

**There will be a meeting of the Council of Governors on  
Wednesday 29 June 2022 at 17.00 via videoconference**

(\*) = paper enclosed

(+) = to follow

### AGENDA

General Business			Purpose
17.00	1.*	<b>Welcome and apologies for absence</b> Including confirmation of any changes to the composition of the Council of Governors since the previous meeting of the Council	For note
	2.	<b>Declarations of interest</b> Copies of the Register of Governors' interests are available from the Trust Secretariat	For note
17.05	3.*	<b>Minutes of the previous meeting</b> To approve the minutes of the meeting held on 23 March 2022	For approval
17.10	4.*	<b>Council of Governors action tracker and matters arising not covered by other items on the agenda</b>	For review
17.15	5.*	<b>Chair's Report</b> To receive the report of the Trust Chair	For receipt
17.20	6.*	<b>Chief Executive's Report (including Integrated Performance Report)</b> To receive the report of the Chief Executive	For receipt

18.10	7.*	<b>Governors' Reports</b>  <b>7.1 Lead Governor</b> To receive the report of the Lead Governor  <b>7.2 Governors' Strategy Group</b> To receive the report of the Governors' Strategy Group	For receipt
18.20	8.*	<b>Re-appointment of the Trust Chair</b> To receive the report of the Lead Governor and the Chair of the Governors' Nomination and Remuneration Committee	For note
<b>Items for information</b>			<b>Purpose</b>
18.25	9.	<b>Any other business</b> Items of any other business to be identified to the Secretary in advance of the meeting	For note
	10.	<b>Date of the next meeting</b> Wednesday 21 September 2022 at 17.00 (details to be confirmed).	
18.30	11.	<b>Close of meeting</b>	

## Report to the Council of Governors: 29 June 2022

<b>Agenda item</b>	1
<b>Title</b>	Changes to the Council of Governors since the previous meeting
<b>Sponsoring executive director</b>	Ian Walker, Director of Corporate Affairs
<b>Author(s)</b>	Martin Whelan, Deputy Trust Secretary
<b>Purpose</b>	To note changes to the composition of the Council of Governors.
<b>Previously considered by</b>	n/a

### Executive Summary

Since the previous meeting of the Council of Governors in March 2022, there have been the following changes to the composition of the Council:

1. Annette Thomas-Gregory stepped down as the Anglia Ruskin University (ARU) appointed partnership governor with effect from 9 June 2022. A new nomination from ARU is awaited.
2. Following discussions between the Trust Chair and Cambridgeshire County Council, the County Council has confirmed that it will not be making a nomination to the vacant public health partnership governor position. This position will be reviewed by the Trust Constitution Committee at its next meeting.

3. Ruth Greene, Melissa Lee and Howard Sherriff have been re-elected to the Council of Governors in the 2022 elections. Each will start their new three-year term of office on 1 July 2022.
4. Bill Davidson was not re-elected to the Council of Governors in the 2022 elections and will therefore leave the Council of Governors on 30 June 2022. Mahad Nur has been elected as a staff governor and will start his three-year term of office on 1 July 2022.
5. Under the NHS reforms, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will cease to exist from 1 July 2022. The CCG's nomination of Jessica Bawden as a partnership governor will therefore lapse at this point. Discussions are currently taking place regarding the potential to agree an alternative nominating organisation.
6. Cambridge City Council confirmed the re-appointment of Cllr Mairead Healy as a partnership governor for a further year on 26 May 2022.

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 above changes to the composition of the Council since the previous meeting.

## Composition of the Council of Governors as at 1 July 2022

Public (7)		Patient (8)		Staff (4)		Partnership (10)				
Samira Addo	1 <sup>st</sup> term (2024)	Brian Arney	1 <sup>st</sup> term (2023)	Mahad Nur	1 <sup>st</sup> term (2025)	Peter St George-Hyslop	University of Cambridge	2 <sup>nd</sup> term (Jun 2024)		
John Lee Allen	1 <sup>st</sup> term (2024)	Ruth Greene	3 <sup>rd</sup> term (2025)	Polly Rushton-Ray	1 <sup>st</sup> term (2023)	Karen Woodey	Campus Research Orgs	1 <sup>st</sup> term (Jan 2024)		
Jane Biddle	2 <sup>nd</sup> term (2023)	Julia Loudon	3 <sup>rd</sup> term (2024)	Gill Shelton	1 <sup>st</sup> term (2024)	Vacancy	Anglia Ruskin University	-		
David Dean	2 <sup>nd</sup> term (2023)	David Noble	1 <sup>st</sup> term (2024)	William Watson	1 <sup>st</sup> term (2024)	Gerri Bird	Cambridgeshire County Council	1 <sup>st</sup> term (Jun 2022)		
Gemma Downham	1 <sup>st</sup> term (2024)	Colin Roberts	2 <sup>nd</sup> term (2023)			John Clarkson	University of Cambridge	1 <sup>st</sup> term (Sep 2022)		
Melissa Lee	2 <sup>nd</sup> term (2025)	Howard Sherriff	2 <sup>nd</sup> term (2025)			Mairead Healy	Cambridge City Council	2 <sup>nd</sup> term (May 2023)		
Carina Tyrrell	1 <sup>st</sup> term (2023)	Neil Stutchbury	2 <sup>nd</sup> term (2023)			Stephen Webb	Royal Papworth NHS Foundation Trust	1 <sup>st</sup> term (Oct 2023)		
		Adele White	2 <sup>nd</sup> term (2024)			Stephen Legood	Cambridgeshire and Peterborough NHS Foundation Trust	3 <sup>rd</sup> term (Feb 2024)		
						[Vacancy]	[Public health – Cambridgeshire County Council]	-		
						-	[nomination of the former Cambridgeshire and Peterborough CCG]	-		

The figure in ( ) refers to the end of the current term of office.

