

**There will be a meeting of the Board of Directors in public on  
Wednesday 10 May 2023 at 11.00**

This meeting will be held by videoconference.

Members of the public wishing to attend the virtual meeting should contact the Trust Secretariat for further details (see further information on the Trust website)

(\*) = paper enclosed

(+) = to follow

**AGENDA**

General business			Purpose
11.00	1	<b>Welcome and apologies for absence</b>	For note
	2	<b>Declarations of interest</b> To receive any declarations of interest from Board members in relation to items on the agenda and to note any changes to their register of interest entries  A full list of interests is available from the Director of Corporate Affairs on request	For note
	3*	<b>Minutes of the previous Board meeting</b> To approve the Minutes of the Board meeting held in public on 8 March 2023	For approval
	4*	<b>Board action tracker and matters arising not covered by other items on the agenda</b>	For review
11.05	5	<b>Patient story</b> To hear a patient story	For receipt

11.20	6*	<b>Chair's report</b> To receive the report of the Chair	For receipt
11.25	7*	<b>Report from the Council of Governors</b> To receive the report of the Lead Governor	For receipt
11.30	8*	<b>Chief Executive's report</b> To receive the report of the Chief Executive	For receipt
<b>Performance, strategy and assurance</b>			<b>Purpose</b>
11.40	9*	<b>Performance reports</b> <i>The items in this section will be discussed with reference to the Integrated Report and other specific reports</i>  9.1* Quality (including nurse staffing report) 9.2 Access standards 9.3 Workforce 9.4* Finance 9.5 Improvement	For receipt
12.15	10*	<b>Nursing and midwifery establishment review</b> To receive the report of the Chief Nurse	For receipt
12.20	11*	<b>NHS Staff Survey results</b> To receive the report of the Director of Workforce	For receipt
12.35	12*	<b>Green Plan annual progress report</b> To receive the report of the Director of Capital, Estates and Facilities Management	For receipt
12.50	13*	<b>Research and development</b> To receive the report of the Medical Director	For receipt
13.05	14*	<b>Learning from deaths</b> To receive the report of the Medical Director	For receipt
<i>Items for information/approval – not scheduled for discussion unless notified in advance</i>			
13.10	15*	<b>Board Assurance Framework and Corporate Risk Register</b> To receive the report of the Director of Corporate Affairs and Chief Nurse	For receipt

	<b>16*</b>	<b>Board assurance committees – Chairs’ reports</b> 16.1 Performance Committee: 3 May 2023 16.2 Quality Committee: 3 May 2023	For receipt
<b>Other items</b>			<b>Purpose</b>
	<b>17</b>	<b>Any other business</b>	
<b>13.20</b>	<b>18</b>	<b>Questions from members of the public</b>	
	<b>19</b>	<b>Date of next meeting</b> The next meeting of the Board of Directors will be held on Wednesday 12 July 2023 at 11.00.	For note
	<b>20</b>	<b>Resolution</b> That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (NHS Act 2006 as amended by the Health and Social Care Act 2012).	
<b>13.30</b>	<b>21</b>	<b>Close</b>	

**Minutes of the meeting of the Board of Directors held in public on  
Wednesday 8 March 2023 at 11.00 via videoconference**

<b>Member</b>	<b>Position</b>	<b>Present</b>	<b>Apologies</b>
Dr M More	Trust Chair	X	
Mr D Abrams	Non-Executive Director	X	
Ms N Ayton	Chief Operating Officer	X	
Mr A Chamberlain	Non-Executive Director	X	
Dr A Doherty	Non-Executive Director	X	
Mr M Keech	Chief Finance Officer	X	
Mr N Kirby	Interim Director of Strategy and Major Projects	X	
Ms A Layne-Smith	Non-Executive Director	X	
Prof P Maxwell	Non-Executive Director	X	
Prof I Jacobs	Non-Executive Director	X	
Prof S Peacock	Non-Executive Director		X
Dr A Shaw	Medical Director	X	
Mr R Sinker	Chief Executive	X	
Mr R Sivanandan	Non-Executive Director		X
Ms L Szeremeta	Chief Nurse	X	
Mr I Walker	Director of Corporate Affairs *	X	
Mr D Wherrett	Director of Workforce	X	

\* *Non-voting member*

<b>In attendance</b>	<b>Position</b>
Prof M Besser	Consultant in Haematology (for item 25/23)
Ms K Clarke	Associate Director of Workforce (for item 31/22)
Mr D Hayward	Internal Auditor, KPMG
Ms A Iqbal	Internal Auditor, KPMG
Ms I Miller	Interim Director of Strategy (for item 30/23)
Ms T Odesanmi	Patient (for item 25/23)
Ms A Onyemah	Interim Director of Equality, Diversity and Inclusion
Dr R Sinnatamby	Clinical Sub Dean for Undergraduate Medical Education (for item 31/23)
Dr N Stutchbury	Lead Governor
Ms C Collick	Secretariat Officer (minutes)

**21/23 Welcome and apologies for absence**

The Chair welcomed everyone to the meeting and extended a particular welcome to Aloma Onyemah who had joined the Trust recently as Interim Director of Equality, Diversity and Inclusion.

Apologies for absence are recorded in the attendance summary.

**22/23            Declarations of interest**

Standing declarations of interest of Board members were noted.

**23/23            Minutes of the previous meeting**

The minutes of the Board of Directors' meeting held in public on 18 January 2023 were approved as a true and accurate record.

**24/23            Board action tracker and matters arising not covered by other agenda items**

**Received and noted:** the action tracker.

**25/23            Patient story**

Lorraine Szeremeta, Chief Nurse, presented the patient story.

CUH was currently treating around 100 adults and 150 children diagnosed with Sickle Cell disease. The disease was not yet fully understood and a Sickle Cell crisis could leave a patient in extreme pain. The diagnosis of Sickle Cell disease had increased fourfold over the past 10 years.

Board members watched a video describing the experience of Toks Odesanmi, a patient with Sickle Cell disease, who received treatment using an Apheresis machine at CUH. This lasted for around three hours every six weeks which was a significant time reduction compared with alternative treatments.

Toks Odesanmi joined the Board meeting and explained that her experience had been positive, with the current treatment approach allowing her to return to full-time employment and significantly improving her quality of life.

The following points were made in discussion:

1. Some hospitals did not have Apheresis machines and patients therefore had to be treated through manual transfusions which could be painful and far more frequent and time consuming.
2. CUH was in the process of working with NHS Blood and Transplant to help roll out use of Apheresis machines to other organisations.
3. It was observed that Sickle Cell disease was most common in patients from an African or Caribbean background and that there was a lived

reality across the country of disparity for patients with diseases and conditions specific to their ethnic backgrounds. Toks Odesanmi commented that, in her experience, finding a Haematologist like Professor Besser who had chosen to specialise in Sickle Cell rather than cancer was very unusual.

4. In response to a question about why he had chosen to specialise in Sickle Cell disease, Professor Besser cited what had historically been the significant unmet needs of this group of patients. Through this greater focus, an active patient support group was now in place and more clinical trials had become available to patients.

**Agreed:**

1. To note the patient story.
2. To thank Ms Odesanmi for sharing her powerful and moving story and Professor Besser for joining the discussion.

**26/23 Chair's report**

Mike More, Chair, presented the report.

**Agreed:**

1. To note the report of the Chair.

**27/23 Report from the Council of Governors**

Neil Stutchbury, Lead Governor, presented the report.

**Agreed:**

1. To note the activities of the Council of Governors.

**28/23 Chief Executive's report**

Roland Sinker, Chief Executive, presented the report.

