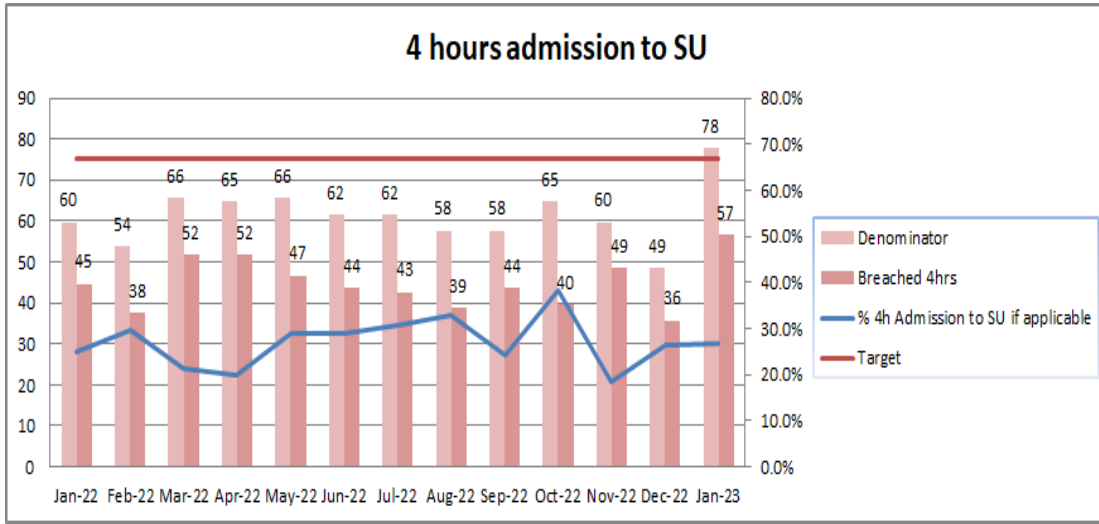


Executive Summary

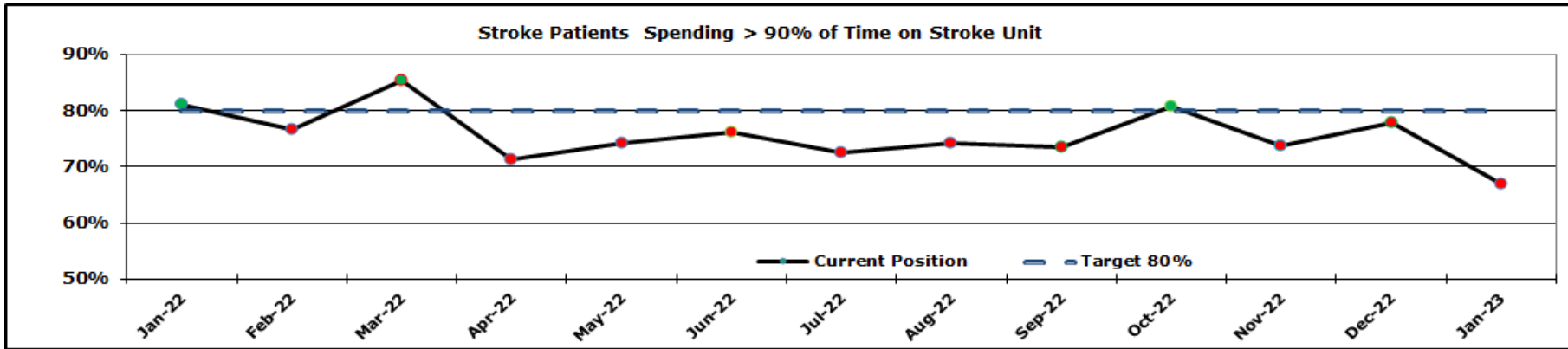
HSMR - The rolling 12 month (November 2021 to October 2022) HSMR for CUH is 83.16, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.33.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.
Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

Stroke Care

Stroke Measures



Row Labels	Count of MRN
Trust Bed Capacity	29
Not referred on arrival	8
Unclear presentation	3
Inpatient stroke. Palliative	3
SBN busy with multiple referrals	2
Not thought to be a stroke so R2 bed not requested	2
Awaiting senior review	2
Covid positive	2
Long wait in CT- with multiple case priorities	1
Delayed OOH Senior medical review	1
CT clear/MRI confirmed stroke	1
Inpatient stroke. Complex patient	1
Infection control	1
Patient unwell	1
Grand Total	57



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%)
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											5				17	73.4%
Oct-22	1	7								1			1			1	12	80.9%
Nov-22		8						1					3	2		1	17	73.8%
Dec-22	1	6								1			4				13	73.5%
Jan-23		14						3	4				6			1	28	67.1%
Summary	16	86	2	0	0	10	8	15	1	6	1	0	41	7	0	16	209	

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for January 2023 = **67.1%**

'Trust Bed Capacity' (14) was the main factor contributing to breaches last month, with a total of 28 cases in January 2023.

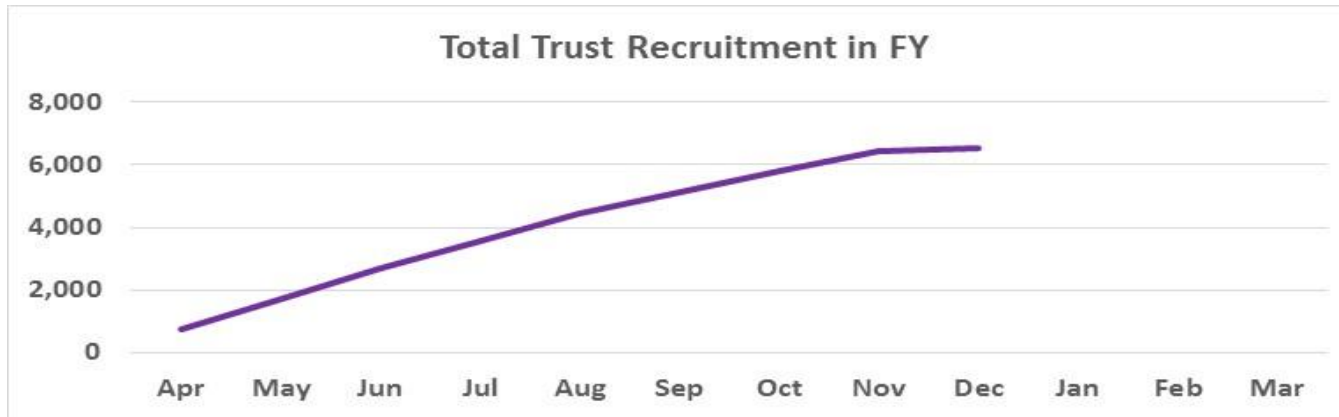
4hrs adm to SU (67%) target compliance was not achieved in January = **26.9%**

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.
- 20% of the stroke unit bed base is occupied by general medical outliers
- We are writing a SOP for both R2 and Lewin wards that will help bed management particularly overnight to ensure 2 beds are kept available for acute stroke cases and to ensure agreed national nursing levels for stroke units are maintained at all times.
- We have put in bids to pilot an ACP role on the stroke unit to help with lack of junior staff and to do nurse led discharges to help flow.
- We have put in a bid to the CCG for an 8a coordinator role to help coordinate flow from the ED = to the HASU - to R2 and then to the community ESD beds and ESD and to lewin and T2/RPH beds.
- National SSNAP data shows Trust performance from Jul - Sep 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

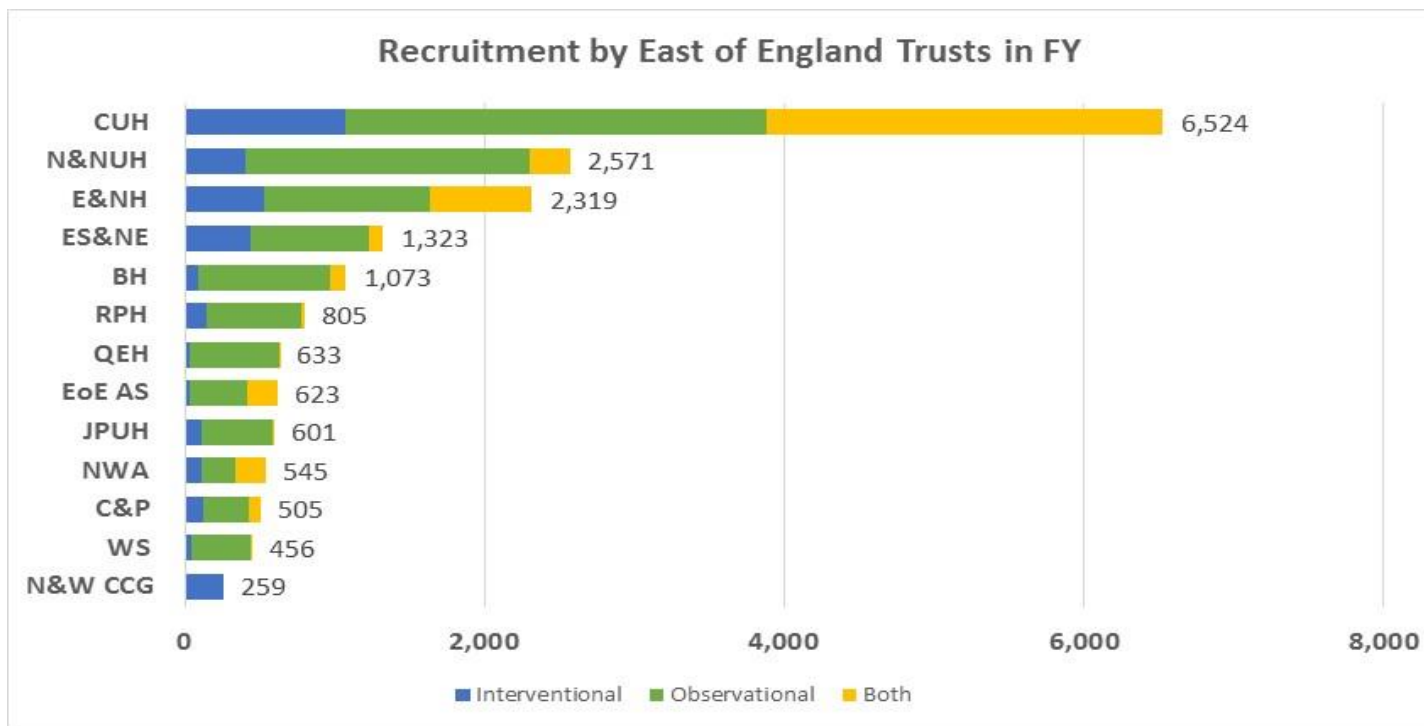
Clinical Studies Measures



Total Recruitment at end of Dec - FY 2022-23 **6,524**

Recruiting Studies at end of December for FY 2022-23

Open	225	Non Commercial	223
Closed	30	Commercial	35
Suspended	3		
Total	258		



Situation as at 3rd January 2023. (Note: Christmas may have resulted in a delay in uploading December recruitment numbers.)

* Total recruitment in the financial year to date: 6,524

* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 16% of the total, while Observational only studies accounted for 43% of the total. The remaining 41% were both Interventional and Observational.

* Recruitment to the Reproductive Health speciality accounted for 29% of all recruitment (1,862). Second was Cancer (838). All of the other individual specialities accounted for less than 10% of the total recruitment.

* There were 258 recruiting studies, of which 35 were Commercial, and 223 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



Cambridge University Hospitals
NHS Foundation Trust

East of England Regional Perinatal Quality Oversight Group Highlight Report (v19.8)

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

LMNS: Reporting period: Overall System RAG:

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	QC Maternity survey results (2021)	
CQC warning notice (29a)	n/a		CUH
Regulatory letters from coroner (28)	n/a	CQC Maternity survey overall rating - improvement since previous year (Y/N)	N
Maternity Safety Support Programme (Date of entry / stage)	Not in maternity safety support programme	Survey scores:	2022 v 2021
External stakeholder concerns (please give brief reason)		Start of your care during pregnancy	5.7 v 5.1
Trust	CUH	Antenatal check ups	8.0 v 7.7
Strategic oversight Framework Score	Regional team to complete	During your pregnancy	8.3 v 8.3
NMC concerns	0	Your labour and birth	7.5 v 7.9
GMC concerns	0	Staff caring for you	7.8 v 8.2
RCM concerns	0	Care in hospital after birth	7.6 v 6.9
HEE concerns	0	Feeding your baby	8.2 v 7.9
HSIB concerns	0	Care at home after birth	7.1 v 7.2
CQC concerns	0	Other surveys	
Total number of stakeholder concerns	0	GMC survey results (2022) overall satisfaction	Guidance required

Maternity Measures

Maternity Dashboard

Maternity Measures

Assessed compliance with CNST MIS 10 Safety Actions		
	Please identify unit	CUH
1	Perinatal Mortality review tool	
2	MSDS	
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	
6	SBLCB V2	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	
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	
5	Reducing pre-term birth	
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	Rosie Hospital Strategy to be co produced with MVP Resource needed for SI reviews across the LMNS
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	Consultant led ward rounds out of hours Ongoing work with monitoring training via a dashboard
IEA4: Managing complex pregnancy	Notification of pregnancy pathway
IEA5: Risk Assessment Throughout pregnancy	Cross border working and PCSP compliance
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	Informed choice and consent policy co production underway
• Fully compliant (self assessment)	Partially compliant and working towards
• Fully compliant (regional assessment following insight visit)	

Maternity Dashboard

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)						
CUH	10	10	10	10	TBC					

Maternity Measures

	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"> None received this month
4. Listening to women (sources, engagement / activities undertaken)	<ul style="list-style-type: none"> Complaint and concerns themes: delays in care; failure to follow-up; communications/staff compassion; no date for CS. Action in response to theme of elective caesarean scheduling: Elective caesarean coordinator (admin) appointed. FFT good scores and positive feedback have fallen between 2020 and 2022. For birth: from 98.6% to 96.2%. For inpatient postnatal care: from 94.5% to 92.1%. Themes of FFT negative responses: understaffing, delays in being seen/discharged, poor communication/conflicting advice, some staff uncaring/rude/judgemental, noise on wards and lack of privacy. Action: ongoing <u>workplan</u> with Rosie Maternity and Neonatal Voices Partnership with focus on communication, infant feeding and informed consent.
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	<ul style="list-style-type: none"> Survey on why staff are unable to meet certain KPIs: main themes were too many tasks, process issues, availability of equipment. Fed into MSIG for QI work to improve compliance with MEOWS within 30 minutes. MW feedback on accuracy of ruptured membranes history on Epic. Action taken to update Epic fields.