## **1. Terms of service**

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

## **2. Vacancy procedure (elected governors)**

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

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

### **3. Vacancy procedure (partnership governors)**

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

**Cambridge University Hospitals NHS Foundation Trust**

**Minutes of the meeting of the Council of Governors held on  
Wednesday 23 March at 17.00 via videoconference**

<b>Member</b>	<b>Position</b>	<b>Present</b>	<b>Apologies</b>
Dr M More	Trust Chair	X	
Dr S Addo	Public Governor	X	
Dr J Allen	Public Governor	X	
Mr B Arney	Patient Governor	X	
Ms J Bawden	Partnership Governor (Cambridgeshire and Peterborough Clinical Commissioning Group)	X	
Dr J Biddle	Public Governor	X	
Cllr G Bird	Partnership Governor (Cambridgeshire County Council)		X
Prof J Clarkson	Partnership Governor (University of Cambridge)	X	
Mr B Davidson	Staff Governor		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
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 A Thomas-Gregory	Partnership Governor (Anglia Ruskin University)	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 Governors (Campus Research and Funding Organisations)		X
<b>In attendance</b>			
Mr D Abrams	Non-Executive Director		
Mr A Chamberlain	Non-Executive Director and Senior Independent Director		
Dr A Doherty	Non-Executive Director		
Dr M Knapton	Non-Executive Director		
Ms A Layne-Smith	Non-Executive Director		
Prof S Peacock	Non-Executive Director		
Dr A Shaw	Medical Director		
Mr R Sinker	Chief Executive		
Mr R Sivanandan	Non-Executive Director		
Mr I Walker	Director of Corporate Affairs		
Mr M Whelan	Deputy Trust Secretary		

## **01/22 Apologies for absence**

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

At the start of the meeting the Chair thanked Non-Executive Director, Mike Knapton, for his outstanding service to the Board since April 2013. The Lead Governor added the thanks of the Governors and best wishes for the future.

The Chair noted that the nomination period for elections to the Council of Governors had closed on 21 March 2022 and the statement of candidates would be published later in the week.

## **02/22 Declarations of interest**

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

## **03/22 Minutes of the Council of Governors**

The Council of Governors approved the minutes of the meeting held on 15 December 2021.

## **04/22 Action tracker**

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

05/22

## Chair's Report

Mike More, Trust Chair, reported

### Noted:

1. At the point of producing the report, the number of Covid-19 inpatient cases had been declining in the hospital. However, case numbers had been rising more recently and there was significant uncertainty about the future position.
2. Thanks were given to all colleagues involved in the whole hospital response to the recent Lassa Fever incident in the Trust.

### Agreed:

1. To note the report of the Trust Chair.

06/22

## Chief Executive's Report (including Integrated Performance Report)

Roland Sinker, Chief Executive, reported.

### Noted:

1. As of 23 March 2022, the Trust was treating 81 Covid-19 positive inpatients, nine of whom were receiving care in critical care. Around 200 staff were currently self-isolating and 20 beds were closed.
2. While the Trust was continuing to experience significant operational pressures, progress was being made on key priorities including reducing the number of patients waiting in excess of 104 weeks.
3. The number of patients classed as delayed transfers of care continued to remain relatively low.
4. The additional capacity of up to 120 extra beds which were either already available or under construction would place the Trust in a better position in the period ahead.
5. There remained a relentless focus on the core elements of patient care. Regular updates on progress and key issues were being provided to the Care Quality Commission (CQC).
6. The Trust was continuing to focus on improving the experience of staff.
7. Financially, the Trust was continuing to report a break even position.
8. Under the leadership of the Director of Strategy and Major Projects, the Trust's strategy was in the process of being refreshed. Input was being sought from the Governors' Strategy Group.

The following pre-submitted questions were discussed:

1. *Please could NEDs give the CoG assurance on what actions are in place to address the growing staff vacancies, both in terms of recruitment and retention. We appreciate it is difficult and that Covid absences do not help, but filling the vacancy gap seems to be an*

*ongoing problem. It is not just current vacancies, as we need more staff for the new wards we are opening.*

The following points were made in response:

- It was recognised that the Greater Cambridge area was an expensive place to live.
- Working to ensure that there were sufficient staff in post to meet increased demand was one of the Trust's five workforce commitments. This was overseen by the Trust's Workforce and Education Committee.
- In the past 12 months, the Trust had seen 3.6% growth in the workforce overall, with nursing growth of 3.1% growth. Workforce establishments had been increased, including to reflect the new capacity. While staff turnover had fallen during the first two Covid surges, it had now reached pre-pandemic levels.
- The nursing vacancy rate was currently 9.2% and the Health Care Support Worker (HCSW) vacancy rate was 8.1%. There were strong pipelines for nurses, including paediatric nurses and also midwives, with just over 300 offers of employment accepted.
- The limited availability of hospital-sourced accommodation was a concern and work was being undertaken to identify potential options to increase the availability of accommodation.
- The nursing apprenticeship programme which was currently being extended to deliver approximately 150 newly registered nurses a year. However, like other parts of the NHS, the Trust remained heavily reliant on international nursing recruitment programmes.
- HCSW vacancies were becoming increasingly difficult to fill due to high levels of employment in the region. The Trust would be running its first 'in person' open day on 26 March since the start of the pandemic and was also working on a marketing campaign in response to the lower level of applicants.
- In other 'hotspot' areas, including imaging, the Trust was piloting international recruitment as a means to address the current shortfall of newly qualified staff joining CUH. Administrative posts were also seeing a reduced number of applicants.
- In terms of retention, the Trust continued to focus on wellbeing and pastoral support as well as career development opportunities.
- Staff shortages were exacerbated by high levels of unavailability, in part due to the high level of Covid prevalence in the community at present.
- These were significant challenges which the organisation was seeking to address and Non-Executive Directors stated that they were unable to provide assurance as to when the issues would be resolved by.

2. *About 6 months ago we raised issues about lack of space for a lunch break or for a quiet area to unwind for a few minutes. We also raised concerns about the lack of availability of food and drink on site outside normal hours. What progress has been made on addressing these issues and are NEDs assured that there is a clear programme of work and actions with dates?*

The following points were made in response:

- An outline plan had been considered by Management Executive in October 2021, and the first phase had been approved. The development of longer-term options had also been agreed.
- The schemes currently progressing and/or complete included increasing seating in the food court; creating additional outside seating areas; and refurbishment and improvements to the Spice of Life retail outlet.
- A programme of local amenity improvements was also underway which included redecoration and refurbishment of some staff rest areas.
- Some improvements had also been made to the availability of food for staff. In addition to the availability through the various retail outlets, a staff hot meal option was available from 7pm to 7am directly from the Costa outlet.
- Assurance was also provided that, as part of medium to long-term planning, additional facilities for staff would be incorporated into the ongoing redevelopment of the estate.

The feedback was welcomed by governors. It was noted that, while the availability of food provision had improved, the cost of some food options may be prohibitive for some. It would be important to keep this under close review.

3. *I have picked up a number of examples of patients being treated discourteously by medical staff and I would like assurance that the simple steps, such as Kate Granger's campaign "Hello, my name is..." is still being promoted.*

The following points were made in response:

- The Trust expected all staff to follow the Trust values and to introduce themselves to patients when first meeting them. Assurance was provided that staff were reminded regularly of the importance of this simple courtesy and this would continue to be emphasised.
- "Hello, my name is..." badges are offered to all new starters and the Trust was due soon to launch a campaign "Call Me" which is a version of "Hello, my name is..." for patients, promoting to all staff the importance of asking patients how they wish be addressed or what name they wished to be

known by. An option for pronouns on badges was also now available.