**Noted:**

1. The local health and care system remained under significant pressure and hospitals continued to experience a wide range of challenges. Despite this, the Trust was still able to demonstrate the delivery of high quality care. Ambulance handover times remained low and the Trust compared favourably with peers on cancer waiting times.
2. However, there were significant risks associated with long waits in the Emergency Department, pressure on wards and contingency areas, and long elective waiting lists.
3. The Trust's financial performance remained good.
4. The annual staff survey results were due to be published shortly.
5. The Trust continued to work closely with Integrated Care Board (ICB) partners on operational and financial planning for 2023/24.

6. Outline Business Cases for both the Cambridge Cancer Research Hospital and the Cambridge Children's Hospital (CCH) had been submitted to regulators. Discussions continued with NHS England and the Department of Health and Social Care on the funding gap for the CCH.
7. The Trust continued work to encourage a resolution to the current industrial action within the NHS which was having a significant impact on patients.
8. In addition to welcoming Aloma Onyemah as Interim Director of Equality, Diversity and Inclusion, the Chief Executive looked forward to welcoming Dr Wai Keong Wong as the Trust's new Director of Digital in May 2023.
9. Interviews were scheduled for the end of March 2023 for the appointment of the Director of Innovation, Digital and Improvement.

**Agreed:**

1. To note the contents of the report.

**29/23**

**Performance reports**

The Board received the Integrated Performance Report for January 2023.

*Access standards*

Nicola Ayton, Chief Operating Officer, presented the update.

**Noted:**

1. The Trust continued to maintain good ambulance handover times compared with other trusts in the region and had been one of the best performers nationally in January 2023. This had been sustained in February 2023 with a majority of ambulance handovers taking place in under 15 minutes.
2. Overall patient waiting times in the Emergency Department remained a significant concern.
3. Good progress had been made on 78-week elective waits with a plan in place to reduce these to zero by the end of March 2023.
4. The number of patients waiting over 52 weeks had fallen for the fifth consecutive month.
5. A significant volume of elective appointments continued to be postponed during the ongoing periods of industrial action in order to be able to deliver safe care for inpatients and those requiring urgent and emergency care.
6. Performance against the cancer 62-day wait target continued to compare favourably on both a regional and national basis.
7. The operational strategy for the next financial year was in the process of being finalised.
8. The Trust continued to plan for the return to reporting against the four-hour Emergency Department waiting time standard.

## *Workforce*

David Wherrett, Director of Workforce, presented the update.

### **Noted:**

1. Today was International Women's Day 2023. Women made up over 70% of the CUH workforce. 90% of the Trust's apprentices and 43% of medical consultants were female. Work continued on reducing the gender pay gap.
2. The Trust's workforce continued to grow with the 12,000<sup>th</sup> employee due to join CUH by the end of March 2023.
3. Staff turnover and sickness rates continued to be monitored closely.
4. Junior Doctors were scheduled to take industrial action for 72 hours next week. As for previous industrial action involving other staff groups, significant planning and preparation was being undertaken. It was hoped that all parties would come together as quickly as possible to reach a resolution.

## *Quality (including nurse staffing report)*

Lorraine Szeremeta, Chief Nurse, and Ashley Shaw, Medical Director, presented the update.

### **Noted:**

1. Work was being undertaken on identifying harm associated with long waits in the Emergency Department, alongside use of quality metrics to identify trends.
2. An increase in incidents involving harm was noted, although the numbers remained within the range of normal variance. A deep dive on incident data was being undertaken.
3. Thematic reviews of Hospital Acquired Pressure Ulcers (HAPUs) and falls had been completed and improvement plans were in place.
4. The Patient Advice and Liaison Service (PALS) team continued to work through a high level of complaints.
5. The Ward Accreditation model had been launched successfully.
6. Following a number of NHS maternity units suspending use of Nitrous Oxide, it was confirmed that the Trust had mitigations in place including ventilation, monitoring and use of scavenger devices. Additional assurance was being sought to ensure that these arrangements were continuing to manage nitrous oxide at a safe level.
7. While the vacancy rate in Maternity Services continued to be low, the paediatric nursing vacancy rate remained a concern.
8. While the Hospital Standardised Mortality Ratio (HSMR) was above the level seen in early 2022, it remained significantly below 100 and below the Shelford Group average. A detailed review had been undertaken and no specific trends or areas of concern had been identified.
9. The Trust's Liver team had successfully passed an accreditation visit as part of the Improving Quality in Liver Services programme. CUH was the first transplant unit in the UK to receive this accreditation.



10. The industrial action by Junior Doctors would take place from 07.00 on Monday 13 March to 07.00 on Thursday 16 March. The Trust was planning on the assumption that all Junior Doctors would be on strike, with full cover rotas in place by consultants. Some elective activity would be postponed, with around 60 to 65% of theatre capacity currently expected to be open.

### *Finance*

Mike Keech, Chief Finance Officer, presented the update.

#### **Noted:**

1. The 2022/23 year-to-date position at month 10 was a surplus of £1.4m. The full-year plan remained to achieve a break even financial position.
2. Capital expenditure to date in 2022/23 was £41.4 million against an annual budget of £50.8 million. This was being monitored by the Capital Advisory Board and it was anticipated that the budget would be fully spent at year end.
3. The 2023/24 financial planning round was progressing, taking account of the national planning guidance. The financial environment would be more challenging in 2023/24 given funding allocations, requiring a strong focus on cost control and productivity.

### *Improvement and transformation*

Mike Keech, Chief Finance Officer, presented the update.

#### **Noted:**

1. The Trust continued to develop its improvement capabilities, including through the Improvement Coach Programme.
2. Members of Management Executive had undertaken a series of improvement visits across the organisation.
3. Specific improvement projects in Urgent and Emergency Care, Outpatients and the Virtual Ward continued.

The following points were made in discussion:

1. Detailed discussion of performance had taken place at recent Board sub-committee meetings.
2. Non-Executive Directors requested an update on progress with the U-block build. The Chief Executive explained that, due to the failure of a sub-contractor, there would be a delay to the completion of the facility. A revised date was still to be established but it was acknowledged that it would be important to be in a position to open the U Block before the end of this calendar year.
3. In response to a question about HSMR data, the Medical Director explained that the temporary increase in Emergency Department mortality had been discussed by the Quality Committee following a detailed review by an Emergency Department Consultant, supported by the Deputy Medical Director. The likely main drivers identified were

expected deaths taking place in the Emergency Department rather than wards, a spike in Covid and flu, and ambulance service practice. On the latter, while historically paramedics would provide treatment and care to patients at home, due to current pressures more end-of-life patients were being transferred to the Emergency Department.

4. The importance of a positive experience of end-of-life care was recognised.
5. Junior Doctors were being asked about their intention to strike but were not required to provide this information and could in any case change their mind. The Trust was therefore planning on the worst case scenario of all Junior Doctors taking strike action.
6. The Trust's Emergency Department had been part of a national pilot for the past three years and had therefore not been tracking and reporting against the four-hour waiting time standard during this period. However, the Trust would shortly be required to resume reporting against the four-hour standard. It was noted that the four-hour standard was an easily understood metric for both patients and staff.
7. Recognising a system under pressure and the long waits in the Emergency Department, the reverse boarding and plus one arrangements were explained. It was highlighted that many steps were undertaken before a decision was made to use reverse boarding and the plus one model on the basis of the balance of risk to patients. Effective patient flow and discharge planning were key.
8. Following significant increases in NHS funding in recent years, looking ahead the financial landscape was much more challenging. Some areas were experiencing lower levels of productivity due to increased length of stay, higher acuity of patients and an increase in sickness absence. The Trust was seeking to invest additional resources in line with its strategy, particularly to support additional capacity and reduce waiting lists. Other areas highlighted were investment in voice recognition software for clinicians, virtual wards, and community and mental health capacity.