Maternity Dashboard

Sources / References	KPI	Goal	Target	Measure	Data Source	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	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	464	476	504	461	443	437	5441	
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	75.69%	75.45%	69.74%	74.00%	76.00%	89.90%		Working with informatics team to remove women who transfer care after 12+6 weeks as these are currently included in the KPI. Different demoninator used this month to remove women who had initial booking appointment at a different care provider.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	551	550	532	611	614	467		Figure taken from Bookings Cheqs report for the month, removing all records where we know the antenatal care provider is another Trust, unknown antenatal care provider included.
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	59.05%	52.31%	52.18%	50.76%	49.44%	47.37%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.29%	0.84%	0.59%	1.08%	1.58%	0.92%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	15.52%	16.38%	17.46%	15.40%	13.32%	13.73%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPI's			8.81%	14.95%	9.63%	46.32%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	26.50%	30.00%	27.65%	34.29%	34.17%	34.57%		
NICE - Red Flag	Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	Red Flags	32.60%	32.28%	37.43%	33.33%	33.16%	27.47%		Admission process can take longer than 2 hours (admission obs, tour of ward and facilities, urinalysis, IOL video watched, consent sought and confirmed, CTG pre-commencement of IOL, maternal preferences for waiting). The guideline and length of red flag is therefore being reviewed. No formal complaints about delays in IOL received for past 6 months.
NICE - Red Flag	Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	Red Flags	13.81%	16.40%	16.58%	11.46%	9.36%	7.14%		CHEQs updated and noted December rate improved from 11.4% to 9.36%
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%	0%	0%	0.55%		
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team			100%	100%	100%	97.80%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	12.93%	10.5%	13.29%	13.23%	11.29%	11.67%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPI's	35.78%	37.18%	34.52%	36.00%	39.28%	40.96%		
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	15.1%	18.6%	18.5%	15.4%	12.8%	12.90%		Notified by LMNS that the incorrect demoninator was being used for Robson group, changed from 'C-sections in Group as % of all C-sections' to 'C-section rate in Group' Previous data corrected
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	38.0%	54.9%	46.8%	47.4%	49.6%	53.10%		Notified by LMNS that the incorrect demoninator was being used for Robson group, changed from 'C-sections in Group as % of all C-sections' to 'C-section rate in Group' Previous data corrected
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	1:1.87	1:2.38	1:2.35	1:3.28	1:5.72	1:5.45		Ratio is consistently <2:1. A lower ratio indicates a high induction/prelabour CS issue which may indicate a high-risk primiparous population where you are likely to therefore 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	81.8%	84.3%	85.5%	75.7%	84.3%	90.7%		Notified by LMNS that the incorrect figure was being used for Robson group, changed from 'C-sections in Group as % of all C-sections' to 'C-section rate in Group' Previous data corrected
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	61.0%	64.4%	73.0%	68%	66.9%	61.5%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	4	6	4	0	3	3		2 divers due to NICU closure - only preterm admissions diverted.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	100	86	109	0	93	16.5		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs			24	0	0	0		
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPI's	1	1	3	0	5	2		2 pre-term births diverted due to NICU being on divert.

Maternity Measures

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	1:28.2	1:28.3	1:25.1	1:23.5	1:23.4	1:23.5	
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.3	1:23.3	1:23.3	1:23.2	1:23.3	1:23.3	Midwife/birth ratio based on the BR+ methodology
Safer Childbirth / 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+	70%	60%	57%	100%	100%	100%	
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	7.72%	7.26%	6.91%	6.63%	6.51%		This is reported 1 month behind from CHEQs.
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	87.3%	87.1%	86.0%	88.6%			This is reported 2 months behind on CHEQs.
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	75.77%	67.83%	74.76%	87.27%	93.94%	P	Delayed figures due to sickness
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	58.00%	60%	66%	93%	89%	86%	
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	80.00%	77.78%	74.15%	88.41%	91.38%	89.58%	
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				91.56%	92.74%	P	Delayed figures due to sickness
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	85.7%	90.8%	89.3%	89.9%	85.1%		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%	1.32%	0.92%	0.93%	
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	1	0	1	0	0	0	
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	4.64%	3.81%	6.35%	4.98%	6.00%	6.05%	
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	2.34%	6.63%	4.54%	2.99%	3.68%	3.97%	
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	4.06%	3.11%	4.87%	3.20%	2.40%	5.24%	
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.59%	1.05%	0.60%	1.54%	2.06%	2.26%	
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSiS			0	0	0	0	
MBRRACE	Direct Maternal Death	0	<1		QSiS	0	0	0	0	0	0	

Maternity Dashboard

Maternity Measures

Governance													
Source - QGIS	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QGIS	1	0	0	0	0	0		
Source - QGIS	Never Events	0	<1	DATIX	QGIS	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						3.12:1000		MBRRACE rate previously incorrectly calculated and should be reported as a monthly rolling rate, therefore amended to show current month only which is the rate over the previous 12 months. (17 stillbirths over 12 months, total 5,441 births.)
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBRRACE	CHEQs	0	2	1	0	1	2		
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	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	3.02%	0.84%	1.59%	0.86%	1.35%	1.84%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	3.02%	3.15%	4.76%	4.12%	3.84%	4.30%		
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	6.50%	4.20%	6.15%	5.20%	7.20%	6.90%		Dec'22 ATAIN review = no avoidable cases. Jan'23 cases currently being reviewed for ATAIN meeting. 5.9% without known congenital anomalies.
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	99.56%	99.80%	99.59%	100%	100%	99.5%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPIs	84.07%	82.55%	82.56%	84.8%	83.52%	82.15%		
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	5.97%	3.82%	5.21%	3.74%	7.34%	6.41%		
CNST / SBLCBV2 / CQIM	CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report	92.74%	91.95%	99.10%	98.60%	99.40%			CHQS report is inaccurate, includes data from women who have transferred in. Manual audit required and therefore will need to be reported 1 month behind.
CNST / SBLCBV2 / CQIM	CO Monitoring at 36 weeks	>95%	Green = >95%, amber = <95% and >84%, red = <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report	85.61%	84.56%	82.70%	76.00%	63.00%			CHQS report is inaccurate, includes data from women who have transferred in. Manual audit required and therefore will need to be reported 1 month behind.
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)

£0.1m	Actual (adjusted)*
(£0.0m)	Plan (adjusted)*
£1.4m	Actual YTD (adjusted)*
£1.4m	Plan YTD (adjusted)*



Covid-19 expenditure and system Covid-19 funding

£1.3m	Covid actual in month
£1.8m	Covid plan in month
£2.0m	Covid funding in month
£18.6m	Covid actual YTD
£18.7m	Covid plan YTD
£18.6m	Covid funding YTD



Net current assets

(£84.1m)
(£55.6m)

Debtor days

20	This month
18	Previous month



Cash

£173.1m	Actual
£164.0m	Plan

EBITDA

£33.7m	Actual YTD
£36.9m	Plan YTD

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

	Payables performance (YTD) **	
Actual	85.2%	Value
Plan	88.3%	Quantity

This month
Previous month

Cash and EBITDA

Actual	£173.1m
Plan	£164.0m
Actual YTD	£33.7m
Plan YTD	£36.9m



Capital expenditure

£5.2m	Capital - actual spend in month
£41.4m	Capital - actual spend YTD
£50.8m	Capital - plan YTD



Elective Recovery Fund (ERF)

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

£5.0m	ERF forecast actual in month
£5.0m	ERF plan in month
£19.7m	ERF forecast actual YTD
£19.7m	ERF plan YTD

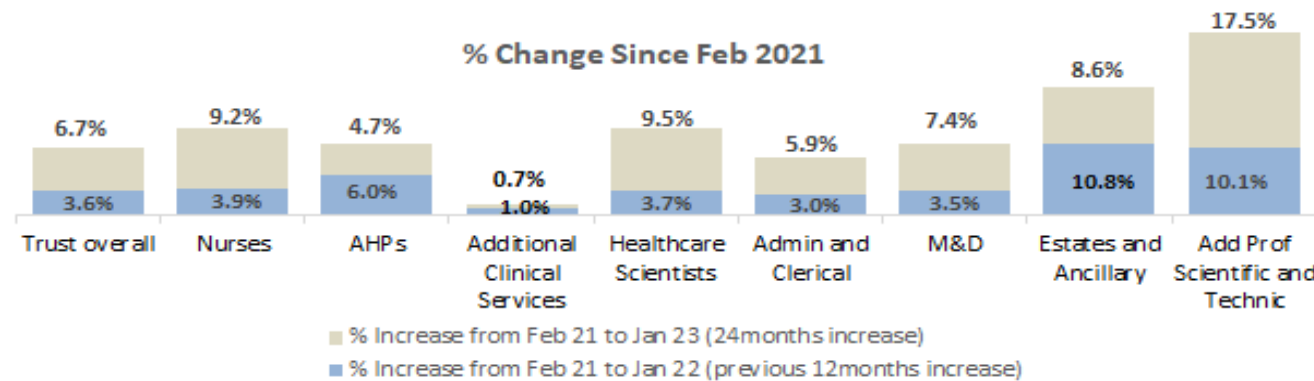
Legend £ in million In month YTD

* 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
	Feb-22	Jan-23		Feb-22	Jan-23	
Add Prof Scientific and Technic*	238	260	↑ 9.2%	219	234	↑ 7.0%
Additional Clinical Services	1,997	1,972	↓ -1.3%	1,842	1,811	↓ -1.6%
Administrative and Clerical	2,407	2,457	↑ 2.1%	2,204	2,262	↑ 2.6%
Allied Health Professionals*	744	737	↓ -0.9%	660	655	↓ -0.8%
Estates and Ancillary	371	367	↓ -1.1%	358	354	↓ -1.1%
Healthcare Scientists	626	658	↑ 5.1%	586	621	↑ 5.9%
Medical and Dental	1,680	1,733	↑ 3.2%	1,592	1,633	↑ 2.6%
Nursing and Midwifery Registered	3,747	3,884	↑ 3.7%	3,440	3,578	↑ 4.0%
Total	11,810	12,068	↑ 2.2%	10,901	11,149	↑ 2.3%



What the information tells us:

Overall the Trust saw a 2.3% growth in its substantive workforce over the past 12 months and 6.7% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services at 0.7% and highest within Additional Professional Scientific and Technical at 17.5%. Growth over the past 12 months is lowest within Additional Clinical Services with a reduction of 1.6%, and highest within Add Prof Scientific and Technical at 7%. Part of this 7% increase is due to a review of occupation coding within Genetics, moving staff from the Additional Clinical Services staff group into Add Prof Scientific and Technical. Data cleansing of AHPs in April 2022 resulted in 30 Operating Department Practitioners being re-coded into Nursing and Midwifery staff group. This is skewing the comparator data for the AHP 12 month growth, appearing as a 0.8% decrease for AHPs. When removing ODPs from the data the AHP staff group has in fact seen a 4.1% increase overall in the last 12 months; however, Therapeutic Radiographers have decreased by 3% and Occupational Therapists have decreased by 4.6%.

*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

Admin & Medical Breakdown

Staff Group	Feb-22	Jan-23	FTE 12 Month growth
Administrative and Clerical	2,204	2,262	↑ 2.6%
<i>of which staff within Clinical Division</i>	1,093	1,106	↑ 1.1%
<i>of which Band 4 and below</i>	768	762	↓ -0.8%
<i>of which Band 5-7</i>	230	247	↑ 7.2%
<i>of which Band 8A</i>	46	47	↑ 2.3%
<i>of which Band 8B</i>	7	7	↑ 5.7%
<i>of which Band 8C and above</i>	42	42	↓ 0.0%
of which staff within Corporate Areas	884	910	↑ 2.9%
<i>of which Band 4 and below</i>	255	252	↓ -1.4%
<i>of which Band 5-7</i>	419	430	↑ 2.7%
<i>of which Band 8A</i>	75	88	↑ 17.1%
<i>of which Band 8B</i>	51	51	↓ -1.4%
<i>of which Band 8C and above</i>	84	90	↑ 6.7%
of which staff within R&D	226	246	↑ 8.9%
Medical and Dental	1,592	1,633	↑ 2.6%
<i>of which Doctors in Training</i>	654	666	↑ 1.8%
<i>of which Career grade doctors</i>	240	247	↑ 2.7%
<i>of which Consultants</i>	698	721	↑ 3.3%