Governors welcomed the response, while noting the challenge of ensuring a consistent approach across the organisation. A successful co-production project of allowing patients to use their preferred names on Epic, including wristbands, was also highlighted.

4. *Please would NEDs advise whether the hospital has any dependency on fuel and/or medical equipment and services from Russia and if so, what steps are being taken to reduce and/or eliminate them.*

Confirmation was provided that the Trust did not have any Russian or Belarussian suppliers.

5. *The CEO's report mentions the continuing pressure on the Emergency Department, resulting in crowding and long waits for patients. Patient flow, and improving the number of early discharges have long been topics of discussion with governors. As flow through the hospital and efficient discharge are critically linked to easing pressures in ED, are the NEDs assured that the initiatives in place i) within the ED, ii) to increase early discharges and iii) to improve patient flow will help reduce pressure on the ED, its staff and patients?*

The following points were made in response:

- The Trust was seeking to maximise flow through the organisation in very challenging circumstances. The current context was noted and the following specific points were highlighted:
  - ED attendances were 8% above levels in March 2019 with a growing proportion of patients attending ED without having first been seen by a GP or community team.
  - Flow to wards from ED following a decision to admit was compromised by infection control issues related to Covid prevalence. There were currently 120 beds closed due to Covid outbreaks, with 20 of those empty.
  - Covid admissions had risen to almost the same level as at the Omicron peak in January 2022.
  - Staffing had been impacted with more than 200 staff absent per day due to Covid (sickness or self-isolation).
  - Critical care capacity had been reduced in the context of staffing challenges. This meant that the Trust needed to prioritise ITU step-downs to ensure critical care bed availability.

- The following measures had been implemented in the ED:
  - In March 2022 2,500 patients had been streamed to the Urgent Treatment Centre, one third of total attendances. A further 638 patients had been streamed to the medical assessment areas on EAU4 and N2.
  - A dedicated transfer team was in place to move patients out of ED quickly once a bed was ready, and to assist with internal bed moves to facilitate earlier release of capacity.
  - ED consultants were providing advice to GPs via a direct telephone line to avoid unnecessary attendances.
  - The ambulance liaison officer was supporting timely offloads of ambulances into the department.
- In relation to patient flow:
  - In March 2022 the Trust had achieved the best morning discharge performance in over two years. The target was for at least 20% of discharges to take place before noon and performance was currently at 17.0%, compared to 15.2% in March 2019.
  - In both February and March 2022 the Trust managed to discharge more than 10% of patients through the discharge lounge, the highest of any period since the discharge lounge opened.
  - The Cohorting and Configuration Group continued to coordinate the use of the bed base to maximise inpatient capacity.
  - The development of virtual wards was being led by the Director of Improvement and Transformation. The Trust currently had virtual ward capacity for Covid, Chronic Obstructive Pulmonary Disease (COPD) and Outpatient Parenteral Antimicrobial Therapy (OPAT) patients using remote monitoring technology where possible.
  - Work was continuing with Infection Control and Virology to ensure that the organisation was maximising inpatient capacity and reducing the impact of outbreaks and bay closures where safe to do so.
  - Divisions were responsible for monitoring the ED track board and ensuring timely specialty response, review and decision-making as well as plans to place patients from the ED.
- The Trust was actively working with system partners on a number of measures including:
  - A direct referral pathway from NHS 111 to the Urgent Treatment Centre has been established.
  - All 111 calls with an outcome of 'ED attendance' were reviewed by clinical staff and patients were redirected where possible, e.g. to their GP.

- Ambulance load levelling/intelligent conveyancing was in place between providers to manage offload delays.
- Assurance was provided that complex discharges remained a high priority workstream within the ICS and ICP with the aim of reducing unnecessary waits for patients who were medically fit and establishing discharge to assess pathways where patients were assessed in their own homes in order to get the best possible understanding of their care and support needs.

The following additional points were raised in discussion:

- The CCG partnership governor highlighted the significant impact of the pandemic on primary care, and particularly challenges with staff illness. Significant investment into the primary care infrastructure including telephony was highlighted.
- Assurance was provided that the Trust's Quality Committee was closely monitoring the impact of Covid-19 on patient care. It was highlighted that the Committee had initiated a deep dive into patient complaints and feedback.
- In response to a question about crowding in the Emergency Department, it was explained that this remained a key area of focus as outlined earlier in the discussion. It was noted that no deaths had been reported which were directly attributable to overcrowding in the department.

6. *Point 2.9 in the CEO's report mentions the ongoing review of learning disabilities and autism care. Are the NEDs assured that CUH provides a good service to patients with learning disabilities? Will the NEDs be involved in the review?*

The following points were made in response:

- The Trust had recently participated in an independent voice methodology review of learning disabilities by the Care Quality Commission (CQC). The organisation was chosen as one of eight acute trusts to participate.
- A number of individuals including the Chair of the Quality Committee had been interviewed as part of the review, and this had been followed by the reviewers attending the site for a day to meet with staff, patients and carers of those with learning disabilities.
- The initial feedback from the CQC received by the Chief Nurse was positive and the Trust awaited publication of the review findings. It was understood that individual hospitals will not be named in the report.
- As part of the Trust's ongoing work to improve services for individuals with learning disabilities, a gap analysis against

the national standards had been recently completed. An action plan has been developed and this was being monitored via the Safeguarding Committee, with reporting to the Quality Committee.

**Agreed:**

1. To note the report of the Chief Executive.

**07/22**

**Governors' Reports**

**a) Lead Governor**

Neil Stutchbury, Lead Governor, reported.

**Noted:**

1. The value of co-production with patients was highlighted.

**b) Governor Strategy Group**

Julia Loudon, Patient Governor, reported.

**Noted:**

1. An additional meeting of the Governor Strategy Group had taken place since the circulation of the papers which had focused on the digital strategy.

**c) Membership Engagement Strategy Implementation Group**

Julia Loudon, Patient Governor, reported.

**Noted:**

1. Some additional governors had joined the group.
2. A clearer articulation of the membership offer had been produced.

**Agreed:**

1. To note the reports.

**08/22**

**Any other business**

There was no other business.

*Meeting closed: 19.15*





**Council of Governors: Action Tracker**

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

**Report to the Council of Governors: 29 June 2022**

<b>Agenda item</b>	5
<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 Council of Governors**

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

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

## **1. Introduction**

- 1.1 The Chief Executive's report covers the range of detailed activity which is ongoing at present.