**Agreed:**

1. To note the Integrated Performance Report for January 2023.
2. To note the finance report for 2022/23 Month 10.
3. To note the nurse safe staffing report for January 2023.

**30/23**

**Strategy update**

Nick Kirby, Interim Director of Strategy and Major Projects, and India Miller, Interim Director of Strategy, presented the report.

**Noted:**

1. The Board had agreed the revised Trust Strategy, CUH Together 2025, and the associated 15 strategic commitment in July 2022. A significant programme of engagement with staff and stakeholders had taken place.
2. The Cambridge Cancer Research Hospital Outline Business Case (OBC) continued to progress through the national approval

mechanisms. The planning application was submitted in January 2023 with a decision expected in June 2023. The process to appoint a Public Sector Construction Partner to deliver the new build was underway.

3. The OBC for the Cambridge Children's Hospital had been submitted to national bodies in December 2022 following Board approval and discussions on the capital funding requirement continued.
4. CUH and Royal Papworth Hospital continued to explore opportunities for greater collaboration. The nested ward for CUH medically-fit patients during the winter had operated successfully.
5. Following discussions at the November 2022 Board awayday and the Performance Committee, reporting on implementation of the strategy would evolve to include clear accountabilities for delivery against each of the 15 commitments, high-level milestones and additional measures of progress.
6. Other areas of progress against the strategy which were highlighted included the appointment of a substantive managing director for the Cambridgeshire South Care Partnership, the establishment of a Medical Assessment Unit, continued progress with the Virtual Ward, the recovery in Occupational Health waiting times, and the continued success of apprenticeship and leadership programmes.

The following points were made in discussion:

1. In response to a question on the scope for moving to a common IT platform and shared corporate services with Royal Papworth Hospital, it was noted that the current programme of work described earlier in the meeting would be broad ranging and consider further opportunities related to patient pathways, research and life sciences, and corporate services. Digital infrastructure would be included as part of this.
2. Discussions continued with ICB partners on the development of Accountable Business Units, including the Cambridgeshire South Care Partnership. While there remained scope in due course to move to greater devolution of contracts, the current focus was on building clinical coalitions and improving pathways for patients and service users.

**Agreed:**

1. To note the progress made over the past four months in delivering the CUH strategy and the plans for the coming months.
2. To note the proposed changes to the next update.

**31/23**

**Education, learning, training and development**

David Wherrett, Director of Workforce, Ruchi Sinnatamby, Clinical Sub Dean for Undergraduate Medical Education, and Karen Clarke, Associate Director of Workforce, presented the report. It was noted that this report included, for the first time, a specific focus on undergraduate medical education.

**Noted:**

1. The Cambridge undergraduate medical course followed a 'standard' six-year structure, with a three-year science based pre-clinical degree followed by a three-year clinical programme. During years four to six, students would spend approximately half their time on CUH placements and half on other placements including in regional hospitals and general practice.
2. There were approximately 300 students in each year group.
3. There was also a graduate entry programme of 40 students per year. While primarily based at West Suffolk Hospital, these students also undertook specialist placements at CUH.
4. CUH was the primary partner trust to the University of Cambridge, with the School of Clinical Medicine on the Campus.
5. Teaching was delivered by the vast majority of CUH medical staff, with contributions from pharmacists, specialist nurses and other multi-professional input.
6. 2022/23 was the final year of a three-year funding package from Health Education England (HEE) of £1.3 million a year to support the ongoing professional development of nurses, midwives and allied health professionals. The prospect of this not continuing in 2023/24 was a major concern and would have a direct impact on quality, safety and recruitment and retention. An announcement was awaited from HEE.

The following points were made in discussion:

1. In response to a question about the destination of students following the completion of their six-year course, it was confirmed that the vast majority of students remained within the NHS. Upon graduation, they entered the two-year foundation programme, and many chose to go elsewhere for their foundation training before returning to Cambridge for specialist training.
2. The current ranking and deanery preference criteria for foundation training were due to change and it was questioned whether this was linked to the wider 'levelling up' agenda. It was noted that details of changes had not yet been confirmed. However, the University was strongly focused on diversity and had appointed a Widening Participation and Access Lead within the Clinical School.
3. Potential improvements to the education experience of medical students were discussed. Capacity was highlighted as one of the greatest challenges. It was noted that employing clinical teaching fellows, on 50/50 basis for clinical service and teaching, to support medical students by assisting with on-boarding, induction and end of placement evaluation would be highly beneficial.
4. Students with greater welfare and pastoral support needs were able to benefit from a dedicated medical student mental health and welfare service. Out of 900 students, nearly 160 with welfare needs had been given places at CUH.
5. The intake figures were noted as 57% female, 37% Asian and 5% Black, and it was queried what was being done to improve the intake of minority groups and white working-class males. It was explained that significant

work was ongoing through outreach programmes, with all colleges allocated a geographical area of focus. Students, fellows and admission tutors were engaged in speaking to school students, seeking to encourage aspiration and ambition. Access schemes were also available, such as Sutton Trust summer schools for widening participation. Based on UK Census data, the Black population was 2.5%, so a 5% figure for students was encouraging. However, there remained scope for improvement.

**Agreed:**

1. To receive the report, noting the specific updates on themes 1, 2, and 5 of the Trust's multi-professional education, learning and development strategy and work plan, and the focus on undergraduate medical education.

**32/23**

**Learning from deaths**

Ashley Shaw, Medical Director, presented the report.

**Agreed:**

1. To receive the learning from deaths report for 2022/23 Q3.

**33/23**

**Guardian of Safe Working**

Ashley Shaw, Medical Director, and Jane MacDougall, Guardian of Safe Working, presented the report.

**Noted:**

1. Despite additional investment, the issue of compliance with weekend rotas remained unsolved within the Emergency Department, Transplant and the Neonatal Intensive Care Unit.
2. Overall rota gaps continued to be a concern. The recently agreed uplift in locum pay rates might help this but an impact was yet to be seen.
3. Immediate safety concerns mainly reflected short-term sickness gaps.

The following points were made in discussion:

1. With an amended job description allocating additional study time, it was anticipated that the forthcoming round of recruitment would be more successful and support the resolution of the remaining weekend working issues.

**Agreed:**

1. To note the 2022/23 Q3 report from the Guardian of Safe Working.

### **34/23 Board Assurance Framework and Corporate Risk Register**

Ian Walker, Director of Corporate Affairs, presented the report.

#### **Noted:**

1. The Trust's Internal Auditors had completed the annual review of the Trusts Board Assurance Framework (BAF) and risk management system, which had resulted in an overall rating of significant assurance with minor improvement opportunities.
2. Risks continued to be reviewed by the Risk Oversight Committee and Board sub-committees.
3. Risk 008 had been reviewed to focus on the development of the Trust's Equality, Diversity and Inclusion strategy.
4. A new BAF risk on climate change and sustainability was being drafted, in line with the Trust's strategic commitment.
5. Medium-term risk trajectories were now included as part of each BAF risk.

#### **Agreed:**

1. To receive and approve the current versions of the Board Assurance Framework and the Corporate Risk Register.

### **35/23 Modern Slavery Act compliance statement**

Ian Walker, Director of Corporate Affairs, presented the report.

#### **Agreed:**

1. To approve the slavery and human trafficking statement for the 12-month period to 31 March 2024.

### **36/23 Audit Committee terms of reference**

Ian Walker, Director of Corporate Affairs, presented the report.

#### **Agreed:**

1. To approve the Audit Committee terms of reference following their scheduled review.

### **37/23 Board Committee annual reports**

Ian Walker, Director of Corporate Affairs, presented the report.