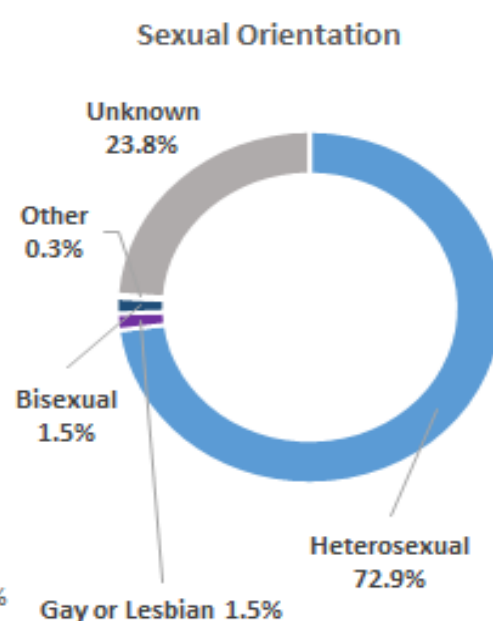
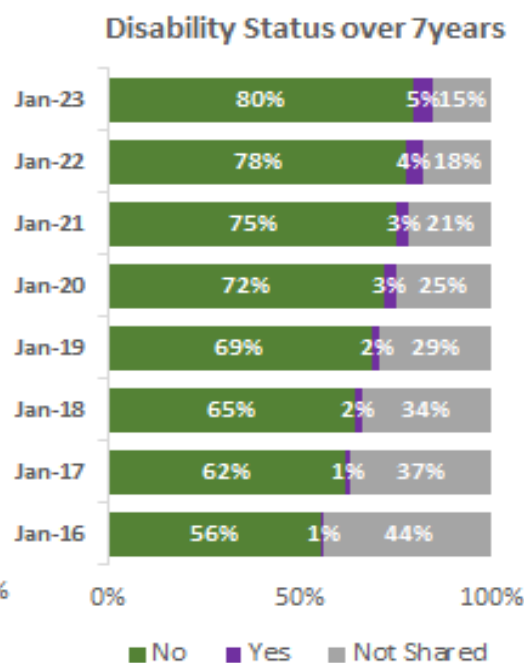
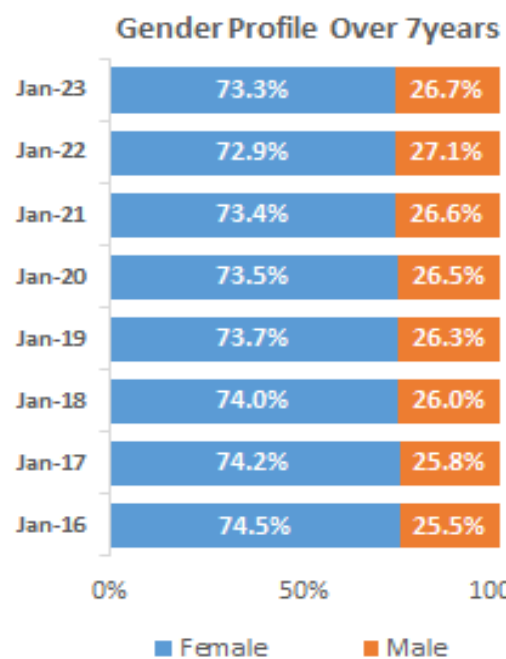
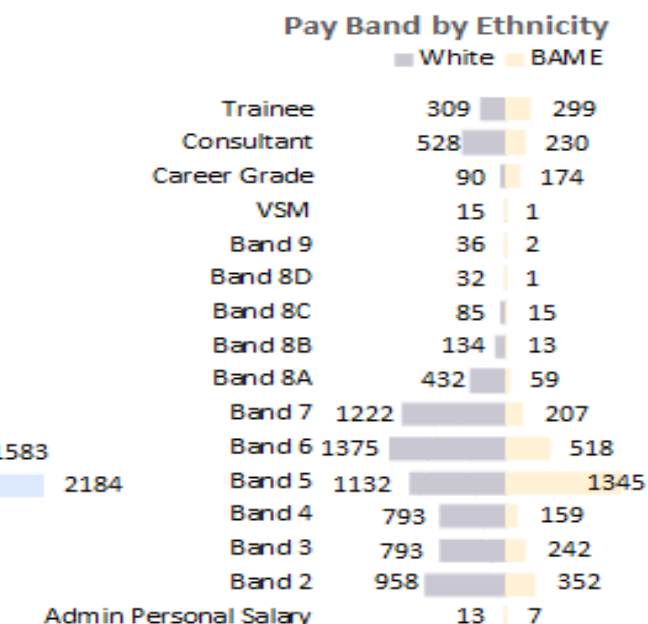
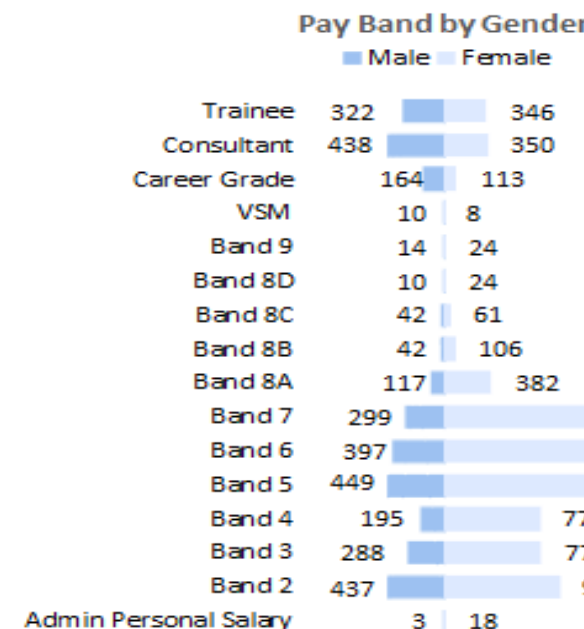
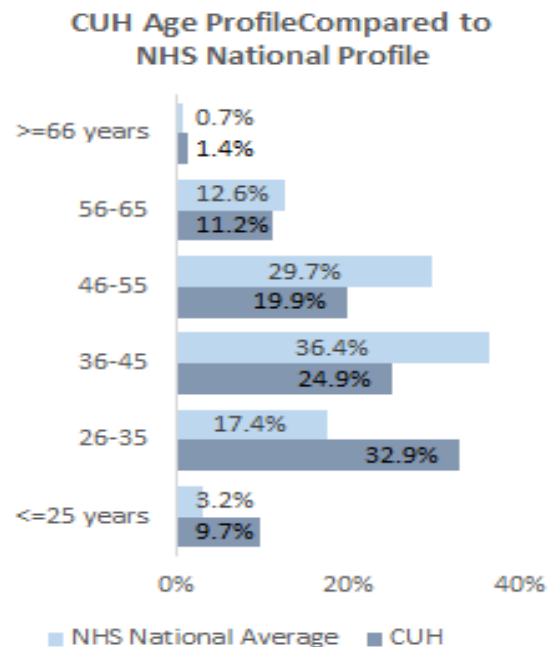
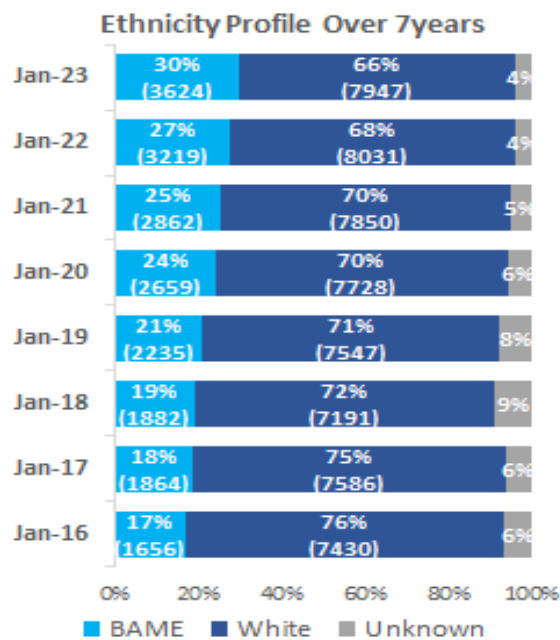
Workforce: Staff in Post

Equality Diversity and Inclusion (EDI)



Cambridge University Hospitals
NHS Foundation Trust

Workforce: Equality Diversity and Inclusion (EDI)



What the information tells us:

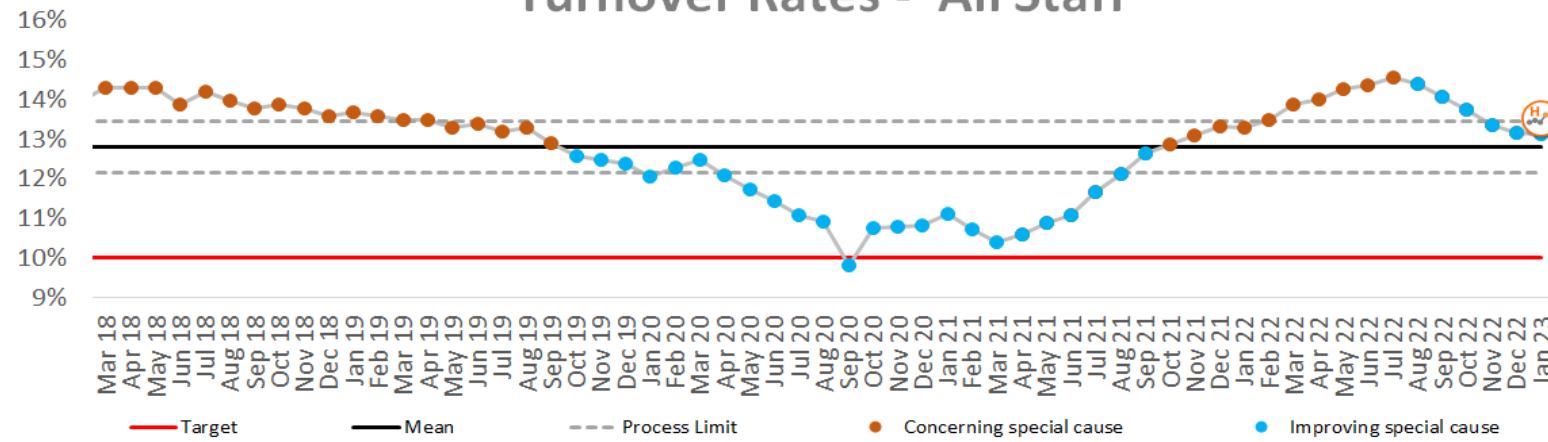
CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.

- 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 1.3% to 26.7% 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

Workforce: Staff Turnover

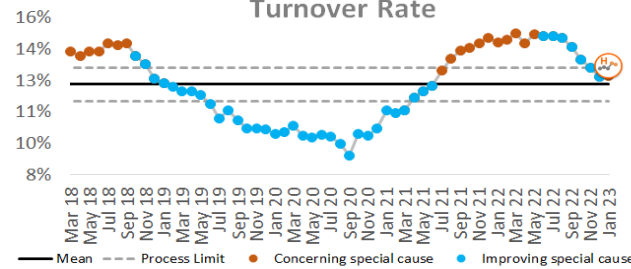
Turnover Rates - All Staff



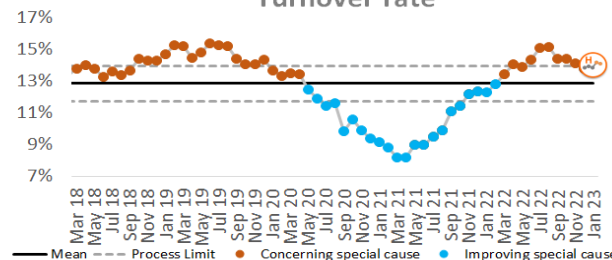
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

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 13.1%. This is more in line with pre-pandemic rates, however still 1% higher than 3 years ago. Estates and Ancillary staff group have the highest increase of 3.8% to 14.2% in the last three years, followed by Nursing and Midwifery with an increase of 2.7% to 12.7%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 17.8% followed by Estates and Ancillary staff at 14.2%.

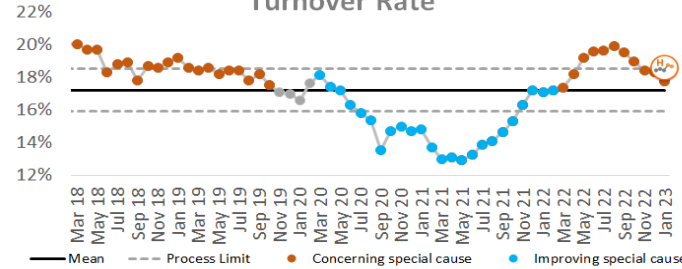
Nursing and Midwifery Turnover Rate



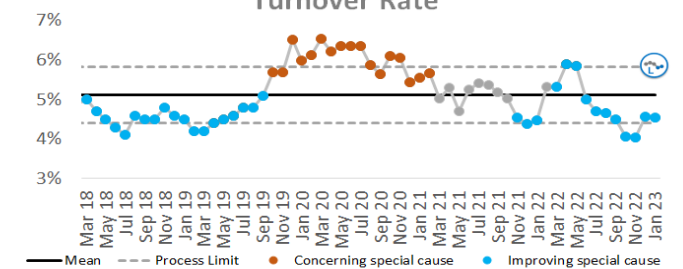
Administrative and Clerical Turnover rate



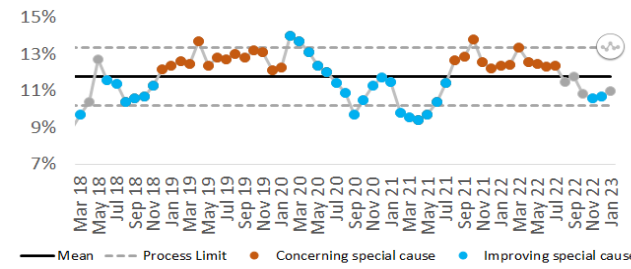
Additional Clinical Services Turnover Rate



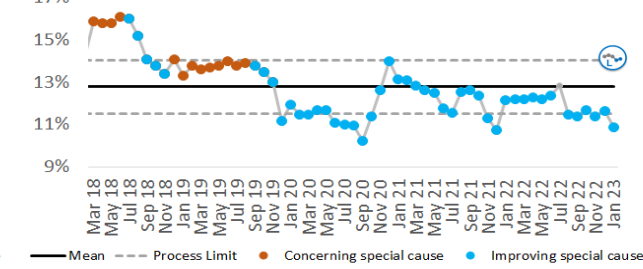
Medical and Dental Turnover Rate



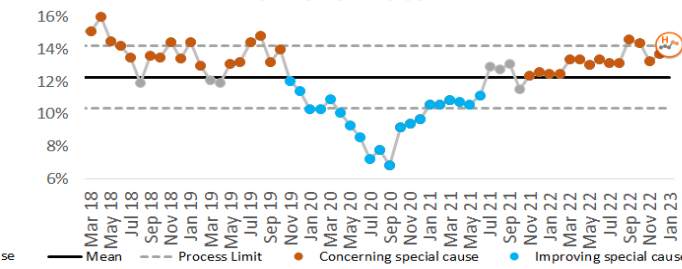
Healthcare Scientists Turnover Rate



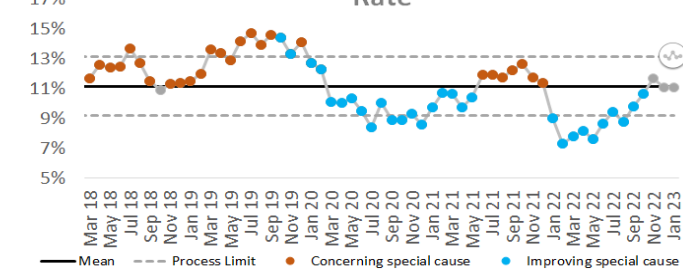
Allied Health Professionals Turnover Rate