## **2. Meeting with members of the public**

- 2.1 With Roland and Ian, I met with members of the public on 25 April 2022. The topics covered included maternity metrics, Quality Account measures, Virtual Wards, overseas workers contracts and the recent Care Quality Commission urgent and emergency care review visit.

## **3. 'You Made A Difference' Awards / People**

- 3.1 I was pleased to attend 'You Made A Difference' award events on 28 March 2022 and 25 April 2022.
- 3.2 In total 137 individual nominations and 26 team nominations were received and I would like to personally congratulate the following winners:
- Jessica Walker, Midwife, Maternity Services
  - Alexander Booth, Healthcare Assistant, Emergency Department
  - Peter Truszkowski, Materials Controller, Purchasing
  - Ali Coe, Bank Midwife, Staff Bank
  - Transfer Practitioners Team, Adult Critical Care
- 3.3 I would also like express our thanks and gratitude to the Alborada Trust and the Addenbrooke's Charitable Trust (ACT) for sponsoring these awards so generously, which enables us to recognise so many of our Trust colleagues.
- 3.4 I want to take the opportunity to thank Ros Smith, who has stood down as Chair of ACT. Ros and I worked particularly closely together when we were both Trustees of ACT as it worked its way to independent constitutional status. This was one of only two options for NHS Charitable

Trusts at the time, the other being the absorption of ACT as an operating division of the hospital trust.

- 3.5 We both judged that the latter would be a retrograde step and Ros has steered ACT over recent years to have a very close alignment with CUH. I am delighted also that ACT have appointed Mike Knapton as Ros' interim successor and we look forward to continuing to work with Mike and the ACT team.
- 3.6 I was much saddened to hear of the sudden and unexpected death of Jonathan Nicholls in Leamington Spa a few weeks ago. While Registry (the senior administrative officer) at the University Of Cambridge, Jonathan was the University's stakeholder representative on our Council of Governors, during a particularly turbulent period for CUH. He was an immense source of strength to the Trust and to the Council of Governors throughout this period and his advice and approach was hugely appreciated. He had returned to Leamington, where he had been the Registrar of the University of Warwick, a few years ago on his retirement, a retirement which has been all too short. Julia and I wrote to his widow, Sue, to express our condolences to his family.
- 3.7 I also send good wishes to Liam Brennan who has retired from the Trust. He had been President of the Royal College of Anaesthetists and latterly one of Ashley's Deputy Medical Directors. In that latter role he had responsibility for Infection Control - a big responsibility during the Covid period. We are indebted to Liam and delighted, alongside Mike Knapton, to welcome him onto the Lay Panel of Chairs for Consultant appointments. Roland and I also wrote to wish Professor Andrew Lever well on his retirement. Andrew had also been a University stakeholder governor for the Trust.
- 3.8 I am also grateful to Ali Bailey who has led and developed the Trust's Communications and Engagement Team but recently left to join the Francis Crick Institute. She has done a huge amount to develop and widen the skills and role of the team across external media relations, internal communications, social media and patient/community engagement.

#### **4. Diary**

- 4.1 My diary has contained a number of meetings and discussions, both remotely and physically, and both within and outside the hospital, over the past two months including some visits to clinical areas. Visits to clinical areas included the Neuro Critical Care Unit and the Emergency Department where I could discuss the current pressures on our teams.

## **CUH**

Performance Committee  
Quality Committee  
Audit Committee  
Workforce and Education Committee  
Addenbrooke's 3 Committee  
Board of Directors  
Governors' Nomination and Remuneration Committee  
End of Life Committee  
Long Service Awards  
Medicine for Members: Irritable Bowel Syndrome (IBS)  
Governor/Non-Executive Directors Quarterly Meeting  
Council of Governors Strategy Meeting  
Public Meeting with Chair and Chief Executive  
'You Made A Difference' Awards  
Brainbow Easter Event  
Candle Light Event for Ukraine

U-Block visit: Roland and I visited the work in progress alongside Claire Howe and her team from Estates. It was hugely impressive and will add to our capacity when opened later this year.

## **Cambridgeshire and Peterborough Integrated Care System (ICS)**

The Secretary of State announced over the Christmas recess that the implementation of the new ICS arrangements, including the assumption of Clinical Commissioning Group (CCG) responsibilities by the Integrated Care Board (ICB), would be postponed from April until July 2022. This is to allow the parliamentary passage of the supporting legislation, which received its final approval at the end of April. My successor as Chair Designate of the ICB, John O'Brien, has been chairing the Integrated Care Partnership Board (as forerunner of the arrangements from July) from January and I have been assuming a supportive role. John will take on the full Chair role in July 2022.

The following related meetings have been held:

ICS Board Non-Executive meetings  
System Partnership Board

## **Other**

Other meetings attended during this period also include:

Cambridge Biomedical Campus (CBC) Local Liaison Group  
Cambridge University Health Partners/CBC Stock Take Meeting  
East of England Operational Group  
Cambridge City Council Mayor's Reception

MRC Millennium Medal 2021 Awards (for the award of the Millennium Medal to our colleague Sharon Peacock.) I know the Board will join me in congratulating Sharon.

Uganda Ministry of Health Permanent Secretary visit. It was good to welcome the Permanent Secretary and her colleagues alongside Catherine Arnold, the Master of St Edmund's College and the Chair of Cambridge Global Health Partners. This further develops our clinical partnership arrangements which have been developing since 2015.

Cambridgeshire County Council Chief Executive visit. It was good to welcome Stephen Moir, recently appointed Chief Executive of Cambridgeshire County Council, to explore ways in which the strategies of the County Council, the Hospital and the Biomedical Campus are aligned.

## **5. Recommendation**

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

## Report to the Council of Governors: 29 June 2022

<b>Agenda item</b>	6.1
<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 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 As at 16 June 2022 the Trust was caring for 63 patients with Covid, including two in critical care. This number continues to reduce, and a material percentage of patients are in the hospital 'with' Covid rather than 'for' Covid. The Trust continues to see significant demand for non-Covid related care.
- 1.3 As this context changes and we move out of the third wave of Covid, the Trust is implementing risk assessed and evaluated changes to both infection control protocols for patient care (e.g. around patient testing and cohorting); and for the hospital environment (e.g., around social distancing). These aim to increase and streamline capacity to provide patient care and improve in-hospital working. This position will be evaluated alongside forward modelling of Covid.
- 1.4 The Trust continues to work on all five areas of operational performance, including e.g., focus on the core elements of quality, in part as defined by the Care Quality Commission (CQC); safe emergency care and addressing waits for elective care in the context of a refreshed operational plan; recruitment and staff wellbeing in the round; staying ahead in terms of our financial position; and holding to an improvement methodology in developing our services.
- 1.5 This sits alongside a refresh of our strategy, with a wide range of partners - pulling forward work on digital, sustainability, regional specialist services, inclusion and our work supporting staff (in part as the cost of living increases).