#### **Agreed:**

1. To receive and note the annual reports of Board assurance committees for 2022.

### **38/23 Board assurance committees – Chairs’ reports**

**Received:** the following Chair’s reports:

- Performance Committee: 1 March 2023
- Quality Committee: 1 March 2023

### **39/23 Any other business**

There was no other business.

### **40/23 Questions from members of the public**

*The Centre for Health and the Public Interest have called for a ban on senior consultants setting up firms to offer ‘insourcing’ to help cut NHS backlogs. This has the potential to cause serious conflict of interest and could use already overworked Trust staff. Are any CUH consultants offering such services and what is your approach if they do?*

The Medical Director responded.

There are a number of areas of the Trust where the capacity required to deliver routine care and reduce the backlog of cases exceeds capacity of the substantive contracted workforce. In these instances the directorates and divisions consider various options to address this shortfall. The use of existing staff to provide care at CUH is generally considered the best option as they are familiar with the environment and IT systems, providing better continuity of care. Staff employed through this means are paid through PAYE and the hours worked can be monitored by the clinical directorate. CUH staff are not permitted to be employed at CUH through insourcing or outsourcing companies. It is not possible to monitor whether staff choose to undertake extra-contractual work at other sites, or the extent to which they do this, except for the responsibility to adhere to their professional bodies (e.g. GMC, NMC).

*In view of the fact there will shortly be a 3 day junior doctors strike, can you please advise what cover will be given and that it will not be medical students as suggested by the press?*

The Medical Director responded.

The BMA has called a strike of all junior doctors to run from 7am on Monday 13 March to 7am on Thursday 16 March, potentially involving all junior doctors. In response to this, divisions have reduced the range of clinical services that will be provided and developed rotas for 24/7 cover from the consultant body over this period. It is likely that some junior doctors will

attend for work during this period and they will be deployed primarily in the area in which they usually work, unless there are unforeseen safety concerns which would require redeployment. We have not asked medical students to provide cover for any of the services provided by CUH.

*As there are now many patients having to wait a long time for hip replacements, what is being done to monitor that they don't lose the ability to walk in that time or a limb becomes shorter?*

The Chief Operating Officer responded.

Patients are risk stratified/prioritised based on clinical presentation for their relevant aspect of outpatient or inpatient aspects of their journey with appointments and surgical dates being planned in shortest time frames for the highest clinical priority (referred to as a p-Score). At the time of being added to the surgical waiting list, the patients are advised to contact the department or GP if their symptoms change or deteriorate so that review and reprioritisation as appropriate can take place.

With regards to limb shortening, this is a very rare occurrence with the risk minimised with clinical prioritisation as outlined above and waiting times reducing. If this was to occur the limb shortening is temporary and is rectified at the time of surgery by appropriate implant choice to restore limb length.

*How important is it for the Chief Executive and the Head of PALS and Complaints to only sign off a Final Decision Letter where facts, e.g. scan dates, are confirmed to be accurate and true?*

The Chief Nurse responded to this and the subsequent questions.

We work hard to ensure that all complaints responses are comprehensive and accurate. In the event that a response letter contains information which the recipient believes to be inaccurate, we would of course encourage the recipient to raise this with us so we can review the relevant content and correct it if necessary.

*Where a provable factual error is identified should there be a process where the factual error may be challenged?*

As noted above, a recipient should contact the Complaints team if they believe that a response contains a factual error. The relevant content will be reviewed and corrected as necessary. If an error is identified within a patient's medical records, this can be addressed by the Information Governance Team.



*What is the legal status of a Final Decision Letter, signed off by Head of PALS and Complaints, and signed off by a CEO cover letter?*

A Final Decision Letter does not have a specific legal status. It represents the Trust's formal response to a complaint.

*Whom has copies of Final Decision Letters, is it solely the Complaints Team? Or do copies go to other bodies or organisations outside of the Complaints Team?*

Final Decision Letters are held by the Complaints Team and would not routinely be sent to other organisations unless there was a specific requirement to do so. For example, in the event that a complainant contacts the Parliamentary and Health Service Ombudsman (PHSO), the PHSO may request a copy of the letter. Final Decision Letters may also be shared with the Trust's Medico-Legal team if a claim is submitted.

*What is Addenbrooke's Cambridge Healthcare Trust published retention policy relating to the above two questions about Final decision Letters signed off by CEO and Head of PALS and Complaints?*

In accordance with the Trust's retention policy, complaints correspondence including Final Decision Letters is retained by the Trust for a period of 10 years from the date of the last correspondence.

**41/23      Date of next meeting**

The next meeting of the Board of Directors in public would be held on Wednesday 10 May 2023 at 11.00.

**42/23      Resolution**

That representative of the press and other members of the public be excluded for from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (NHS Act 2006 as amended by the Health and Social Care Act 2012).

*Meeting closed: 13.37*

**Board of Directors (Part 1): Action Tracker**

Minute Ref	Action	Executive lead	Target date/date on which Board will be informed	Action Status	RAG rating
There are no outstanding actions					

**Key to RAG rating:**

1. Red rating: for actions where the date for completion has passed and no action has been taken.
2. Amber rating: for actions started but not complete, actions where the date for completion is in the future, or recurrent actions.
3. Green rating: for actions which have been completed. Green rated actions will be removed from the action tracker following the next meeting, and transferred to the register of completed actions, available from the Trust Secretariat.

## Report to the Board of Directors: 10 May 2023

<b>Agenda item</b>	6
<b>Title</b>	Chair's Report
<b>Sponsoring director</b>	Mike More, Trust Chair
<b>Author(s)</b>	As above
<b>Purpose</b>	To receive the Chair's report.
<b>Previously considered by</b>	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 Board of Directors

The Board is asked to note the contents of the report.

# Cambridge University Hospitals NHS Foundation Trust

10 May 2023

## Board of Directors

### Chair's Report

Mike More, Trust Chair

## 1. Introduction

- 1.1 At the time of writing we have just emerged from the most recent Royal College of Nursing (RCN) Industrial Action, concluding on 1 May. By the time of the Board meeting, we will have news from the NHS Staff Council and some updates on the possible courses of future action.
- 1.2 These have been difficult events to navigate for all concerned. Planning for them has taken a huge amount of time of leaders and colleagues throughout the Trust. The most recent action also had a considerable amount of uncertainty until very late on, which meant planning confidence could not be as assured as we would wish.
- 1.3 As a Board of Directors, and a body with no role in any negotiations, we inevitably have to navigate a fine balance. On the one hand, to understand and engage with the concerns which drive strike action, including long-term patient safety and to recognise the legitimacy of such action; on the other hand, to be very concerned about the consequences for patient safety and anxiety. This was an especially difficult balance to strike in the most recent action.
- 1.4 The Trust, together with the Shelford Group, has been clear and public on the need for resolution in the best interests of all concerned.

## 2. Pubic meeting

- 2.1 With Roland and Ian, I met with members of the public on 24 April 2023. The topics covered included industrial action, staffing, housing, delayed discharges, stroke admissions and Serious Incident (SI) reporting.

## 3. 'You Made A Difference' Awards/Staff Awards

- 3.1 I was pleased to attend 'You Made A Difference' award events 27 March 2023 and 25 April 2023. 104 individual nominations were received and I would like to personally congratulate the winners George Phillips, Rishi Rallan and Ann Taylor.

3.2 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.