Estates and Ancillary Turnover Rate

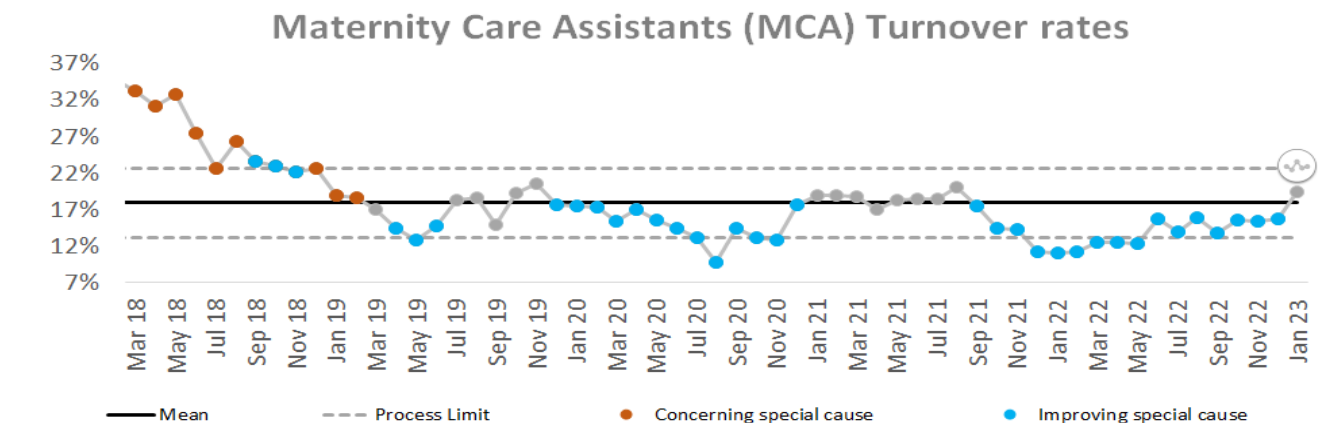
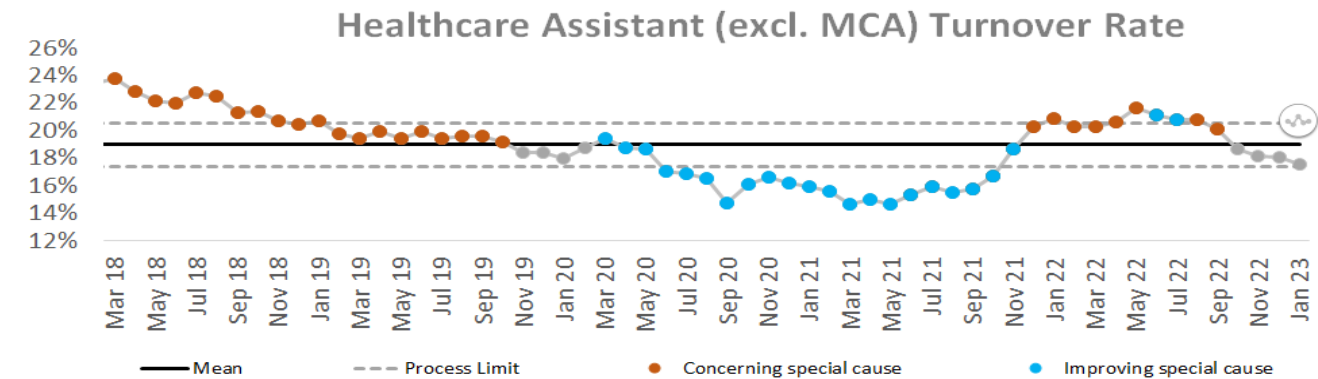
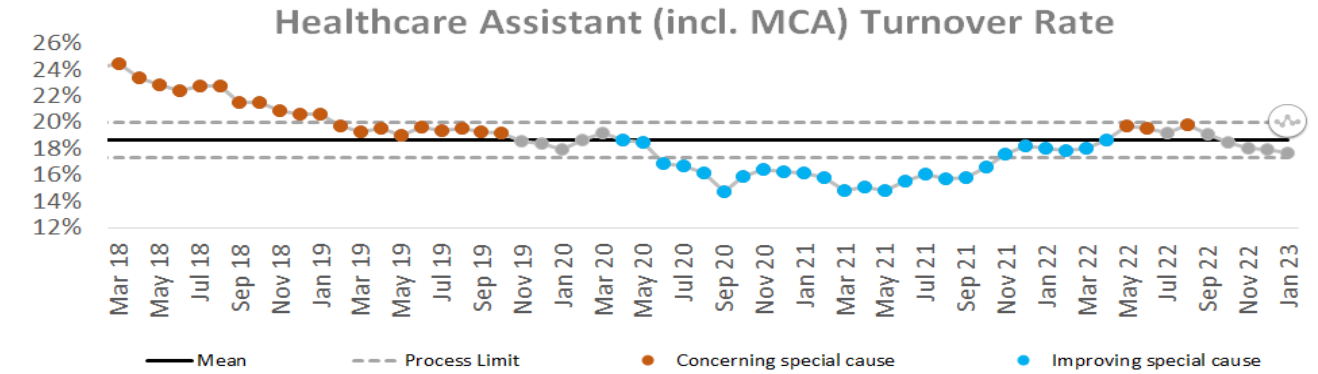
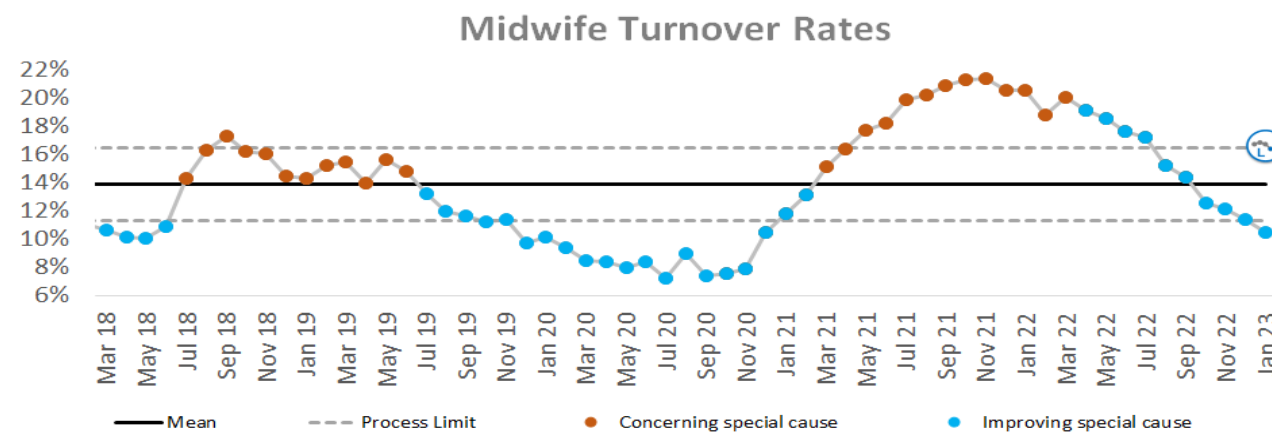
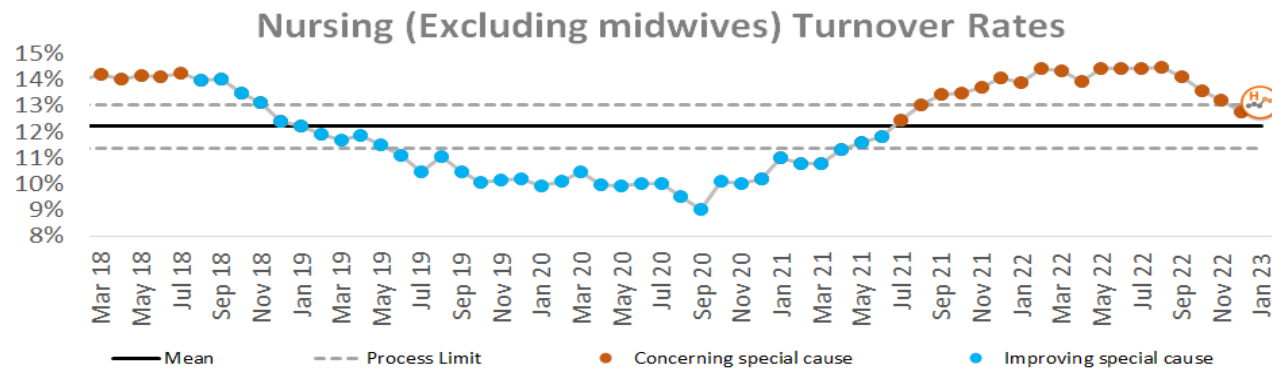
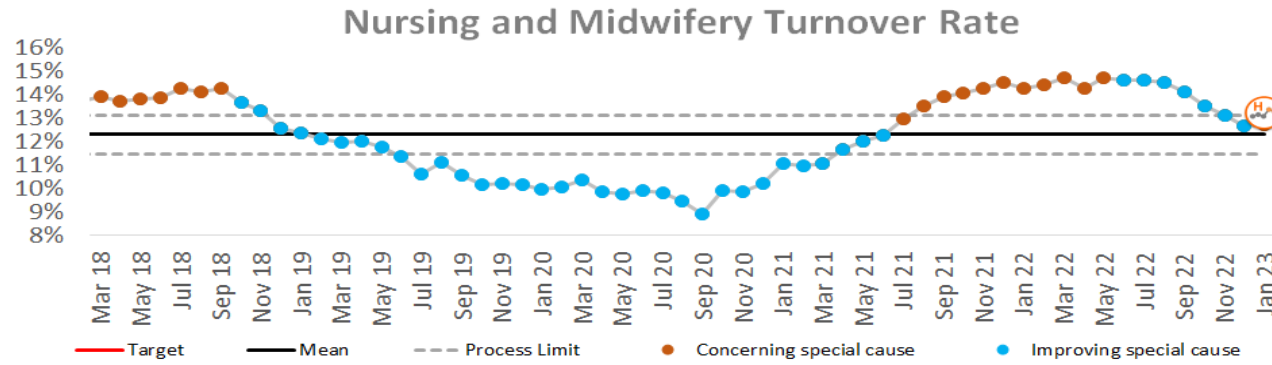


Add Prof Scientific and Technic Turnover Rate



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

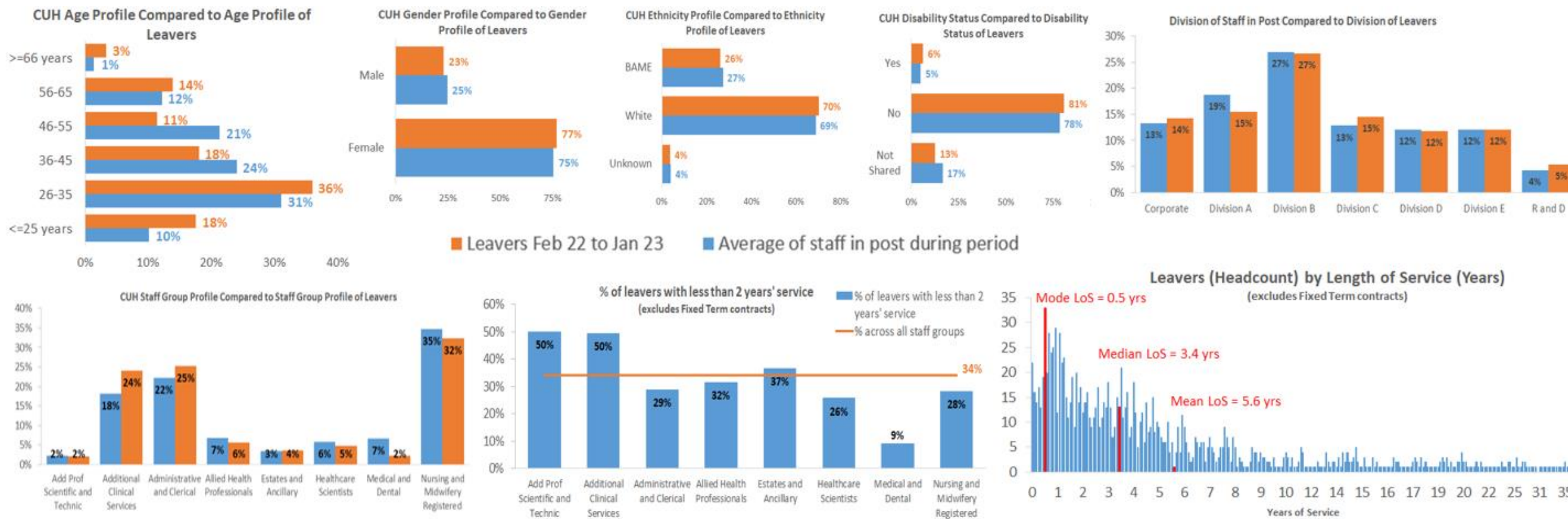
Workforce: Turnover rate for Nursing & Midwifery Staff Group



Leavers - Last 12 months

Excluding Fixed Term and Locum Medical and Dental

Workforce: Leavers



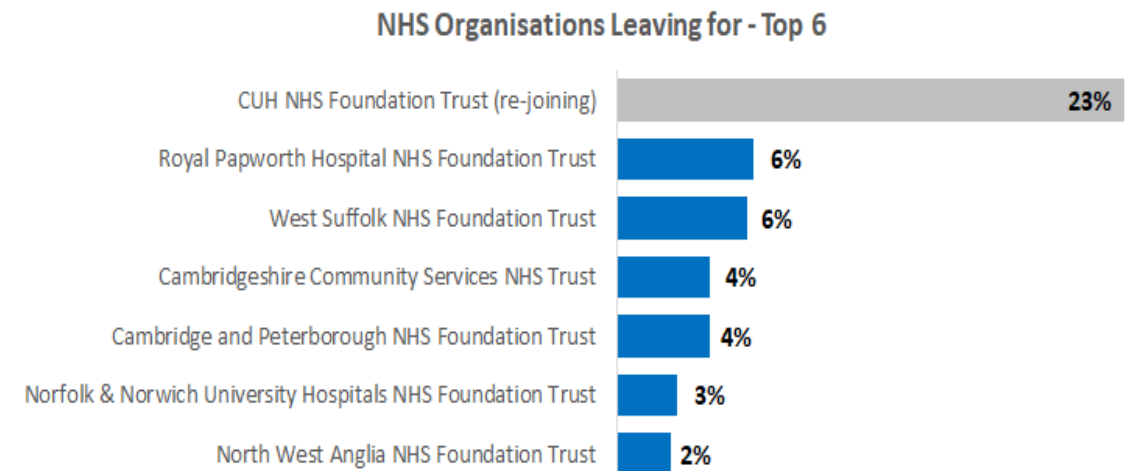
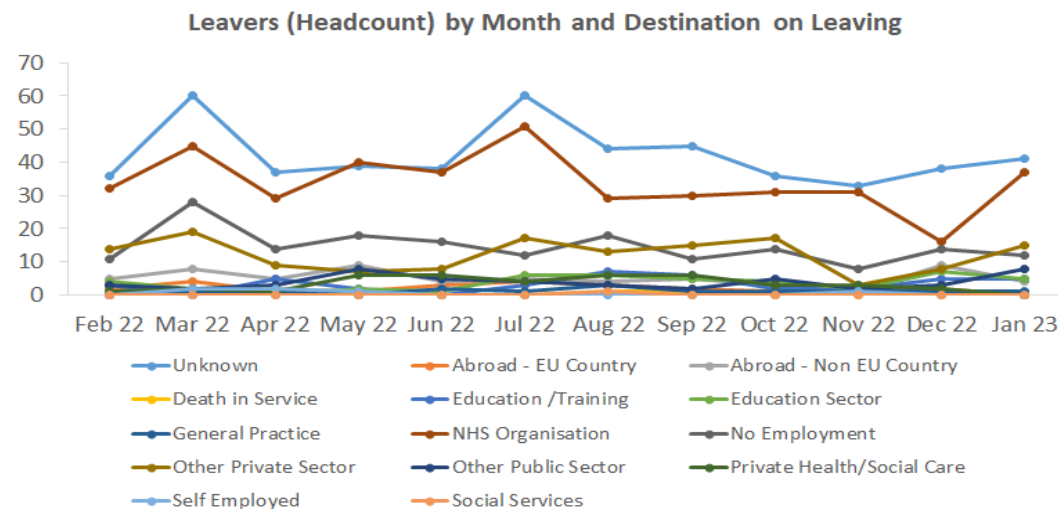
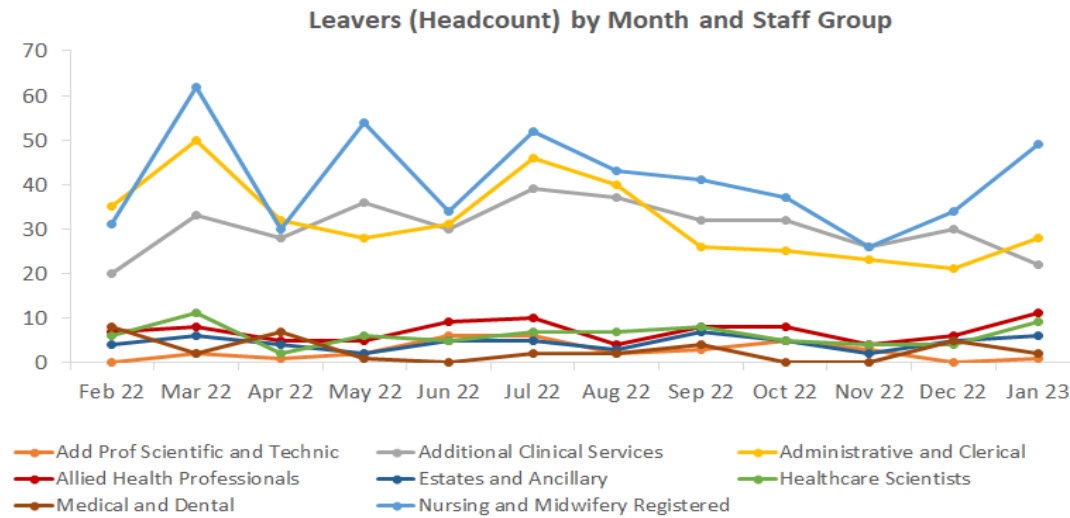
What the information tells us:

The majority of leavers from the Trust in the last 12 months were under the age of 35 (53%), which is higher than the proportion of staff in post of this age (41%). There is also a higher proportion of over 56 year olds leaving the Trust - they make up 14% of the Trust headcount, however 17% of leavers were in this age group. Gender, ethnicity profile and disability status are all generally equally represented in the leavers data when compared to the Trust profile, however there is a slightly higher proportion of females and staff declaring a disability leaving the Trust. There were a slightly higher proportion of leavers from Division C and R&D, compared to the average headcount in these divisions.