Progress continues to be made on our major strategic developments including preparing to host services for the southern 'Place' of the Integrated Care System (ICS); the additional 120 beds currently being built; the cancer and children's hospitals; and our broader partnership working on the Cambridge Biomedical Campus (CBC) and beyond.

- 1.6 The Trust will continue to support, shape and engage with broader developments including cost of living pressures, opportunities to support economic development, the legacy of Covid, health inequalities, and implications from the position in Ukraine.

## **Part A**

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

#### **2.1 Quality**

##### Examples: Areas of strength

- 2.2 Significant progress has been made around governance and training in relation to blood transfusion.
- 2.3 The paediatric and neonatal decision support and retrieval team (PaNDR) went live on 1 April 2022, supporting the long term vision for the new Cambridge Children's Hospital to work alongside paediatric colleagues across the East of England.
- 2.4 Good progress is being made with the implementation of virtual wards, with the Trust currently caring for approximately 35 patients in this environment. Further information can be found in Section 6 of this report.
- 2.5 The Trust has been designated as a national centre for haemoglobinopathies for both children and adults by NHS England.

##### Examples: Areas of challenge

- 2.6 The number of patients attending the Emergency Department (ED) continues to increase compared to pre-pandemic figures. A reduction in outflow from the department due to a lack of in-patient capacity has also resulted in longer waits and overcrowding.
- 2.7 The availability of nursing and midwifery staff in particular remains challenged. Operational pressure in the Trust has led to unstaffed

contingency areas being required to open which has compounded the staffing challenges with staff being redeployed to these areas.

- 2.8 The impact of staffing levels on safety continues to be monitored via the incident reporting system and divisional governance. Key themes are monitored via the existing governance safety routes, and no new emerging themes have been identified.
- 2.9 The volume of concerns received by the Patient Advice and Liaison Service (PALS) has increased significantly since the start of the pandemic. While the number of complaints received per month is variable the complexity of the cases has increased, placing additional pressure on the service. This continues to be monitored closely.

#### Compliance visits

- 2.10 Progress continues against the Human Tissue Authority (HTA) Stem Cell license (11066) inspection, with a full action plan in place.
- 2.11 An HTA inspection of transplant and organ donation and Human Application licenses took place in April 2022, with positive verbal feedback received to date.
- 2.12 Planned co-ordinated CQC inspection activity of a number of services within the ICS to understand the patient experience and quality of care delivered across urgent and emergency care has been carried out. Feedback is currently awaited.
- 2.13 The CQC identified eight NHS acute trusts to participate in a national independent voice product review which focused on the acute care of people with a learning disability or autism. CUH were identified as one of the trusts to participate, with findings of the national review expected to be published in September 2022.
- 2.14 A Quality Assurance Visit in relation to theatres was undertaken at Princess of Wales, Ely on 12 April 2022. Feedback is currently awaited.

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

- 3.1 **Emergency Department (ED).** Overall ED attendances were 12,046 in March 2022, which is 1.050 (9.5%) higher than March 2019. Daily attendances across both adults and children were 386, compared to 355 the previous year. 1,543 patients had an ED journey time in excess of 12 hours, compared to nine in March 2019, and 514 patients had waited more than 12 hours from their decision to admit, compared to 0 in March 2019.

- 3.2 **Operational strategy.** Work is progressing well on the operational strategy, focusing on emergency care, elective care and developments for the future. Actions include changes to daily management of the hospital and improved cross-divisional coordination.
- 3.3 **Referral to Treatment (RTT).** The total RTT waiting list size increased by 1,381 in March 2022 to 53,942. This represents a growth of 9.5% compared to the September 2021 baseline which is the stated ambition for H2 planning nationally. The H2 plan forecasts a growth to 56,930 by year end so we are below the trajectory submitted for H2 planning.
- 3.4 **Delayed discharges.** The Hospital Discharge Service Requirements guidance was updated on 31 March 2022. For March 2022 the Trust was reporting 5.72%, which is an increase of 0.63%. The equivalent beds days for March 2022 is 1622, in comparison with February at 1308 and January at 1752. Within the 5.72%, 63.9% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further seven CCGs.
- 3.5 **Cancer.** In March 2022 two week wait suspected cancer referral demand continued at 111% compared to the baseline period in 2020. The number of patients waiting over 62 days on an urgent pathway has risen sharply since last month and is now 121. 34% of these breaches were Inter-Trust referrals, with 80 being CUH only pathways.
- 3.6 **Operations.** Elective theatre activity in March 2022 delivered 76% of the March 2020 adjusted baseline. Taking account of the loss of the three A Block theatres from CUH capacity, the adjustment would bring the performance up to 85%. Across the full year the Trust delivered 83% of the 2019/20 baseline, increasing to 94% with the adjustment for reduced theatres.
- 3.7 **Diagnostics.** Scheduled diagnostic activity in March 2022 was down by 2% compared to the previous month. In comparison to baseline in March 2019 the Trust delivered 95.9%. The total waiting list size remained stable decreasing by just nine to 14,800, however this is still 70% higher than pre-Covid figures in February 2020.
- The proportion of patients waiting over six weeks increased by 4.8% to 43.2% this month, but mean waiting time reduced to nine weeks.
- 3.8 **Outpatients.** Outpatients continues to perform well with attendances at 94.7% compared to the 2019 baseline. In March 2022 the Trust

performed at 92.8% and 107.5% of baseline for new and follow-up appointments respectively.