#### **4. Long Service Awards**

4.1 I attended the CUH Long Service Awards on 4 and 5 May 2023. It was a pleasure to meet and chat with so many members of staff celebrating important milestones at the Trust, and it further highlighted how lucky we are to have such a dedicated, talented and loyal workforce. To put this into context:

- 343 members of staff are celebrating 10 years' service
- 213 members of staff are celebrating 20 years' service
- 31 members of staff are celebrating 30 years' service
- 10 members of staff are celebrating over 40 years' service
- Cumulatively staff have completed 8,722 years at CUH

4.2 I would like to thank everyone who attended these fantastic events and also those that helped organise them. It was a great success.

#### **5. Diary**

5.1 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

Workforce and Education Committee

Board of Directors

Council of Governors

NED Quarterly meeting

Consultant Development Programme

Council of Governors' Strategy Group

Medicine for Members: Robotic in Surgery

12,000<sup>th</sup> Employee Celebration

5.2 Other meetings attended during this period include:

NHS Providers Chair and Chief Executives meeting  
Health and Wellbeing Board/ICP meeting  
Cambridgeshire and Peterborough ICS Chairs meeting  
Public Health Genomics Dinner, Trinity College  
Ramsden Dinner, St Catharine's College

## **6. Recommendation**

6.1 The Board of Directors is asked to note the contents of the report.

## Report to the Board of Directors: 10 May 2023

<b>Agenda item</b>	7
<b>Title</b>	Report from the Lead Governor
<b>Sponsoring executive director</b>	n/a
<b>Author(s)</b>	Neil Stutchbury, Lead Governor of the Council of Governors
<b>Purpose</b>	To summarise the activities of the Council of Governors, highlight matters of concern and note successes.
<b>Previously considered by</b>	n/a

### Executive Summary

The report summarises the activities of the Council of Governors.

Related Trust objectives	All
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	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 Board of Directors

The Board is asked to note the activities of Council of Governors.

**Board of Directors**  
**Report from the Council of Governors**  
**Neil Stutchbury, Lead Governor**

**1. Recent Governor meetings**

- 1.1 The **Membership and Engagement Strategy Group** met on 1 March to discuss its strategy for widening the diversity of Trust membership and increasing opportunities for members to get involved with the hospital. We are making a short video explaining the benefits of membership in order to attract people to become members and get involved with initiatives at Addenbrooke's and the Rosie. Filming started last week and will complete after the election results are announced. Following discussion with the CUH Communications Team, it has been agreed that we should coordinate approaches to external community groups through the communications framework being developed. This will enable both the Trust and the community groups to maximise the benefit of such interactions.
- 1.2 A **Council of Governors'** meeting was held on 22 March. As with the previous meeting, we held this face-to-face with an option for those who were unable to travel into Cambridge to join remotely. Governors asked questions about the impact of the recent junior doctors' strike, harm to patients with long waits in the Emergency Department (ED), nursing vacancies in critical care and the virtual ward project. Governors also raised some specific issues they had picked up from patients on their choice of meals for those with wheat intolerance and facilities for disabled changing on site.
- 1.3 The **Governor/NED Quarterly** meeting was held on 12 April, which was the second day into the junior doctors' strike. The strike and its impact formed much of the discussion. NEDs assured governors that the Shelford Group had signed a letter strongly calling on all sides to come together to find a resolution. A large number of operations were cancelled, which included elective and some cancer operations. The Quality Committee will be reviewing data to ascertain any harm caused to patients and to get assurance that appropriate decisions were taken on prioritising cancelled operations.
- 1.4 A **Governor Strategy** meeting was held on 17 April. The strategy team presented a paper on the new way specialised services will be commissioned in the east of England (EoE): via the "East of England Specialised Provider Collaborative", instead of centrally via NHS England. CUH is by far largest specialised provider in EoE and these services contribute about 40% of CUH's annual income. India Miller outlined some of the challenges and opportunities the new arrangements will bring.
- 1.5 The **Lead Governors** of the four foundation trusts within the Cambridgeshire and Peterborough Integrated Care System (ICS) met the chair of the Integrated Care Board (ICB), John O'Brien for a regular catch up on 21 April.



John gave an update on the progress with planning and finalising the 2023/24 budget. The Head of Communications and Marketing attended to explain her approaches to communicating with partners and the public. She asked for ideas on how to reach communities we represent. I have invited her to a meeting I have organised on 11 May with Erin Lilley (Cambridgeshire South Care Partnership) and Julian Stanley and Karen Igho (Healthwatch) to agree ways to connect the ICS to primary care patients. Keith Grimswade has stepped down from the lead governor role at Cambridgeshire and Peterborough NHS Foundation Trust and has been replaced by Andrea Hill.

- 1.6 A **Governor Seminar** was held on 26 April. Aloma Onyemah, the Trust's Interim Director of Equality, Diversity and Inclusion, spoke on her initial impressions and her plans to develop a strategy for improving EDI. David Wherrett presented the results of the 2022 staff survey. Not unsurprisingly, given the increasing pressure on staff, the rising cost of living and the impact of industrial action, results were down from previous years across the board. David noted that CUH had slipped back from 3<sup>rd</sup> in the Shelford group to 6<sup>th</sup> on the advocacy questions. Staff governors expressed in their own words what it feels like to work at CUH and these comments very much reflected the tone of the survey. David reported that the results and the management response would be communicated in May, and this would be followed by a series of listening exercises in June along the lines of "CUH Reflects".

## 2. Upcoming Governor meetings

- 2.1 The next three months' meetings of governors are as follows:
- Governor Forum: 23 May 2023 (will be rearranged)
  - Governors' Nomination and Remuneration Committee: 6 June 2023
  - Governor Seminar: 6 June 2023
  - CoG Strategy Group: 12 June 2023
  - Trust Constitution Committee: 28 June 2023
  - Council of Governors: 28 June 2023
  - Governor/NED quarterly: 5 July 2023
  - Membership Engagement Strategy Group: 18 July 2023

## 3. Other Governor activities

- 3.1 The results of the annual governor elections will be announced on 22 May following closure of the ballot on 15 May. One patient governor (Neil Stutchbury) and three public governors (Jane Biddle, David Dean and Carina Tyrell) are standing for re-election. In total, six candidates are standing for three seats in the patient constituency; 10 candidates are standing for three seats in the public constituency; and seven candidates are standing for one seat in the staff constituency.

3.2 The Council of Governors has commenced the recruitment process for a Non-Executive Director to replace Adrian Chamberlain, who has chosen to stand down at the end of his current (second) term. We have engaged Odgers Berndtson to lead the search and hope to carry out interviews in late June or early July 2023.

#### **4. Recommendation**

4.1 The Board is asked to note the activities of the Council of Governors.

## Report to the Board of Directors: 10 May 2023

<b>Agenda item</b>	8
<b>Title</b>	Chief Executive's report
<b>Sponsoring executive director</b>	Roland Sinker, Chief Executive
<b>Author(s)</b>	As above
<b>Purpose</b>	To receive and note the contents of the report.
<b>Previously considered by</b>	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 Board of Directors

The Board is asked to note the contents of the report.

**Board of Directors  
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 continues to face a difficult period, made more challenging by industrial action. 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 continues to perform well relative to peers as we move out of winter. 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 come from ongoing demand and reducing elective waits, and industrial action. All the periods of industrial action have been very difficult to manage and have required close working between CUH and colleagues to get to a balanced position. The most recent industrial action, with no agreed exemptions/safety mitigations until very late, exposed our patients and staff to very high levels of risk. Beyond this immediate pressure, ongoing industrial action frays relationships and is a significant distraction. The Trust continues to urge all sides to resolve the disputes.
- 1.4 These 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 in the community and through virtual wards. The Operational Strategy is being refreshed. Current performance is particularly strong on ambulance handovers and cancer waits. The Trust is working on waits in the ED, the return to the 4 hour

standard, and elective waits (in the context of cancellations due to industrial action).