A significant proportion of leavers leave the Trust within 2 years of starting (34%), and within Additional Professional Scientific and Technical and Additional Clinical Services there is a much greater proportion than average (50%). The most common (mode) length of service upon leaving is 6 months – in the last 12 months 33 of the 1,366 leavers left at the 6 month point. The average (mean) length of service was 5.6 years.

Leavers - Last 12 months

Excluding Fixed Term and Locum Medical and Dental



Workforce: Leavers

What the information tells us:

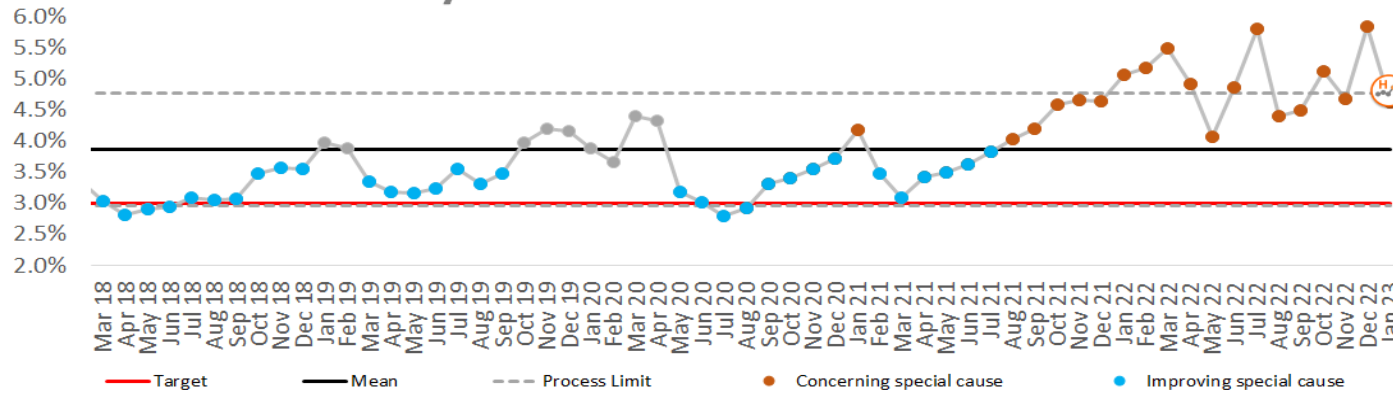
The top three reasons for leaving are Voluntary Resignation - due to relocation (29%), for work/life balance (18%) and for promotion (10%).

The top destination on leaving (other than unknown) is to another NHS organisation. The majority of staff leaving to join another NHS organisation are those who are retire and returning to CUH, or who are re-joining CUH as bank only. The most popular external NHS organisation to leave for is Royal Papworth Hospital NHS Foundation Trust.

Sickness Absence

Workforce: Sickness Absence

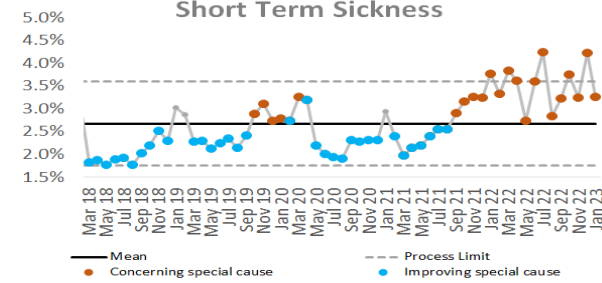
Monthly Sickness Absence Rates - All Staff



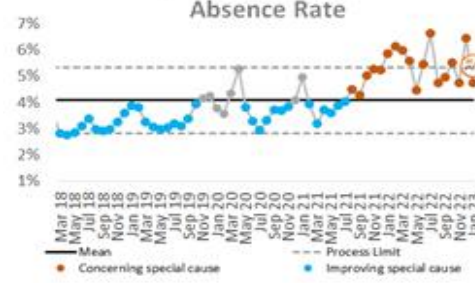
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

What the information tells us: The overall Monthly Sickness Absence is above average at 4.63%, but 1.2% lower than last month. This is also 0.4% lower than January last year (5.1%). The sickness absence rate due to short term illness is higher at 3.3% compared to long term sickness at 1.4%. Additional Clinical Services have the highest sickness absence rate at 7.8% followed by Estates and Ancillary at 7.3%.

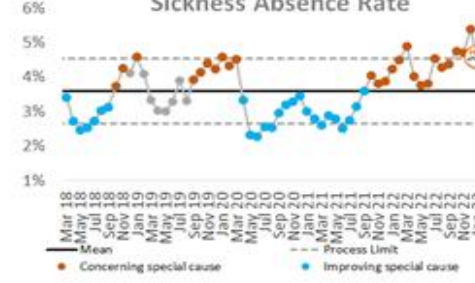
Sickness Absence Rate due to Short Term Sickness



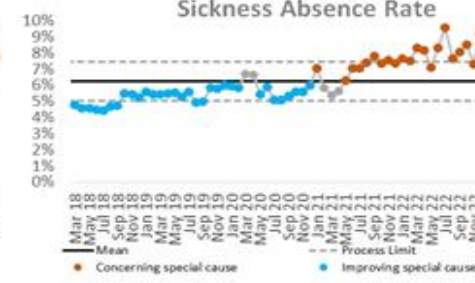
Nursing and Midwifery Sickness Absence Rate



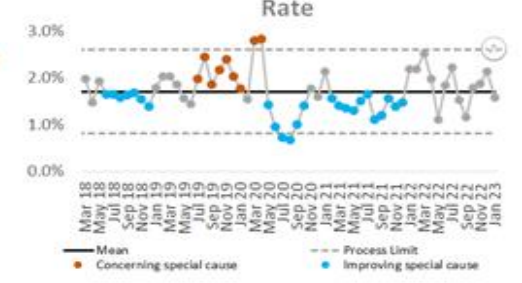
Administrative and Clerical Sickness Absence Rate



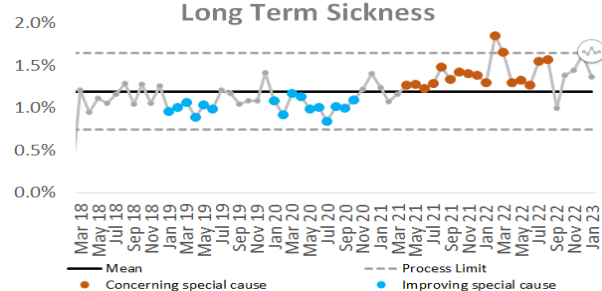
Additional Clinical Services Sickness Absence Rate



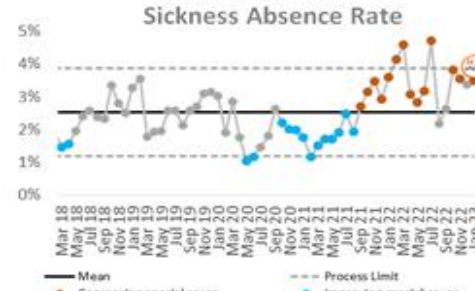
Medical and Dental Sickness Absence Rate



Sickness Absence Rate due to Long Term Sickness



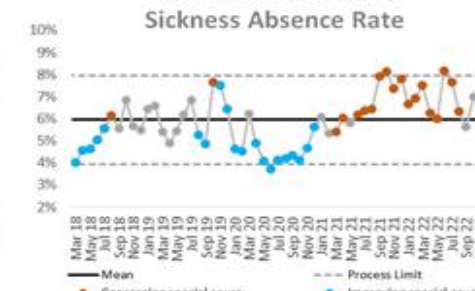
Healthcare Scientists Sickness Absence Rate



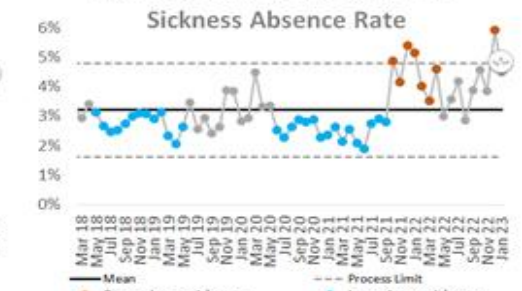
Allied Health Professionals Sickness Absence Rate



Estates and Ancillary Sickness Absence Rate



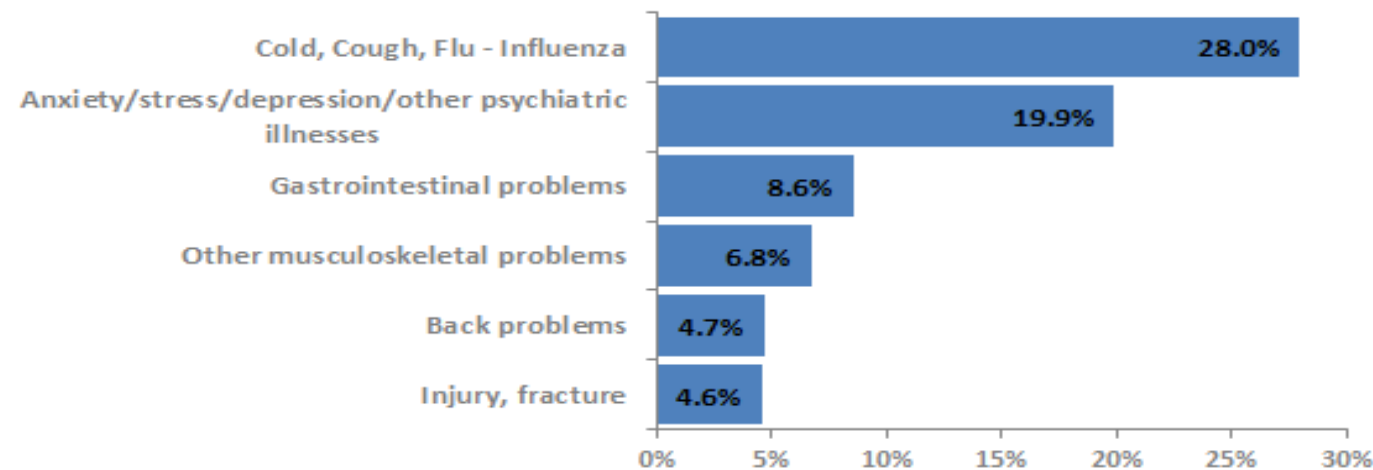
Add Prof Scientific and Technic Sickness Absence Rate



Top Six Sickness Absence Reason

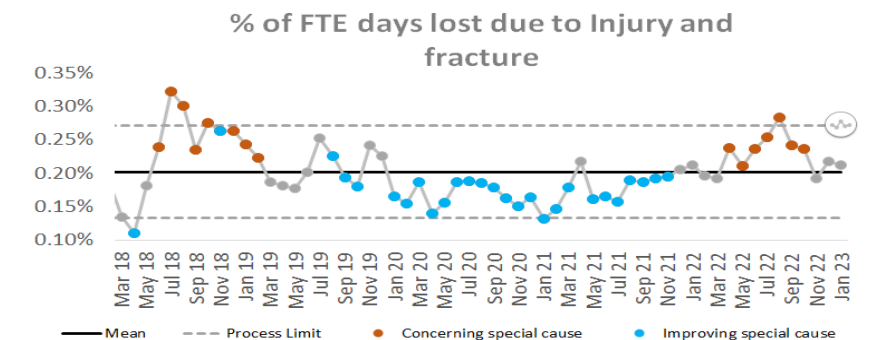
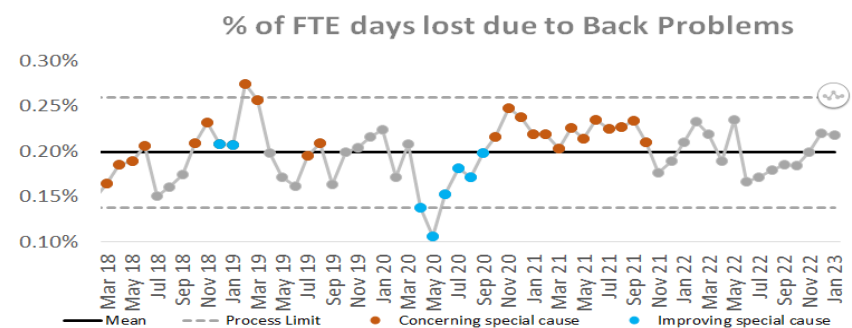
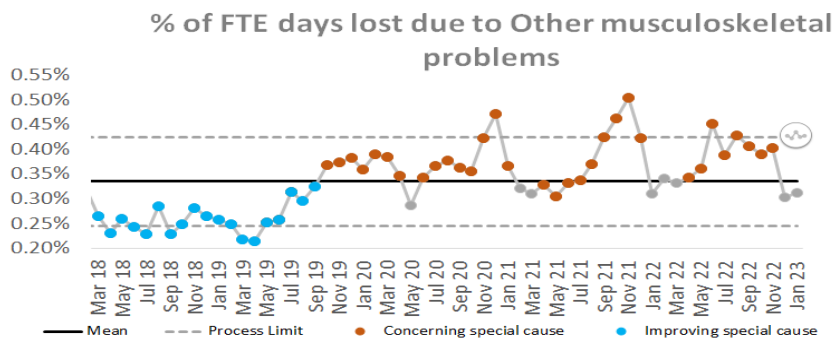
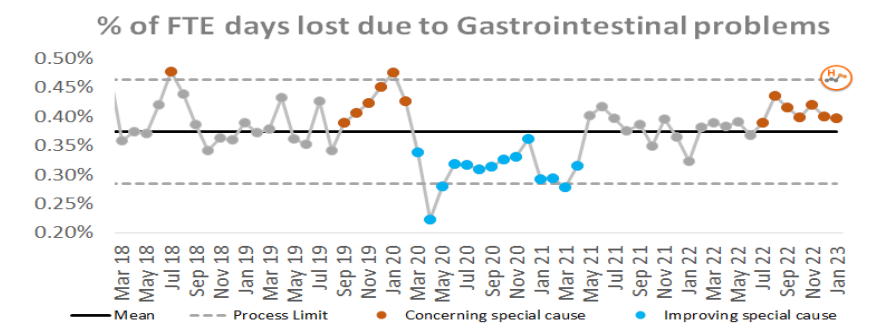
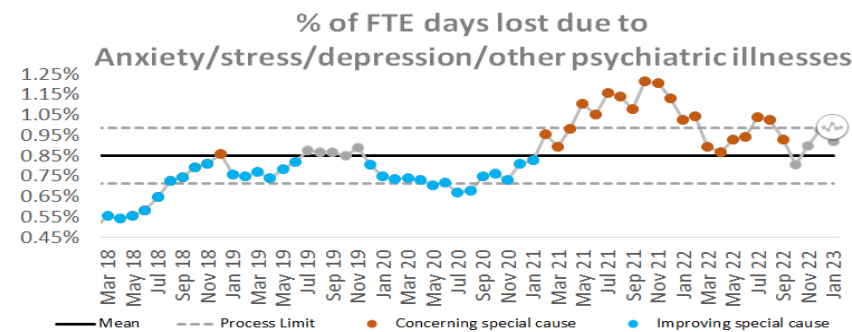
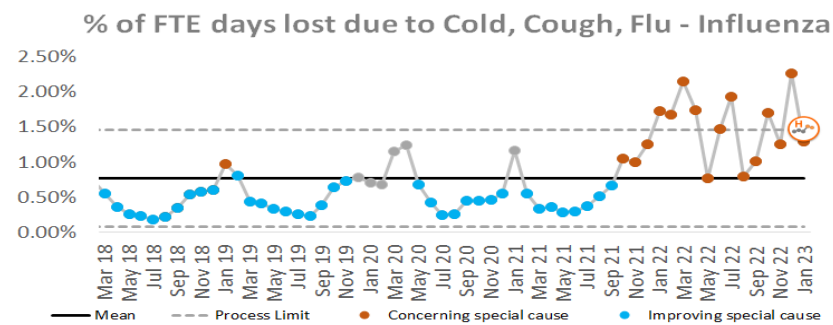
Workforce: Top Six Sickness Absence

Top 6 Sickness Reason as % All Sickness - Jan 23
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 top reason for sickness absence is influenza-related sickness, which saw a decrease from last month of 1%, and is 0.4% lower than the same month last year. As a percentage of all sickness absence, influenza-related accounts for 28% of the overall figure. 1% of available working time was lost to influenza-related sickness in January 2023. Absence due to Anxiety/stress/depression/other psychiatric illnesses decreased by 0.1% to an absence rate of 0.9% in January.