#### **4. Finance – Month 12**

- 4.1 The Month 12 year end position for performance management purposes is a £0.1m surplus and is in line with NHSE/I expectations. However, due to allowable adjustments the Trust's gross reported position is a deficit of £14.6m. This is driven by the inclusion of asset impairments of £15.8m following a revaluation of the Trust's estate, the net benefit of capital donations at £1.7m and a national PPE stock adjustment of £0.4m. Following a review by the Board of Directors the Trust's forecast £5m surplus, at a performance management level, has been reinvested in line with the Trust's strategic priorities to deliver the near break-even end of year position.
- 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 £45.5m.
  - Elective Recovery Fund (ERF) mechanism funding for the year totals £17.1m. The ERF funding recognised so far has been used to cover additional cost pressures, the Trust (and ICS) has re-invested the additional ERF funding in line with the Trust's strategic goals of improving patient care, supporting our staff and building for the future.
- 4.3 The Trust's full year Capital Plan for 2021/22 was finalised at £79.0m and overall, spend for the year, was broadly on budget at £79.2m. Whilst there were some individual underspends on specific schemes, these were as forecast and were therefore covered by the contingency plans that we had put in place during the year (bringing forward planned capital spend from 2022/23 - mainly medical equipment replacement).  
The completion of the Surge Centre developments was also included in this plan alongside further investment in the development of both Cambridge Children's and the Cambridge Cancer Research Hospital.
- 4.4 Following the publication of the 2022/23 planning framework, in January 2022, the Trust, working closely with system colleagues, submitted its 2022/23 plan on 28 April 2022.
- 4.5 The final submitted plan includes CUH support to our ICS of £11m to ensure that all ICS organisations could deliver break-even financial

performance. This position was prior to accounting for inflationary pressures above nationally funded levels and Covid-19 cost pressures above the nationally assumed low community prevalence scenario. After including these pressures the ICS submitted plan forecasts a deficit of £76.3m with the CUH plan forecasting a £33.4m deficit.

4.6 Key points to note in relation to the 2022/23 plan are as follows:

- The Trust remains in the process of finalising contract values although it has concluded negotiations with NHSE/I and C&P CCG successfully.
- The plan assumes the delivery of the forecast activity plan to secure the full ERF of £29.7m. If this should not be possible it is expected that NHSE/I support the Trust to retain a fair share allocation of the national ERF.
- The plan assumes that if the final agreed Agenda for Change pay award is higher than the current funded assumption of 2.1% national funding would be made available to bridge this gap.
- The internal budget setting process is expected to conclude by mid-May. There remains a residual cost pressure which is planned to be resolved through this process with ongoing review and focus to ensure the remaining efficiency savings are identified.
- Due to the delay in the national planning process with final plan submissions only being made at the end of Month 01, the Month 01 and Month 02 financial performance will be reported together at Month 2.

## 5. Workforce

- 5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; wellbeing, resourcing, ambition, inclusion and relationships. Given the challenges and pressures of the last two years, this five part strategy will look at the additional staff support mechanisms required across the Trust in the medium to long term. Under the theme of 'working well' work will also be undertaken on areas such as cost of living, accommodation, transport, and the availability of staff facilities and food.

### Wellbeing

- 5.2 Sickness absence rates for the Trust continue to increase and were up 0.3% from the previous month at 5.5%. Additional clinical services have

the highest sickness absence rate at 8.3% followed by Estates at 7.5%. Potential Covid related sickness absence, including chest and respiratory problems, influenza related sickness and infectious diseases, continues to be the highest cause of absence.

- 5.3 The wellbeing (ZIP) team has received its first case review, supporting a team experiencing psychological distress. Feedback from attendees has been positive and this has also been a great learning opportunity for the ZIP team.
- 5.4 38 nurses, three midwives and 27 healthcare support workers joined the Trust in April 2022 but, whilst strong recruitment pipelines are in place for nurses and midwives, the availability of hospital residential accommodation continues to restrict the number of recruits that can join each month. Plans are ongoing to address this.
- 5.5 The cost of living in Cambridge is being cited as one of the main reasons why colleagues choose to leave the Trust. With increasing rates of attrition, where we are now seeing a return to pre-pandemic levels (13.9%), we have a strategic focus on retention and how this can be improved.

#### Ambition

- 5.6 The temporary suspension of face to face mandatory training, put in place in response to Covid infection rates, has now been lifted. The current compliance rate is just below the 90% target at 89.6%. Focus is being given to restoring training rates to pre-pandemic levels.
- 5.7 The Trust continues to welcome back volunteers as Covid restrictions in the hospital begin to lift. Campaigns to highlight volunteering opportunities are being designed to increase numbers. We are looking forward to the return of our Young Person's Volunteering programme in the summer, which is always incredibly popular and well subscribed to.

#### Inclusion

- 5.8 The Trust has been delighted to begin to receive support through our new collaborations with Lexxic (an organisation helping to support organisations to develop environments where neurodiversity is welcomed and celebrated), BRAP (a charity whose aim is to transform the way we think and do equality) and Above Difference (doing diversity differently). Feedback from early attendance at pilot programmes has been incredibly positive and we look forward to developing this work further.

- 5.9 Work is ongoing to bring together our work on inclusion for staff, with our patients and wider population health.

### Relationships

- 5.10 Nominations for our annual awards closed on 30 April 2022 and we have been delighted with the level of engagement, as demonstrated in the receipt of over one thousand fantastic nominations. Shortlisting will be completed by the end of May 2022 and celebrations for all nominees will take place during June 2022.

## **6. Improvement and Transformation**

- 6.1 The Trust continues to work with its improvement partner, the Institute for Healthcare Improvement (IHI), on embedding a culture of sustainable continuous improvement. Key areas of focus include implementing an improvement methodology for the implementation of virtual wards and building improvement capability and capacity across our 11,000 staff, with wave two of the improvement coach programme planned to commence in June 2022. 41 colleagues completed wave one of the improvement coach programme, 18 teams are about to complete wave one of the improvement programme for teams and 27 colleagues complete the leading for improvement programme.

- 6.2 The improvement and transformation team is continuing to support colleagues with improvement projects linked to the Trust's strategic priority areas and the NHS operational planning guidance priorities.

132 active improvement projects are logged on LifeQI (an online system to track improvement projects), of which 45 are supported by members of the improvement and transformation team.

- 6.3 Examples of the improvement work colleagues are being supported with include:

### Urgent and emergency care (UEC)

- ED staff participating in the improvement programme for teams wanted to reduce the number of patients who deteriorate whilst they await assessment and treatment. Through an improvement approach, the team identified that sometimes, despite recognition of sick patients in the ED, it is unclear which staff to escalate these patients to, with variable response times. A project to improve the response time to deteriorating patients was established, with the introduction of a doctor-nurse team (the REACT (Recognise, Escalate, ACT) team). A test of change was designed, where a

multidisciplinary team identifies, escalates and treats patients who deteriorate within the ED, ahead of normal triage processes. The test ran during September 2021 and undertook assessments for 91 at risk patients. A post-pilot survey was undertaken in November 2021, to gain staff views on the ReACT team. Responses from 62 staff members were captured. 97% said that the ReACT team made a difference to patient outcomes and experience; “patients were seen quicker and their treatments were prescribed right away”; “clinical care is expedited when there are long waiting times”. Feedback from the team included, “With the support and training from the IHI programme we were able to understand how to collect pertinent data to assess the success of our intervention.”