Performance in most other areas remains strong but with a good deal of work to do e.g. on finance, using our strong position to deliver a challenging financial plan agreed for the system for 2023/24; or on the results of the staff survey, engaging in a focus group led exercise to understand and respond to a relative downward trend for the first time in seven years.

- 1.5 Looking ahead the Trust and Integrated Care Board (ICB) partners will continue to actively manage day to day delivery of the Operational Strategy. This includes the opening of 56 beds; and the 40-bedded three theatres elective orthopaedic centre later this year. The opening date of this capacity may move and will be in the context of reconfiguring our bed plan, and continued work on delayed transfers of care. Work continues on the 15 programmes in the three domains of the strategy, with appropriate flexible prioritisation - in particular looking at how to bridge the capacity/ workforce challenges to continue to bring our waiting lists down. Work on improvement, innovation and digital will be key in this.
- 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 Royal Papworth Hospital (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 Sue Broster as our new Board Executive Director of Innovation, Digital and Improvement, following an extensive recruitment process. Sue is a consultant in NICU and previous holder of the post on an interim basis. We wish Sue all the best.

## **Part A**

### **2. The five areas of operational performance**

#### **2.1 Quality**

##### *Emergency care*

- 2.2 Ongoing capacity and waits within the Emergency Department (ED) remain an area of focus and concern in relation to quality. However, in April, the Trust has seen an improvement in performance against the 4-hour emergency care standard, achieving 68% compared to planned levels of 61.8%. This is a step change in terms of our performance (in March we achieved 61.6%) and demonstrates how our collective efforts are delivering real impact. The performance of 12 hour waits and ambulance offload delays in the April has also shown significant improvement compared to March.

##### *Elective care*

- 2.3 RAG-rated performance in March 2023 either improved or stayed the same compared to February 2023 for 20 out of 21 metrics.
- 2.4 Performance against the standards is being monitored by the Acute Priorities Assurance Group with dedicated programme boards focused on delivering the activity plans and identifying opportunities for improvement and transformation.

##### *Nursing*

- 2.5 The vacancy position for Registered Nurses (RNs), Registered Children's Nurses (RSCN) and Health Care Support Workers (HCSWs) has remained fairly static over the past couple of months.
- 2.6 Concern remains in the paediatric workforce, particularly in the paediatric critical care units (PICU and NICU). This has resulted in both units having to close to referrals from the region on occasion.

- 2.7 In adult critical care, we are seeing a slightly improving picture which is allowing for the gradual reopening of closed beds (one reopened in month) although we are continuing to report breaches of the standards at times.
- 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 1.1% in February 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 Main areas of concern regarding workforce remains within the medical rota. A further risk in maternity is the requirements of triage and compliance with this standard is being impacted by workforce constraints.

#### *Complaints and Patient Advice and Liaison Service (PALS) Contacts*

- 2.11 The PALS and complaints services continue to receive a high volume of new cases, in both services, with significant backlogs. Work continues on the improvement plan.

#### *Harm Free Care*

- 2.12 As a result of a number of falls serious incidents declared between April and November 2022 sharing similar themes, a thematic review was commissioned by the Serious Incident Executive Review Panel (SIERP) and agreed with the ICB.
- 2.13 A falls improvement plan is being developed to address themes within the report.

#### *Serious Incidents (SI)*

- 2.14 There are currently 22 open SI investigations as at time of submitting this report. Additional resources have been allocated to support the team and extensions requested from the ICS to support completion of investigations and reports.

### *Hospital Standardised Mortality Ratio (HSMR)*

- 2.15 The HSMR was 81.58 in month and 82.62 (year to Dec 22). A review of excess deaths within the ED in December 2022 did not demonstrate any themes within the hospital but is thought to reflect the conditions outside the Trust combined with a high level of circulating respiratory viruses.

### **3. Access to Care**

The Trust continued to focus on urgent and emergency care (UEC), recovering elective waiting times and planning for the industrial action during March and April 2023. In our UEC pathways we sustained our improvement to ambulance handovers, achieving the best performance of all trusts in the region during April 2023 and performing in the top quartile of providers nationally. From 1 May 2023 we recommenced reporting the 4 hour standard (patients should spend no more than four hours in the Emergency Department from the time of arrival to when they leave), after being part of the national pilot of alternative targets since May 2019. As part of this work we are driving forward actions to reduce time spent in the ED which we recognise supports patient outcomes and experience. The number of patients waiting more than 78 weeks for treatment reduced by 56% from 225 in February 2023 to 100 in March 2023. We will continue to focus on these areas across 2023/24 in line with our operational strategy.

- 3.1 **Emergency Department (ED).** Overall ED attendances were 11,721 in March 2023, which is 725 (6.5%) higher than March 2019. This equates to an increase in average daily attendances from 355 to 378 over the same period. 1,449 patients had an ED journey time in excess of 12 hours, compared to 10 in March 2019. This represents 12.4% of all attendances.
- 3.2 **Referral to Treatment (RTT).** The year ended with a total waiting list size of 60,308. This was an increase of 12% across the year and 18.6% against our planning assumptions.
- 3.3 **Delayed discharges.** During March 2023 the Trust lost 3,739 bed days to patients beyond their clinically fit date. This equated to 121 beds, broadly in line with the historic monthly average.
- 3.4 **Cancer.** The volume of two week wait (2ww) patients seen in February 2023 was 13.5% higher than in February 2020. 2ww breaches reduced to 244 in February 2023 from 326 in January 2023 leading to an improvement in performance at 89%.



- 3.5 **Operations.** Elective theatre activity throughout 2022/23 delivered to 84% of the 2019/20 baseline. Adjusted for the loss of A Block theatres performance increased to 94%.
- 3.6 **Diagnostics.** Total diagnostic activity in March 2023 delivered to 97.8% of the March 2019 baseline. The total waiting list size reduced by 690 to 13,260, and the volume of patients waiting over six weeks reduced by 114.
- 3.7 **Outpatients.** In February 2023 outpatients delivered 103% 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 12

- 4.1 The Month 12 year end position for performance management purposes is a £0.1m surplus, in line with NHS England expectations. However, the Trust's reported financial position in the financial accounts is expected to show a gross deficit of £1.2m. The difference relates to allowances adjustments for performance management purposes, including the net impact of depreciation from donated assets at £1.2m and a national PPE stock adjustment of £0.1m.
- 4.2 The following points should be noted in respect of the Trust's Month 12 financial performance:
- Covid-19 related expenditure for the year totals £21.1m compared to £45.5m in 21/22.
  - Elective Recovery Fund (ERF) mechanism funding for the year totals £26.8m.
  - The Trust has reported non-recurrent income and expenditure for additional non-consolidated pay awards in line with NHS England guidance at £21.7m.
- 4.3 The Trust received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, the Trust received further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) Surgical Movement Hub (£14.9m), additional theatre equipment (£4.1m) and Endoscopy equipment (£1.0m). Together with capital contributions from ACT, the Trust's capital budget for the year was £66.5m. Against the initial capital budget the Trust invested £67.1m in its capital programme in 2022/23.

- 4.4 Planning work for 2023/24 continues with the Trust submitting its final plan on 4 May 2023. The Trust, working closely with system colleagues, expects to submit a break-even plan for the 2023/24. Delivery of the plan for the 2023/24 financial year will require an increased focus on productivity opportunities, particularly in the context of the return to activity based payments for elective care.