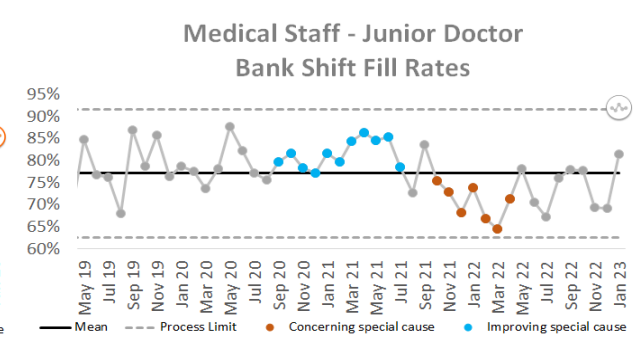
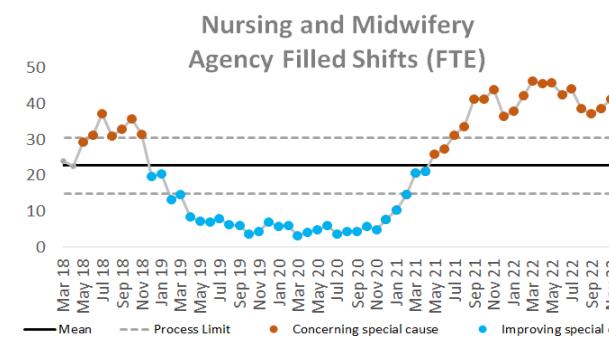
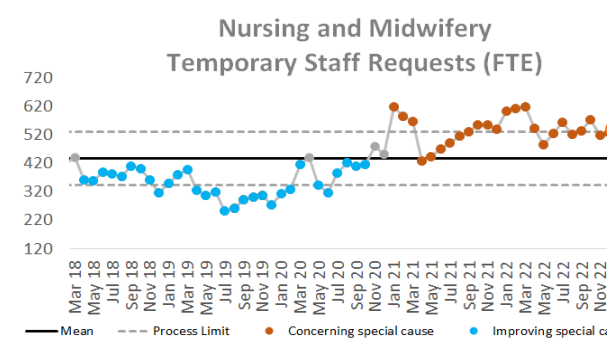
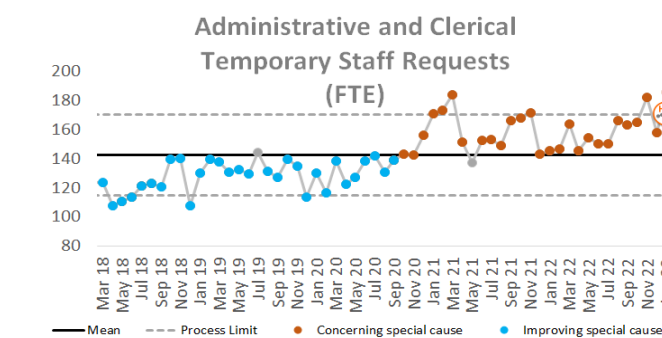
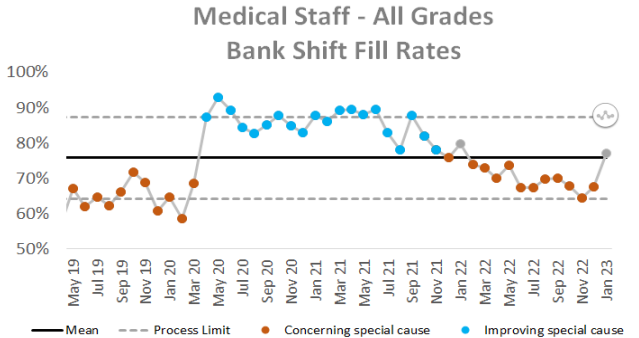
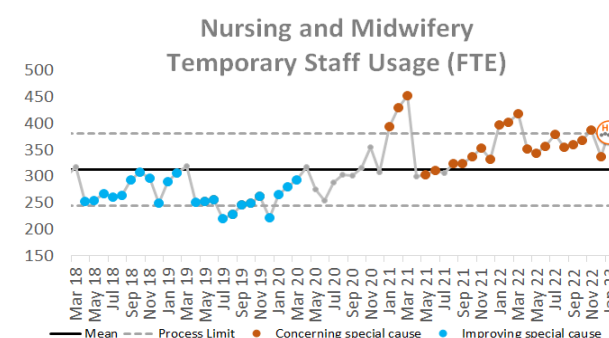
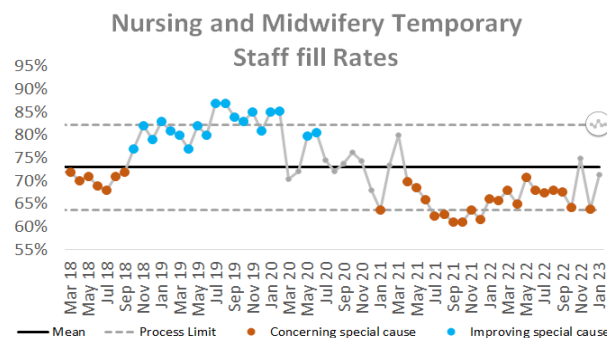
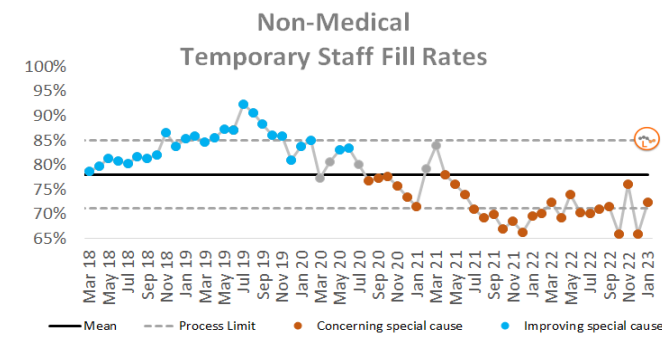
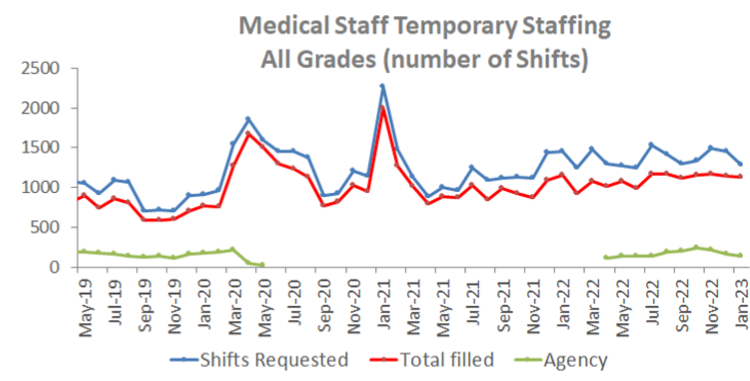
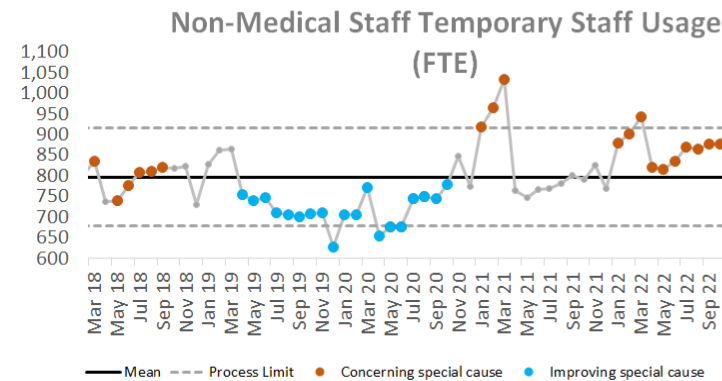
Temporary Staffing



Workforce: Temporary Staffing

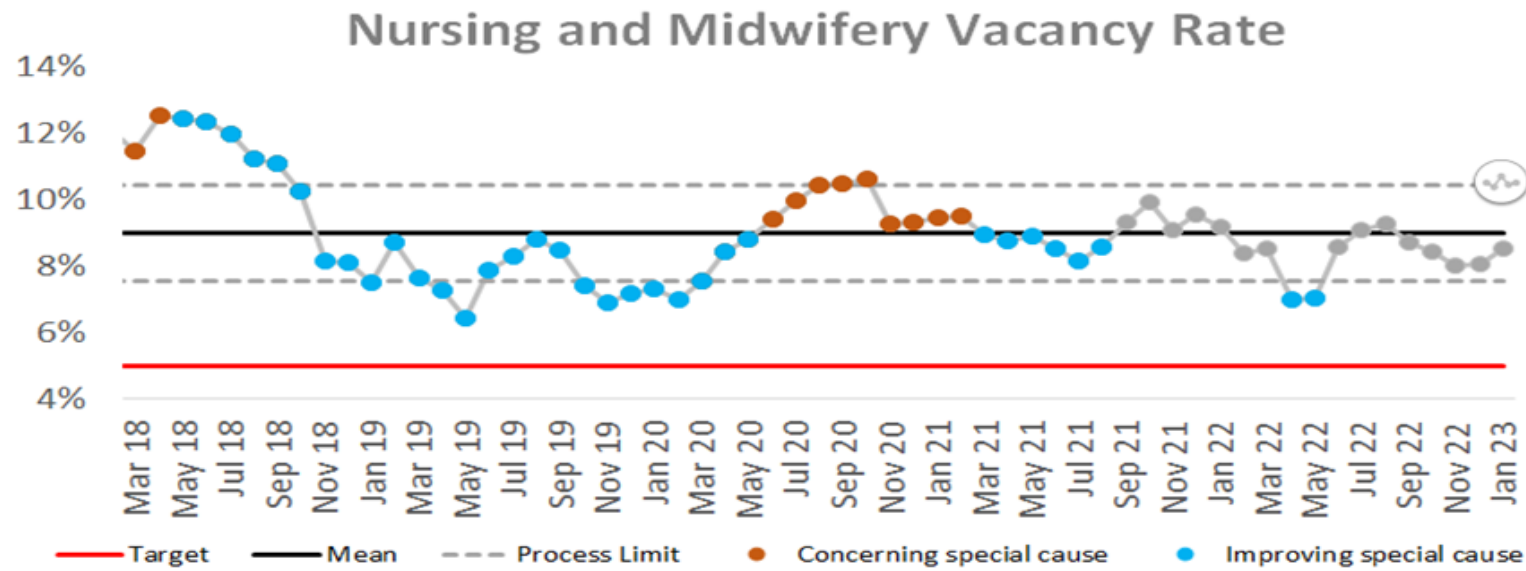
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

What the information tells us: Demand for non-medical temporary staff increased by 5.4% from the previous month to 1,323 WTE. Top three reasons for request includes vacancy (47%), increased workload (18%) and sickness (14%). Nursing and midwifery agency usage increased by 5.9 WTE from the previous month to 37.5 WTE. This accounts for 10% of the total nursing filled shifts. Overall, fill rate has increased by 7% from last month to 72% in January 2023.



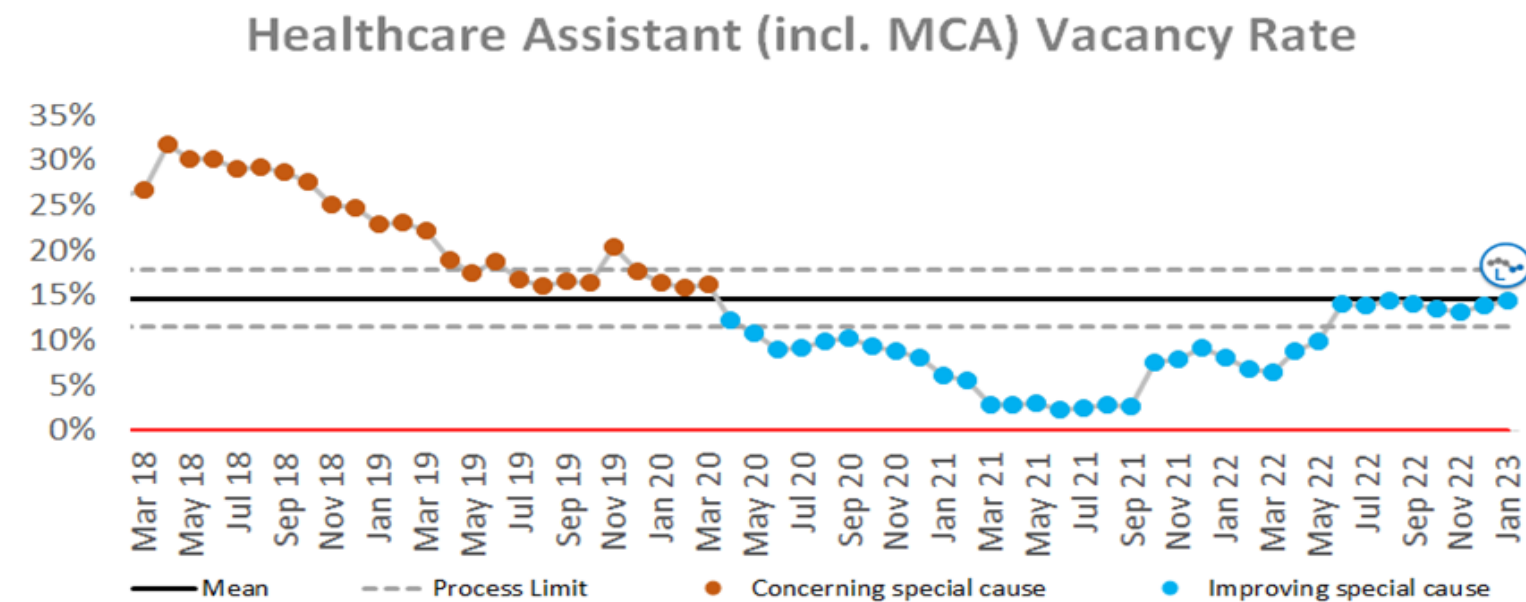
ESR Vacancy Rate

Workforce: ESR 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 just below the average, at 14.4% and 8.5% respectively. This is an increase of 0.5% for Nursing and Midwifery and 0.4% for Healthcare Assistants from last month. The vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.