### Virtual wards

- Virtual wards support patients, who would otherwise be in hospital, to receive the acute care, monitoring and treatment they need in their own home/place of residence. The 2022/23 priorities and operational planning guidance includes the ambition for systems to deliver virtual ward capacity equivalent to 40 to 50 virtual ward beds per 100,000 population; for the Trust, this equates to 134 beds by October 2022 and 294 by October 2023. This will build on our current activity of about 30 patients a day, with established services such as outpatient parenteral antimicrobial therapy (OPAT) and early supported discharge for patients with exacerbations of chronic obstructive pulmonary disease (COPD).
- Our initial focus is on patients to step down from being an inpatient, in order to release bed capacity for other patients, enabling the Trust to more effectively treat patients requiring emergency care, along with those awaiting planned surgery/procedures. Associated patient benefits will include decreased nosocomial infections, reduced deconditioning and inpatient falls, improved mobilisation and reduced venous thromboembolism (VTEs), improved psychological and social support from families and carers, improved nutrition, improved sleep, reduced pain scores following surgery and increased levels of patient satisfaction.

### Outpatients and diagnostics

- The improvement and transformation team have continued to support key stakeholders in outpatients and diagnostics, working with them on the national priorities and operational planning guidance, to reduce outpatient follow ups by a minimum of 25/5 against 2019/20 activity levels by March 2023. In relation to this, a



revised approach to outpatient transformation has been co-produced with colleagues, with an inaugural Outpatient Transformation Programme Board scheduled for 3 May 2022.

- 6.4 The improvement and transformation team continue to work in partnership with colleagues from across the organisation, to ensure that productivity and efficiency schemes for 2022/23 are identified as part of business planning and budget setting processes, in anticipation of an overall cost pressure of £51m (£26m reduction in Covid spend, £4m central efficiencies, £9m divisional/corporate efficiencies and £12m productivity and growth opportunities).
- 6.5 The Trust has confirmed to NHSE/I that the £12.4m productivity and efficiency requirement for H2 of 2021/22 has been met in full. This work will align with the operational plan for the Trust and plans to invest as the Trust makes best use of available resources.
- 6.6 The Digital Strategy will underpin this work.

## **PART B**

### **7. Strategy update**

- 7.1 The Trust's strategy throughout the pandemic has focused on three priorities: improving patient care, supporting our staff and building for the future. The Trust is currently engaging with staff and patients to review these priorities and a revised strategy will be published this summer.
- 7.2 NHSE/I published the 2022/23 Priorities and Operational Planning Guidance in December 2021, reconfirming the ongoing need to restore services, meet new care demands and reduce care backlogs. The Trust and other system partners have presented detailed information on how we will meet these targets. Alongside this, internal business planning is continuing within the Trust to deliver the Trust's strategic priorities this coming year.

#### Improving patient care

- 7.3 The Trust's Covid modelling group continues to closely monitor the local prevalence and potential impact of Covid on hospitalisations to help inform future plans to respond to any new variants.
- 7.4 The Trust is developing and implementing a clinically operational strategy, in part as set out in Part A of this report.

### Supporting our staff

- 7.5 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, in part through the five domains of the workforce strategy.

### Building for the future

#### *Addenbrooke's 3*

- 7.6 The programme of public engagement, involvement and listening is planned to go live later this year. A Healthwatch-led project, that has been jointly funded by the Trust and the South Integrated Care Partnership (ICP) focuses on capturing experiences from patients who have had an urgent attendance or admission, is about to enter the information gathering phase. A diverse range of trained volunteers will interview participants with a particular focus on less frequently heard communities. The information gathered will help to inform the design of current services and the future acute hospital.
- 7.7 The updated CUH campus masterplan, which reflects the Addenbrooke's 3 strategy, is currently being shared for comment with key groups within the Trust, before discussion with local planners.
- 7.8 Phase 1 of the Addenbrooke's 3 programme is focused on addressing our highest risk areas offering intermediate solutions to the Trust's most immediate challenges. A package of solutions has been developed to utilise the three modular units of surge capacity (19-bed, 40-bed and 56-bed units) to support the health system in reducing waiting times and clinical risk, improving outcomes for the longest waiting patients, as well as releasing capacity in the main site to ensure that the delivery of our tertiary services remain resilient.
- 7.9 The 19-bed unit is currently being used as a day time Perioperative Assessment Unit. The 40-bed unit is currently providing temporary expansion to support operational pressures and is being occupied by medically fit patients awaiting discharge; in the longer term, it will provide additional elective capacity by co-locating three modular theatres alongside this unit providing a ring-fenced surgical facility for elective Orthopaedics. The 56-bed unit is due to open in November 2022 to provide decant capacity for essential works to take place and to provide some additional capacity to relieve operational pressures.

- 7.10 Phase 2 of the Addenbrooke's 3 programme (up to 2025) covers development of the Cambridge Cancer Research Hospital (CCRH) and Cambridge Children's.
- 7.11 The CCRH project is formally part of the national New Hospitals Programme (NHP) with construction planned to be completed in 2026. In order to unlock this capital investment, a Strategic Outline Case (SOC) was submitted to NHSE/I in February 2021, and this was formally approved in December 2021. The Trust expects to submit the CCRH Outline Business Case (OBC) in the summer, and is working closely with the NHP leadership as it formally completes its technical review and solidifies its position as a 'cohort 2' member. The coming months will see work start on the final design of the CCRH, as the project moves closer towards construction. This reflects the expectation that the CCRH will begin construction within the current UK Government spending review period, and will be one of the very first new hospitals constructed.
- 7.12 The Cambridge Children's hospital project received planning approval in March 2022. Focus remains on the OBC ahead of submission to regulators this summer. The business case will set out the capital investment requirement and the benefits of delivering an integrated, research-driven clinical model for mental and physical health.

*Integrated Care System (ICS) / South Integrated Care Partnership (ICP)*

- 7.13 The Trust continues to work with partners across our 'place', in the South of Cambridgeshire, to improve care for patients in and outside of hospital. Work is ongoing to identify opportunities to increase the value we get from every pound invested in our community, social and health care system, to help people to stay healthy and well at home for longer, to address demand for elective care and reduce waiting times, to improve the growing health inequalities, to provide safe and high quality emergency care, and to return our system to financial balance.
- 7.14 The South ICP is developing effective ways of working across partners by participating in the nationally commissioned Population Health and Place Development Programme and working with an external facilitator to create a Partnership Agreement to identify the working practices, governance and resourcing required to support the South ICP in the future.
- 7.15 The ICP is delivering operational improvements to improve care for patients including: through an Integrated Transfer of Care Hub to coordinate social care for people who are being discharged from

hospital; by optimising and integrating our approach to providing an urgent (2hr) community response model for people in their own homes who would otherwise require emergency care by an ambulance or ED team; and delivering care through a virtual ward model in patients' own homes.