## **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.
- 5.2 It should also be noted that there is ongoing work in response to industrial action which impacts the trust. We have experienced four consecutive days of strikes undertaken by our junior doctors after the Easter bank holiday weekend. At the time of writing the RCN has rejected the pay offer put forward by the government and strike action has been announced for the period 30 April to 1 May 2023 (originally 2 May). Unison has accepted the Government's pay offer and there will be a national NHS Staff Council meeting on 2 May 2023 with national health unions to determine whether there is collective support for the Government's pay offer or not.

### Good Work and Wellbeing

- 5.3 Occupational Health (OH) continue with the planning and implementation of a number of immunisation catch up programmes to protect staff and patients. These include, pertussis, diphtheria, and smallpox (for protection against Mpox). The BCG catch up programme for certain staff groups is the first programme that has been successfully rolled out and is now nearing completion.
- 5.4 Updated UKHSA guidance on managing healthcare staff with symptoms of a respiratory infection or a positive Covid-19 test result has recently been issued. In response the staff testing guidance for workers who contract or are exposed to the Covid-19 virus has changed. Work is underway to issue updated FAQs and a revised individual staff risk assessment for those with health vulnerabilities, in order to support staff and managers with the application of the new guidance. In addition, Trust guidance on mask wearing has been updated, reducing the need for the majority of staff working in the hospital to wear surgical masks for normal duties.

- 5.5 The Trust's wellbeing facilitators are actively working with 30 teams and departments across all divisions, talking with managers and teams to join up with the support offer available. The feedback received by the team has been really positive. Impact measurement of the facilitators work is being developed as is formalising how thematic learning is shared and used.
- 5.6 The POD in the Deakin Centre is now open, offering a rest space with access to refreshments. Phase two of the space development will be completed by the end of June 2023 with the creation of comfortable quiet space and staff only outside rest space.

### Resourcing

- 5.7 During April 2023 we welcomed 25 Adult Nurses, three Midwives and four Paediatric Nurses to the Trust. We were also delighted to welcome 42 new Healthcare Support Workers of which 24 joined the Staff Bank.
- 5.8 The process for centralised admin recruitment continues to receive positive feedback throughout the divisions with 29 new administrators joining the Trust and a further 77 under offer. Four months into the new way of working a post implementation review is currently underway, which will include seeking candidate feedback.
- 5.9 Retention remains a key focus with a strategy in place focussing on improvements in utilisation of data (understanding reasons why colleagues leave the organisation), improvements in how we welcome, induct and support staff in their first 24 months and how we retain staff in the later stages of their career. Our nursing and midwifery team are also implementing actions associated with the NHSE retention self-assessment tool for this staff group. In addition, we are working closely with the ICB team and ICS partners to collaborate on further ways in which we can make improvements at a system level to retain staff within Cambridgeshire and Peterborough.

### Ambition

- 5.10 A new CUH management & leadership development programme for managers across the Trust is currently in development, involving stakeholders from finance, strategy and improvement and transformation who are working with the Learning and Organisational Development team to co-design and shape the technical management skills and subsequent learning pathways. The programme's aim is to provide the essential knowledge and understanding to enable our managers to be as effective as possible in their roles.

Managers will gain skills and knowledge of both technical management (process, policy and procedure) and the leadership behaviours required to build inclusive, compassionate and positive workplace cultures supporting the delivery and ambition of our 5 CUH Workforce Commitments. A pilot cohort commences in July 2023 using our new intake of managers for P and Q wards.

- 5.11 The consultant development programme recommenced in April 2023 with 40 consultants participating over two cohorts. A further two cohorts are scheduled for the autumn. The programme aims to ensure that recently appointed consultants understand how to make best use of CUH operational systems and can work effectively as leaders with others within and across clinical teams.
- 5.12 The appraisal season for the 2022 – 2023 period opened on 18 April until 17 September 2023. Its aim is a reflective, supportive conversation to include health and well-being, a look back at the previous year and also how colleagues may wish to develop their career going forwards. Guidance for both appraiser and those being appraised has been published and workshops are running throughout the appraisal period.

#### Inclusion

- 5.13 The WRES implementation group met to discuss latest NHS WRES metrics 5-8 from 2022 staff survey results and the ethnicity pay gap report which available now on the public website.
- 5.14 A neurodiversity working group, supported by Lexxic, (a specialist psychological consultancy who help us focus on supporting and valuing the talents of neurodivergent minds, empowering individuals to be their best selves), is starting to implement neuro-inclusive action plans with a focus on recruitment adjustments, to support and empower staff, both existing and those joining CUH.
- 5.15 Funding for a second cohort for the reverse mentoring programme has been approved and will launch alongside a range of aligned equality, diversity and inclusion learning events over the summer.
- 5.16 New Co-chairs for the purple staff network, open minds and LGBT+ staff networks have been elected for 2-year terms of office from 1 April 2023 and are preparing their key priorities.

## Relationships

- 5.17 In April 2023, Management Executive approved a proposal for a programme of work to promote and embed a Just and Learning Culture across CUH. This builds on previous work undertaken within Clinical Quality in relation to patient safety, and within workforce in relation our ER processes. This programme of work is designed to deepen understanding across the organisation of a Just and Learning Culture, embed its principles into our practice and begin to grow a just and learning culture community within the Trust.
- 5.18 There has been a fantastic response to the CUH annual awards call for nominations with some fantastic stories being shared about the incredible work and impact of colleagues across the organisation. We look forward to sharing some of these with you in due course.

## **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 has been established for members of Management Executive, with 12 undertaken to date. In addition, the Management Executive-sponsored QI projects are all progressing (work with the Purple Network to help improve the working lives of our staff with disabilities, improving the Trust's complaints process, improving sickness absence and a collaborative to reduce the incidence and of hospital acquired pressure ulcers).
- 6.3 In relation to the Trust's work with the IHI on building improvement capability and capacity across our 12,000 staff, wave two of the improvement programme for teams will conclude with a celebration event on 8 June 2023 and wave two of the leading for improvement programme will conclude on 18 May 2023. Wave three of the improvement coach programme will commence on 31 May 2023, for 22 participants, with Trust staff delivering this programme, rather than IHI colleagues.

### Urgent and emergency care

- 6.4 The improvement and transformation team continue to support colleagues with a number of initiatives aimed at reducing 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 continues to support colleagues with the Trust's outpatient's programme. Examples of these QI projects include: reducing unnecessary follow up appointments in nephrology; reducing unnecessary initial new appointments in gastroenterology; increasing the use of patient initiated follow ups (PIFU) and reducing patient waiting lists in gynaecology

### Virtual wards

- 6.6 To date, the virtual ward team has admitted 306 patients from across 26 specialties, with 57 admissions in March 2023.

### Productivity and efficiency

- 6.7 The Trust's 2022/23 efficiency requirement of £62m has been exceeded by £54k, which is a significant Trust-wide achievement.
- 6.8 Confirmation of the Trust's 2023/24 efficiency requirement is awaited, but is expected to be no less than £53m. In addition to cost-out schemes, productivity/efficiency opportunities around reducing LoS, improving theatre utilisation, transforming outpatient practices and the use of digital solutions will be key to delivering activity and financial plans for 2023/24.

## **PART B**

### **7. Strategy update**

#### Operational Planning

- 7.1 The Trust, and other system partners, have submitted operational plans for 2023/34 to the ICS, presenting detailed information on how we will meet nationally-specified activity and financial targets focused on recovering core services and productivity, making progress in delivering the key ambitions in the Long Term Plan, and continuing transformation of the NHS for the future. The ICS submitted a system operational plan to NHSE at the end of March.

## Strategy implementation

- 7.2 Following the launch of the Trust's refreshed strategy in 2022, focus continues on its implementation including definition / refinement of headline metrics and deliverables alongside associated reporting to track progress against delivery of the 15 commitments.
- 7.3 Progress on many of those 15 commitments outlined in the strategy are reported elsewhere in this update paper; further elements are included below.