Annual Leave Update

Percentage of Annual Leave (AL) Taken – Jan 23 Breakdown (source: Healthroster)

	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	49,899	36,509	73.2%	96%
	Additional Clinical Services	352,459	278,116	78.9%	98%
	Administrative and Clerical	468,721	355,708	75.9%	96%
	Allied Health Professionals	143,480	108,016	75.3%	99%
	Estates and Ancillary	75,730	58,971	77.9%	99%
	Healthcare Scientists	136,196	101,546	74.6%	97%
	Medical and Dental	142,221	62,811	44.2%	36%
	Nursing and Midwifery Registered	753,355	624,218	82.9%	98%
	Trust	2,122,060	1,625,896	76.6%	89%
Annual Leave taken by Division	<i>Division</i>				
	Corporate	294,489	222,662	76%	95%
	Division A	402,058	311,881	78%	87%
	Division B	589,595	448,551	76%	94%
	Division C	265,514	197,958	75%	81%
	Division D	251,938	200,427	80%	86%
	Division E	227,547	178,749	79%	85%
	R&D	90,919	65,669	72%	94%

* Greater than 67% Less than 50% Between 50% and 67%

What the information tells us: The Trust's annual leave usage is 92% of the expected usage after the tenth month of the financial year. Overall usage is 76.6% compared to the expected 83%. The highest rate of use of annual leave is within the Nursing and Midwifery Registered staff group, followed by Additional Clinical Services at 83% and 79% respectively.

Not all medical staff record annual leave on the Healthroster system. Local recording is permitted. The percentage of annual leave taken should not be considered representative for medical staff.

Workforce: Annual Leave Update

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.

Workforce: Mandatory Training

	Induction				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					3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs/1yr	3 yrs			
Delivery Method	cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl			
Staff Requiring Competency	1,095	1,091	561	560	10,868	10,868	10,985	10,868	10,868	10,868	10,985	7,352	10,868	7,840	10,868	7,824	1,874	1,511			
Compliance by Division																					
Division A	(22)87.8%	(44)75.4%	(26)81.3%	(23)83.5%	(61)97.1%	(68)96.7%	(353)83.3%	(77)96.3%	(117)94.4%	(235)88.7%	(327)84.5%	(370)80.2%	(93)95.5%	(185)90.3%	(60)97.1%	(181)90.5%	(69)70.6%	(27)86.2%	90.8%		
Division B	(18)93.7%	(40)86.0%	(20)75.3%	(10)87.7%	(64)97.7%	(70)97.5%	(245)91.4%	(83)97.1%	(142)95.0%	(235)91.7%	(340)88.0%	(285)80.6%	(105)96.3%	(210)88.4%	(76)97.3%	(183)89.7%	(25)80.9%	(12)90.8%	93.1%		
Division C	(20)89.2%	(50)73.0%	(26)82.2%	(13)91.1%	(51)96.6%	(67)95.6%	(250)83.8%	(73)95.2%	(102)93.2%	(201)86.7%	(282)81.7%	(295)79.3%	(94)93.8%	(129)91.0%	(68)95.5%	(136)90.6%	(69)73.8%	(38)85.6%	89.7%		
Division D	(8)92.4%	(32)69.5%	(26)73.7%	(22)77.6%	(52)96.2%	(64)95.3%	(239)82.6%	(76)94.4%	(124)90.9%	(201)85.3%	(282)79.5%	(283)74.4%	(83)93.9%	(126)89.2%	(66)95.2%	(115)90.1%	(32)77.6%	(31)78.2%	88.7%		
Division E	(7)95.5%	(35)77.6%	(21)76.4%	(15)83.1%	(39)97.0%	(42)96.8%	(213)84.0%	(54)95.9%	(80)93.9%	(153)88.4%	(306)77.0%	(238)79.7%	(73)94.5%	(130)89.0%	(41)96.9%	(95)92.0%	(222)79.3%	(101)86.6%	89.5%		
Corporate	(13)90.3%	(31)76.7%	(0)100.0%	(0)100.0%	(42)96.9%	(49)96.4%	(81)94.1%	(54)96.0%	(78)94.3%	(114)91.6%	(104)92.4%	(28)82.2%	(62)95.4%	(14)91.6%	(47)96.5%	(15)91.1%	(8)57.9%	(4)76.5%	94.3%		
R & D	(1)97.9%	(4)91.7%			(8)98.1%	(10)97.6%	(29)93.1%	(10)97.6%	(20)95.2%	(24)94.3%	(34)91.9%	(14)90.6%	(15)96.4%	(10)94.2%	(11)97.4%	(11)93.6%	(2)77.8%	(0)100.0%	95.4%		
Breakdown of Medical staff compliance																					
Consultant			(7)86.5%	(13)74.5%	(12)98.4%	(13)98.3%	(50)93.3%	(16)97.9%	(63)91.6%	(76)89.8%	(50)93.3%	(160)78.8%	(23)96.9%	(43)94.3%	(15)98.0%	(44)94.2%	(26)88.4%	(15)92.5%	93.4%		
Non Consultant			(112)78.0%	(70)86.2%	(96)88.6%	(109)87.1%	(149)82.3%	(139)83.5%	(175)79.2%	(241)71.4%	(213)74.7%	(448)49.5%	(177)79.0%	(222)74.7%	(141)83.3%	(211)76.1%	(96)54.1%	(45)72.9%	77.2%		
Compliance by Staff group																					
Add Prof Scientific and Technic	(0)100.0%	(2)92.6%			(7)97.0%	(7)97.0%	(9)96.1%	(8)96.5%	(10)95.7%	(18)92.2%	(14)93.9%	(5)84.4%	(8)96.5%	(24)88.2%	(5)97.8%	(19)90.3%	(5)28.6%	(5)28.6%	94.3%		
Additional Clinical Services	(40)84.4%	(44)82.9%			(26)98.5%	(29)98.3%	(269)84.8%	(28)98.4%	(61)96.5%	(166)90.3%	(341)80.8%	(296)78.5%	(42)97.6%	(212)86.5%	(35)98.0%	(194)87.7%	(29)80.7%	(12)87.6%	91.3%		
Administrative and Clerical	(20)91.8%	(47)80.6%			(76)96.6%	(86)96.2%	(111)95.0%	(94)95.8%	(152)93.2%	(190)91.5%	(158)92.9%	(5)70.6%	(115)94.9%	(14)87.5%	(92)95.9%	(14)87.7%	(5)28.6%	(3)57.1%	94.3%		
Allied Health Professionals	(3)95.7%	(15)78.6%			(10)98.5%	(11)98.3%	(78)88.2%	(14)97.9%	(18)97.2%	(38)94.2%	(117)82.3%	(101)84.6%	(17)97.4%	(35)94.7%	(7)98.9%	(31)95.3%	(13)80.6%	(6)91.0%	93.7%		
Estates and Ancillary	(3)90.0%	(5)83.3%			(5)98.5%	(5)98.5%	(18)94.6%	(6)98.2%	(10)97.0%	(27)91.9%	(3)99.1%	(3)99.1%	(6)98.2%	(6)98.2%	(4)98.8%				97.0%		
Healthcare Scientists	(1)97.6%	(9)78.0%			(10)98.4%	(9)98.5%	(34)94.4%	(12)98.0%	(26)95.8%	(51)91.7%	(50)91.9%	(20)81.8%	(11)98.2%	(44)75.4%	(7)98.9%	(24)85.1%	(1)94.4%	(1)94.4%	94.9%		
Medical and Dental			(119)78.8%	(83)85.2%	(108)93.2%	(122)92.3%	(199)87.5%	(155)90.2%	(238)85.0%	(317)80.0%	(263)83.4%	(608)63.0%	(200)87.4%	(265)83.8%	(156)90.2%	(255)84.4%	(122)71.9%	(60)83.6%	84.5%		
Nursing and Midwifery Registered	(22)94.8%	(114)73.1%			(75)97.9%	(101)97.1%	(692)80.5%	(110)96.9%	(148)95.8%	(356)89.8%	(729)79.5%	(478)86.4%	(126)96.4%	(210)94.0%	(63)98.2%	(199)94.3%	(252)78.8%	(126)86.7%	91.6%		
Trust Total																					
	(89)91.9%	(236)78.4%	(119)78.8%	(83)85.2%	(317)97.1%	(370)96.6%	(1410)87.2%	(427)96.1%	(663)93.9%	(1163)89.3%	(1675)84.8%	(1513)79.4%	(525)95.2%	(804)89.7%	(369)96.6%	(736)90.6%	(427)77.2%	(213)85.9%	91.3%		

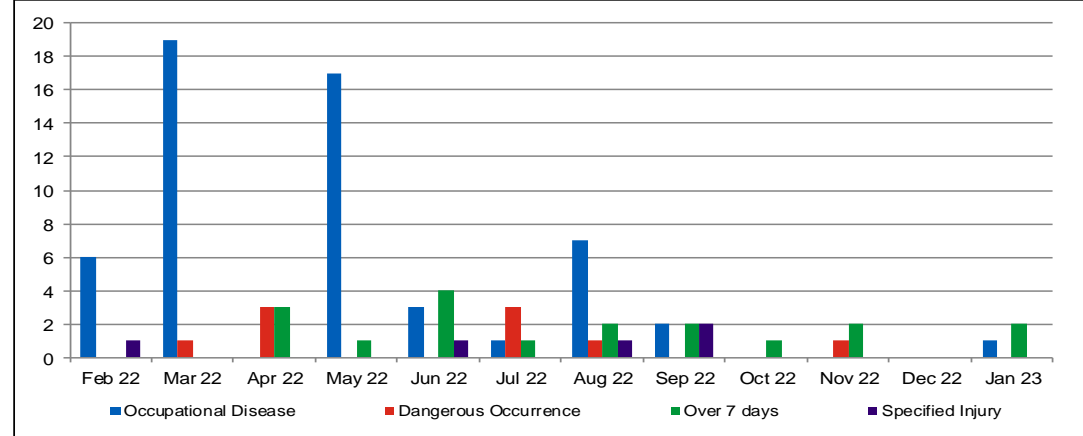
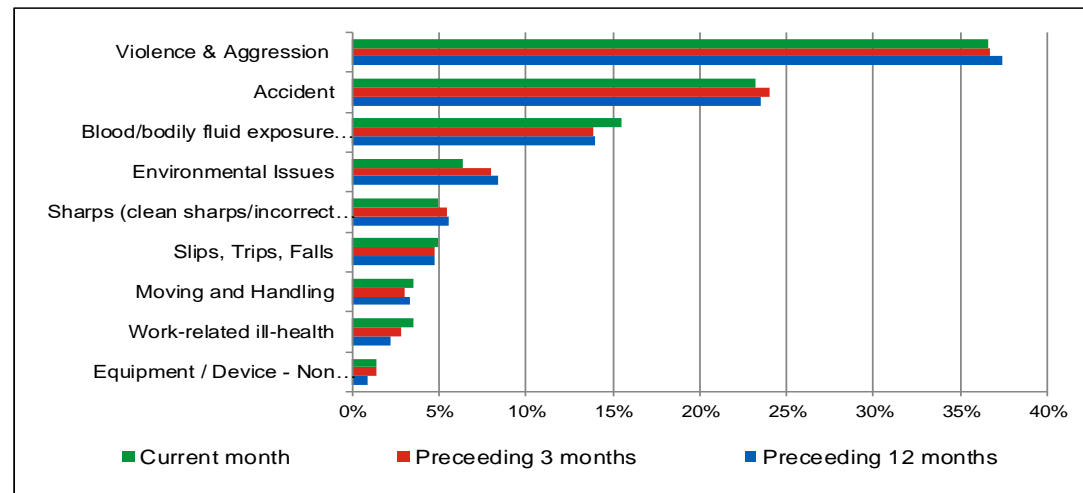
Health and Safety Incidents



Cambridge University Hospitals
NHS Foundation Trust

Health and Safety

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:	1728	358	252	483	326	180	50	79
Accident	406	88	82	87	70	44	4	31
Blood/bodily fluid exposure (dirty sharps/splashes)	241	73	40	45	46	30	6	1
Environmental Issues	145	30	28	8	29	28	7	15
Equipment / Device - Non Medical	15	2	1	4	4	4	0	0
Moving and Handling	58	11	12	12	12	4	1	6
Sharps (clean sharps/incorrect disposal & use)	96	31	19	10	13	13	8	2
Slips, Trips, Falls	82	25	14	14	5	6	6	12
Violence & Aggression	647	88	49	300	140	48	12	10
Work-related ill-health	38	10	7	3	7	3	6	2



A total of 1,728 health and safety incidents were reported in the previous 12 months.

842 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (37%), accidents (23%) and blood/bodily fluid exposure (14%).

1,218 (70%) of incidents affected staff, 460 (27%) affected patients and 50 (3%) affected others ie contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (39%), blood/bodily fluid exposure (18%) and accidents (16%).

The highest reported incident categories for patients were: accidents (43%), violence & aggression (32%) and environmental issues (11%).

The highest reported incident categories for others were: violence and aggression (34%), environmental issues (24%) and accidents (22%).

Staff incident rate is 11.0 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 483 incidents. Of these, 62% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (64%). In the last 12 months, 57% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In January 2023, 3 incidents were reported to the HSE:

Over 7 days

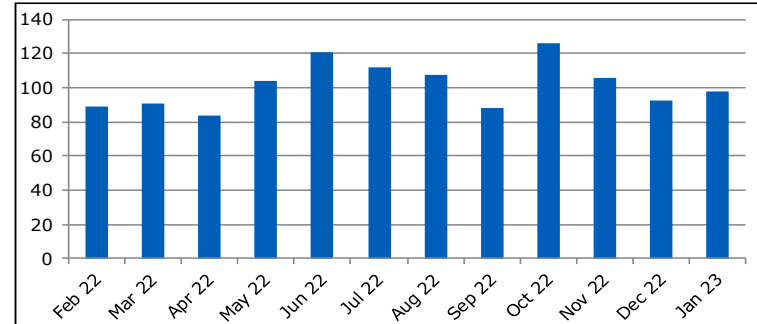
- The cover-slipper (Thermo Clear Vue SN CV60211804) became jammed with a slide and was required to be freed. Slides are freed by brushing in order to dislodge the stuck slide. If, as it was on this occasion the slide does not come free, staff have to use their fingers to free the slide. It is not possible to remove the slides with forceps, due to the angle and position of the parts. The Injured Person (IP) was using his fingers when a slither of glass from the broken slide entered his finger. The procedure for sharps injuries was followed. The IP attended A&E but they were unable to remove the glass at that time. The IP returned to work until the 29.11.2022. On the 30.11.2022 the IP had an operation to remove the glass and was signed off for recovery for 2 weeks.
- The IP was maneuvering a linen trolley into the lift. The lift door began to close and struck the IP on the arm before opening again. The IP was subsequently off work for over 7 days due to pain to their arm.