## Improving patient care

### *Integrated Care*

- 7.4 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. Following the arrival of a new Managing Director for CSCP, Heather Noble, the Partnership is refreshing its objectives for 2023/24.
- 7.5 Conversations are ongoing with the Integrated Care Board to inform the final version of the local Joint Forward Plan and determine what responsibilities and resources will be devolved to the CSCP.
- 7.6 The Clinical Lead for Integrated Care continues to hold meetings with the Cambridgeshire Local Medical Committee (LMC) to identify areas for future collaboration.
- 7.7 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.
- 7.8 Alongside this, the Trust is establishing a medium-term programme of work to ensure that its processes and planning approach support staff to engage in collaborative projects with other partners.

### *Health Inequalities, Equality, Diversity and Inclusion*

- 7.9 The Trust's new Interim Director for Equality, Diversity and Inclusion (EDI), Aloma Onyemah, commenced in post in March 2023. She will lead an ambitious 12-month programme of work which will build on the progress the Trust has made in recent years, as well as deliver a step change in our approach.

7.10 The three-stage programme consists of:

- **Diagnostic phase** (0-3 months): This will include a baseline assessment and mapping of current activities alongside a full analysis of current strategies, practices and plans linked to the EDI agenda. It will also include a thorough stakeholder engagement process and seek to establish good practice, making linkages with communities to explore how we can learn from or develop alongside;
- **Establish a strategic plan** (3-6 months): The outputs and learning from the diagnostics stage will inform the articulation of a strategic plan involving both internal and external stakeholders in order to deliver lasting and sustained improvement. The plan will formulate and communicate recommendations on the way in which the Trust's EDI functions, systems, policies and procedures can ensure that maximum progress can be made across workforce, patient services and health inequalities;
- **Commence implementation** (6-12 months): Once an overall approach has been collectively established, the Trust will work with partners internally and externally to begin implementation of the EDI strategic plan. This will involve establishing a model of inclusive leadership to enable delivery, and building of capacity and capability to deliver against key priorities across all portfolios

7.11 Aloma has joined the CUH EDI Strategy Group which includes both Executive and Non-Executive members. The Group met most recently on 28 April 2023 and engaged in a facilitated group activity focused on EDI at CUH. This included discussion of:

- How we create a shared understanding of ED&I at CUH.
- The diversity triple aim and what a truly inclusive hospital would look like.
- The science of inclusion and how a state of high inclusion might be attained.
- What inclusion means at an individual level and our experiences of inclusion.
- A matrix model to measure ED&I organisational maturity, where CUH sits currently and our potential ambition over the next 3-5 years.



- 7.12 In the coming weeks the Interim Director of EDI will lead a session at the Board Away Day on 24 May and present on the development of the EDI and Health Inequalities Strategic Plan at the Board Seminar on 14 June.

#### Supporting our staff

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

#### Building for the future

##### *New hospitals and the estate*

- 7.14 Progress is being made on the delivery of a Community Diagnostic Centre hub at the Princess of Wales Hospital in Ely. A smaller Centre (spoke model) opened at North Cambs Hospital in Wisbech in April 2023, initially providing CT and MRI services.
- 7.15 Work on the development of a business case for the expansion of the regional genomics service to support service growth and the ambitions of the Cancer and Children's hospitals projects is progressing well. A piece of scoping work is taking place to explore opportunities for strategic collaboration between CUH and Royal Papworth Hospital. This will go to Trust management teams for review in May/June 2023.
- 7.16 The current focus for the Cambridge Cancer Research Hospital project is the selection of a Private Sector Construction Partner who should be in place by June 2023. Final approval of our Outline Business Case (OBC) from the Secretary of State and HM Treasury is expected shortly and the Cancer Hospital team has commenced working on the Full Business Case which will need to be submitted to and approved by the NHS England (NHSE) New Hospitals Programme to unlock the allocated capital. This work includes how services will transition to the new building and the anticipated benefits that will be released, as well as articulation of how care will be provided in the new facility. In parallel, both the full Cancer Hospital and enabling works planning applications will be considered by the Cambridge City Council Planning Committee in July 2023.
- 7.17 The Cambridge Children's Hospital project submitted its OBC to regulators in December 2022. Working with NHSE and the Department of Health and Social Care (DHSC) over the last two months, the Children's Hospital team have developed a revised proposal of alternative capital funding sources for the project. Further work is now underway to work up the detail of this proposal and to update the OBC accordingly. This is expected to conclude with a revised OBC being signed off by the Trust Board this summer and a final decision on the OBC at the Joint Investment Committee in autumn 2023.

In parallel, the project is continuing to progress the design of the hospital with the Royal Institute of British Architects (RIBA) stage 3 report due for completion in May 2023. 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 £41m of its £100m target achieved.

- 7.18 Progress continues against phase three projects within the Addenbrooke's 3 programme. A proposal is being developed for an approach to the management of capacity that is released when the Cancer and Children's hospitals are completed, to ensure that there is strategic alignment in the use of space and that operational, infrastructure and staff and patient well-being priorities are considered in designating how the space is optimally used. Other phase three projects include the development of a regional strategy for neurosciences in collaboration with partners across the East of England.

### *Specialised Services*

- 7.19 The Trust, as part of the East of England Specialised Services Provider Collaborative (EoE SPC), continues to work with partners to support the transformation of care delivery across the region, in alignment with regionally prioritised clinical areas of focus. This collaboration includes regular engagement in discussions with ICBs and NHSE in relation to commissioning of specialised services as well as close working with the Shelford Group and other national bodies to inform and shape this important agenda.

- 7.20 Progress to date includes:

- **Neurosciences:** Advancing the formation of a neurosciences vision and strategy across the region. An initial focus on Multiple Sclerosis pathway transformation aims to deliver specialised treatments closer to home and highly specialised treatment within the region. The collaborative has been asked by NHSE to lead on the national neurology transformation programme for the EoE.
- **Respiratory:** Supporting centres across the Provider Collaborative to sustainably increase the breadth of treatments offered for severe asthma patients; supporting the delivery of specialised care as close to home as possible and optimising services delivered at CUH.
- **Paediatrics:** Working in collaboration with the Operational Delivery Network and Cambridge Children's Hospital, we have identified key barriers to delivering optimal pathways – from paediatric intensive care provision to enabling community care – with a plan to co-ordinate efforts for improvement.

- **Dentistry:** We have delivered a comprehensive review, with recommendations, to support NHSE in the transformation and implementation of secondary care dental services.

7.21 We are also focused on the development of a business plan, formalizing governance processes and infrastructure and agreeing future resourcing arrangements.

#### *Climate change*

7.22 The Trust continues to make strong progress with projects to reduce the carbon impacts of anaesthetic gases including the successful trial of a mobile nitrous cylinder in the ATC and Rosie theatres which has now been extended to Main Theatres, and a mobile nitrous destruction unit being trialled in The Rosie.

7.23 Interim locations for 35 electric vehicle charging points on Campus have been identified and agreed under the planning proposals for the Cambridge Cancer Research Hospital, and a CCTV project to improve cycle parking security has been completed.

7.24 The Campus Heat Decarbonisation Plan has been completed and approved as an exemplar.

7.25 The fully upgraded CUH Think Green Impact Programme for small teams has been re-launched internally and a very successful sustainable travel and transport week was delivered at the end of March for staff that covered cycling, car-sharing, trains and bus services. The CUH Sustainability social media presence has also recorded a major increase in staff engagement.

## **8. Recommendation**

8.1 The Board of Directors is asked to note the contents of the report.