Occupational Disease

- Tendonitis of the right shoulder and left elbow has been diagnosed by a Doctor. The written notification states that the staff members role (Sonographer) includes repetitive movements.

Health and Safety Incidents

No. of health and safety incidents affecting staff:

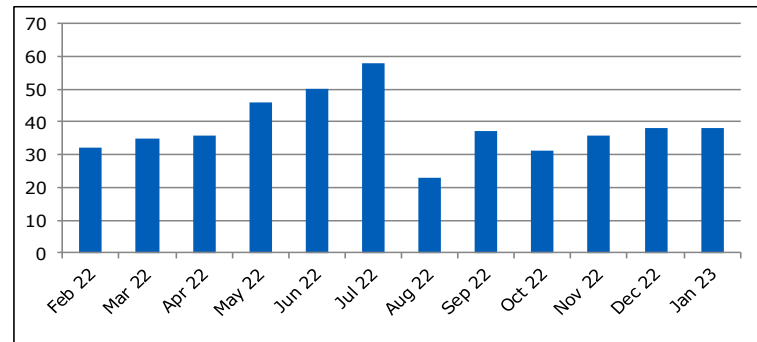


	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Total
Accident	16	21	16	15	14	20	15	18	16	19	14	14	198
Blood/bodily fluid exposure (dirty sharps/splashes)	17	18	17	16	19	20	17	13	32	14	20	20	223
Environmental Issues	5	4	10	4	7	20	16	1	6	1	6	4	84
Moving and Handling	3	4	3	3	5	2	4	7	2	1	2	4	40
Sharps (clean sharps/incorrect disposal & use)	7	3	6	8	4	8	10	5	8	10	5	5	79
Slips, Trips, Falls	6	8	7	8	7	3	5	10	4	6	4	7	75
Violence & Aggression	32	29	23	45	61	36	36	34	57	52	37	39	481
Work-related ill-health	3	4	2	5	4	3	4	0	1	3	4	5	38
Total	89	91	84	104	121	112	107	88	126	106	92	98	1218

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

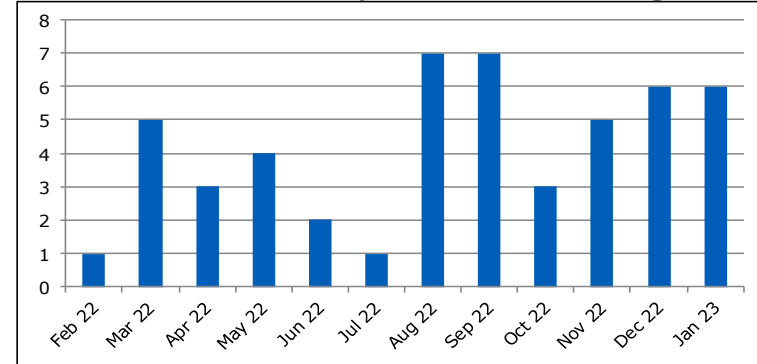
	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Total
No. of health & safety incidents	89	91	84	104	121	112	107	88	126	106	92	98	1218
Staff incident rate per month/year	0.8	0.8	0.8	0.9	1.1	1.0	1.0	0.8	1.1	1.0	0.8	0.9	11.0

No. of health and safety incidents affecting patients:



	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Total
Accident	11	17	19	25	20	20	8	13	13	15	19	17	197
Blood/bodily fluid exposure (dirty sharps/splashes)	1	4	2	1	1	1	0	3	0	0	3	2	18
Environmental Issues	4	3	2	1	4	12	2	0	3	8	7	3	49
Equipment / Device - Non Medical	2	1	0	1	1	2	1	0	1	3	1	2	15
Moving and Handling	1	1	0	0	5	2	2	1	0	3	2	1	18
Sharps (clean sharps/incorrect disposal & use)	2	1	0	0	3	2	2	2	1	0	1	0	14
Violence & Aggression	11	8	13	18	16	19	8	18	13	7	5	13	149
Total	32	35	36	46	50	58	23	37	31	36	38	38	460

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



	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Total
Accident	0	0	0	2	1	0	0	3	1	2	0	2	11
Environmental Issues	0	1	0	2	0	0	2	1	1	1	2	2	12
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	1	0	0	0	0	2	3
Slips, Trips, Falls	0	1	0	0	1	0	1	1	0	1	2	0	7
Violence & Aggression	1	3	3	0	0	1	3	2	1	1	2	0	17
Total	1	5	3	4	2	1	7	7	3	5	6	6	50

Report to the Council of Governors: 22 March 2023

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.

Cambridge University Hospitals NHS Foundation Trust

22 March 2023

Council of Governors Report from the Lead Governor Neil Stutchbury

1. Recent Governor meetings

- 1.1 A **Governor Seminar** was held on 2 February 2023. Sarah Booth, Director of Communications and Engagement, presented the Trust's internal and external communications strategy and Natalie Ellis, Head of Arts, presented the arts strategy and showed how it is designed to reach out to a diverse group of patients and members of the public as well as staff. Governors were impressed by the wide range of approaches used to engage with members of staff and to present a positive image of CUH to the external audience. Good news stories such as the improved ambulance handover times and the Surgeons TV series were clearly helpful in this regard.
- 1.2 A **Governor Strategy** meeting was held on 13 February 2022. India Miller, Acting Director of Strategy, presented an overview of the improvement initiatives undertaken in collaboration with the Institute for Healthcare Improvement and John Clarkson from the University of Cambridge outlined the analysis he had led on patient flow in other hospitals. A key message from both presentations was how important it is to engage everyone in initiatives to make change and to map existing processes. Given the interest shown, this is a potential topic for a future Governor Seminar.
- 1.3 The **Governors' Nomination and Remuneration Committee** met on 21 February 2023 to receive feedback from the Senior Independent Director on the Chair's appraisal and from the Chair on the Non-Executive Directors' (NEDs') appraisals. Summaries of these appraisals are being provided to the meeting of the Council of Governors in closed session.
- 1.4 The **Governor Forum** met on 21 February to share updates from recent Board assurance and other meetings.
- 1.5 The **Lead Governors** of the four foundation trusts within the Cambridgeshire and Peterborough Integrated Care System (Cambridgeshire and Peterborough NHS Foundation Trust, Royal Papworth Hospital NHS Foundation Trust, North West Anglia NHS Foundation Trust and CUH) met the Chair of the Integrated Care Board (ICB), John O'Brien, for a regular catch up. We discussed the meeting with governors held last October and agreed to make this an annual event (the next meeting is on 3 October 2023). It was established at the meeting that the ICB will not be nominating a partnership governor on the CUH Council of Governors.

2. Upcoming Governor meetings

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

- Membership and Engagement Strategy Group: 1 March 2023
- Council of Governors' meeting: 22 March 2023
- Governor-NED quarterly meeting: 12 April 2023

3. Other Governor activities

3.1 Brian Arney decided just before Christmas to resign from the Council of Governors. His slot will remain vacant until July 2023 following the current elections process. A number of existing governors, including the Lead Governor, come to the end of their current terms this year. The list of candidates for the elections will be published on 27 March and the election results will be announced on 22 May 2023. Newly elected governors will take up office on 1 July 2023.

3.2 The Trust Secretariat and Lead Governor have consulted governors on the topics for governor seminars through 2023. There were more topics requested than there are slots for, so some prioritisation was required. The plan for 2023 is:

- 2 February: Communications and Arts strategy (completed)
- 26 April: Staff survey and Equality, Diversity and Inclusion
- 6 June: Research science (AstraZeneca, genomics, rare diseases)
- 18 October: Digital strategy; Wayfinding app
- 7 December: Patient experience, PALS, patient pathways

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: 22 March 2023

Agenda item	7.2
Title	Governors' Strategy Group
Sponsoring executive director	n/a
Author(s)	Neil Stutchbury, Lead 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 13 February 2023.

Cambridge University Hospitals NHS Foundation Trust

22 March 2023

Council of Governors

Governors' Strategy Group

Julia Loudon, Patient Governor

1. The Governors' Strategy Group met on 13 February. Present were: Mike More (Chair), Neil Stutchbury, David Dean, Gill Shelton, John Clarkson, India Miller, Debbie Morgan and Matthew Zunder. Due to an administrative oversight, Julia Loudon did not receive the invitation. The topics for discussion were the Quality Improvement programme and learning from mapping the discharge process at other hospitals.
2. India Miller and Debbie Morgan outlined the work the Improvement and Transformation team is doing on its Quality Improvement (QI) programme with the Institute for Healthcare Improvement (IHI). The programme is now in its final year of three. The aim is to embed QI into the culture of the organisation. Two waves of improvement coaching have been completed with 74 coaches now trained to lead improvement projects within the hospital. In addition 10 senior leaders from across the organisation have been trained and a further 30 leaders will be trained in the second wave.
3. Examples of QI projects completed recently include:
 - Reducing the number of hospital acquired pressure ulcers on ward G6, which resulted in the annual number of patients with a grade one pressure ulcer reducing from 16 to 6.
 - Improving diagnostic pathways for neck lump patients, which reduced the average waiting time from GP referral to diagnosis.
 - Improving patient flow in neurosciences, which enabled a threefold increase in appropriate patients being transferred from wards to the discharge lounge by 10.00, or to be discharged direct from the ward by midday.
 - Improving nutrition and hydration in inpatients with dysphagia after stroke, which reduced the risk of dehydration and malnutrition in this patient cohort.
4. The improvement and transformation team has also supported improvement initiatives in urgent and emergency care, outpatients and virtual wards. A striking statistic emerged from the analysis of expired patient initiated follow ups (PIFUs). Instead of the hospital automatically making a follow up appointment for the patient, the patient makes the appointment if it is

needed. Of 25,992 expired PIFUs, 1,593 patients triggered follow up appointments, thereby avoiding 24,399 follow up appointments.

5. IHI visited CUH to review progress at the end of year 2. Its report recognises the excellent progress made to embed an improvement culture into the organisation and the role CUH leaders have taken to engage with the initiatives. In summary it said: “The organisation shows commitment to improving quality and safety through a broad range of activities. The continuation of work to embed improvement methods in support of results will further develop the culture for improvement at CUH.”
6. John Clarkson outlined some process mapping work he had done at three different hospitals on the discharge process in order to understand differences and explore possible areas for improvement at CUH. A key part of the learning was that the process was so complex that no single individual in the trust had a full picture of the end-to-end process and it was important to consult and involve everyone engaged in the process.

Report to the Council of Governors: 22 March 2023

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 receive an update on the work of the 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

22 March 2023

Council of Governors

Membership Engagement Strategy Implementation Group

1. The Membership Engagement Strategy Implementation Group met on 2 March 2023. The following governors were present: Julia Loudon, Neil Stutchbury, Ruth Greene, Samira Addo and Carina Tyrrell. Ian Walker (Director of Corporate Affairs), Jason Clarke (Trust Secretary), Namoo Boodoo (Membership Manager) and Angie Ridley (External Communications Manager) also attended.
2. The Group reviewed and approved the final version of the planned Membership film script. The next stage is to recruit members to be part of the film. Filming is provisionally scheduled for w/c 17 April with a launch date in May.
3. The Membership Manager updated on the promotion of membership via social media platforms. A Membership campaign will run from April to June 2023 across all social media platforms (LinkedIn, Instagram, Twitter and Facebook). The Membership Manager will ask external organisations to re-share the posts to reach a wider audience. The analytics will be presented at the Group's July meeting.
4. The Group discussed progressing community engagement work. It was agreed that three to four 4 community groups will be contacted in the first instance, and the learning from these contacts will be reviewed before contacting further groups.

Report to Council of Governors: 22 March 2023

Agenda item	8
Title	Amendment to the Public Constituency
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To seek approval to amend the Trust Constitution to reflect changes to the local government electoral arrangements in East Hertfordshire.
Previously considered by	n/a

Executive Summary

The Local Government Boundary Commission for England has concluded a review of electoral arrangements in East Hertfordshire. The Order to implement the recommendations was made on 23 January 2023 and following a 40-day period of Parliamentary scrutiny will come into force in May 2023.

Foundation trusts are required to define their public constituency using current local government boundaries and therefore is it necessary to review the definition of the Trust's public constituency specifically in respect of East Hertfordshire.

The recommendation is that the Council of Governors, and the Board of Directors, authorise an amendment to the Trust Constitution to revise the coverage of the Public Constituency in respect of East Hertfordshire (following the same approach used in 2015 and 2019 when similar processes occurred in Essex and Suffolk). If approved, the amendment will take effect following conclusion of the current Governor election cycle.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	The public constituency is defined in the Trust Constitution and therefore any changes require the approval of both the Board of Directors and the Council of Governors.
How does this report affect environmental 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:

- Approve the amendment to the Public Constituency as set out in the paper.
- Note that, subject to approval of the amendment by the Council of Governors and the Board of Directors, the Trust Constitution will be updated accordingly.

Council of Governors

Amendment to the Public Constituency

1. Introduction

- 1.1 Foundation trusts are required to use local government boundaries to define their respective public constituencies. Virtually all foundation trusts in two tier¹ Council areas use District Council boundaries and/or sub-divisions of District Councils called wards. The Public Constituency must be defined in the Trust Constitution and therefore any changes must be managed as changes to the Constitution.
- 1.2 The Trust's Public Constituency currently includes the following three wards of East Hertfordshire District Council: Buntingford; Braughing; and Mundens & Cottered.
- 1.3 The Local Government Boundary Commission for England completed last year a Periodic Electoral Review of East Hertfordshire District Council. The Order to implement the recommendations was made on 23 January 2023 and following a 40-day period of Parliamentary scrutiny will come into force in May 2023.
- 1.4 The new ward arrangements in East Hertfordshire do not directly match the existing arrangements and therefore changes are required to the definition of the Trust's Public Constituency. It is proposed to use the same approach as followed previously when the same type of review process occurred in the Braintree and Uttlesford Council area in 2015 and following the creation of West Suffolk Council in 2019.
- 1.5 In these cases, the Trust slightly extended the scope of its Public Constituency to ensure that all previous areas were retained in the Public Constituency. It is recommended that the same principle is applied to this re-organisation, as removing areas from the Public Constituency may have adverse reputational impact for little or no benefit to the Trust.

¹ This refers to where there are separate District and County Councils in place.

1.6 Adopting this approach, it is proposed that the Trust's Public Constituency will in future cover the following four wards of East Hertfordshire District Council under the revised ward arrangements:

- Buntingford (*this covers a different area to the existing Ward*)
- Braughing & Standon
- The Mundens
- Little Hadham & The Pelhams

1.7 The effect of this will be to include the following additional Civil Parishes in the Public Constituency going forward:

- Albury
- Ardeley
- Bengoe
- Furneux Pelham
- Little Hadham
- Sacombe
- Standon
- Stocking Pelham

2. Recommendation

2.1 The Council of Governors is asked to:

- Approve the amendment to the Public Constituency as set out in the paper.
- Note that, subject to approval of the amendment by the Council of Governors and the Board of Directors, the Trust Constitution will be updated accordingly.