- 7.16 As part of their innovation fund project, Cambridge City and Cambridge City 4 PCNs partnered with local voluntary, faith and care organisations to deliver a Diabetes Wellness Day at Cambridge Central Mosque. Patients who already have a diabetes diagnosis and people who are at high risk of developing diabetes were invited to attend. Almost 400 people participated in workshops, exercise tasters, healthy food & health checks.
- 7.17 The Trust has agreed to act as host organisation for the South ICP and has begun internal preparations to carry out this role. This is in preparation for the Most Capable Provider Process, which will delegate services from the ICS to the South ICP.

#### *Specialised Services*

- 7.18 The Trust continues to work with six other trusts across the East of England, and the NHSE/I East of England teams, to develop a Specialised Provider Collaborative. The Trust now has senior medical leadership and a senior project manager to accelerate this work, who will work in partnership with a virtual team from across the region.

#### *Cambridge University Health Partners (CUHP)*

- 7.19 The Trust continues to work with industry partners in life sciences to explore opportunities to enhance our world-leading infrastructure to serve patients and power growth.

The Trust is also working with CUHP and other partners to support the next phase of development for the Cambridge Biomedical Campus through a new company and engagement with partners across Greater Cambridgeshire and Peterborough based on the Vision 2050 document published last year, including a masterplan and work to improve collaboration between existing partners; and on a strategy for improving use of data across our partnership.

- 7.20 Work continues on other elements of the longer term strategy including sustainability, digital, inclusion and 'working well'.

## **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 April 2022

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



Cambridge  
University Hospitals  
NHS Foundation Trust

2021/22 Performance Framework

2022/23 Quality Account Measures				Feb 22	Mar 22	Apr 22				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Mar-22	85%	58%	58%	N/A	■	N/A	N/A	49.9%
	Compliance with National Standards for Invasive Procedures / Local standards for Invasive procedures	Apr-21	90%	N/A	N/A	N/A	■	N/A	N/A	N/A
	Serious Incidents - Has evidence been uploaded to Datix in relation to the action?	Mar-22	85%	61%	55%	N/A	■	N/A	N/A	70.6%
	Serious Incidents - Is the evidence uploaded of good quality?	Mar-22	85%	57%	55%	N/A	■	N/A	N/A	56.3%
	Serious Incidents - Was the action completed within the original timeframe?	Mar-22	85%	57%	60%	N/A	■	N/A	N/A	56.3%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Apr-22	20%	16.2%	17.2%	17.0%	↓	17.0%	15.3%	15.5%
	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)	Apr-22	80%	67.1%	63.2%	65.9%	↑	65.9%	69.6%	67.3%
	Same day emergency care (SDEC)	Apr-22	30%	22.4%	21.4%	22.3%	↑	21.0%	N/A	21.0%
Patient Experience / Caring	Percentage of complaints responded to within initial fixed timeframe (30, 45, or 60 working days) or within agreed extension with complainant	Apr-22	90%	97.9%	86.0%	91.4%	↑	91.4%	85.0%	93.8%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Apr-22	90%	100.0%	100.0%	100.0%	↔	100.0%	70%	100.0%
	The use of 'carers passports' on wards in the Trust	Mar-22	75%	36.6%	41.5%	N/A	■	N/A	N/A	20.2%
Staff Experience / Well-led				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%	
				Feb 22	Mar 22	Apr 22				
	Retention of band 5 nurses	Apr-21	90.0%	N/A	N/A	N/A	■	N/A	87.0%	N/A

**SAFE:** There is no data for Sepsis compliance for April, as there is a vacancy in the Consultant Lead position - this will be retrospectively updated following appointment.

**SAFE:** SI action compliance has decreased in April, and will be addressed through the SIERP actions group



# Quality Summary Indicators



Cambridge  
University Hospitals  
NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Feb 22	Mar 22	Apr 22				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FTeD	Previous FTR	LTM
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Apr-22	0	0	0	0	↔	0	4	4
	E.Coli Bacteraemias (Total Cases)	Apr-22	50% over 3 years	22	41	31	↑	31	384	385
	C. difficile Infection (hospital onset and COHA* avoidable)	Apr-22	TBC	11	14	12	↑	12	123	128
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Apr-22	100%	60.0%	28.6%	25.0%	↓	25.0%	33.8%	33.8%
	% of external visits where expected deadline was met (cumulative for current financial year)	Apr-22	80%	50.0%	60.0%	100.0%	↑	100.0%	46.7%	46.7%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Apr-22	-	0.0%	50.0%	N/A	↑	-	17.2%	14.8%
	No national audit negative outlier alert triggered	Apr-22	0	0	0	0	↔	0	-	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Apr-22	85%	80.0%	N/A	N/A	↔	-	84.6%	84.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	Apr-22	90%	100.0%	99.8%	99.8%	↑	99.8%	99.1%	99.2%
	Care Plan Notes	Apr-22	90%	96.1%	96.4%	96.4%	↑	96.4%	95.8%	95.8%
	Care Plan Presence	Apr-22	90%	99.9%	99.9%	99.9%	↓	99.9%	99.6%	99.6%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Apr-22	90%	60.9%	63.9%	59.5%	↓	59.5%	63.1%	62.2%
	Nurse Rounding	Apr-22	90%	97.0%	97.2%	97.1%	↓	97.1%	96.6%	96.6%
	Nutrition Screening	Apr-22	90%	99.6%	99.6%	99.5%	↓	99.5%	99.6%	99.6%
	Pain Score	Apr-22	90%	74.4%	75.9%	76.5%	↑	76.5%	77.4%	76.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Apr-22	90%	51.5%	59.6%	61.3%	↑	61.3%	64.0%	63.3%
	PEWS Score Recording	Apr-22	90%	85.5%	86.2%	86.6%	↑	86.6%	86.6%	86.5%
	NEWS Score Recording	Apr-22	90%	71.8%	74.7%	73.9%	↓	73.9%	74.4%	74.2%
	VIP									
	VIP Score Recording (1 per day)	Apr-22	90%	89.5%	89.4%	88.3%	↓	88.3%	91.2%	90.8%
	PIP Score Recording (1 per day)	Apr-22	90%	99.2%	99.2%	99.3%	↑	99.3%	99.2%	99.3%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	■	0	0	0
	Number of overdue complaints	Apr-22	0	1	5	2	↓	2	29	29
	Re-opened complaints (non PHSO)	Apr-22	N/A	12	6	7	↓	7	74	74
	Re-opened complaints (PHSO)	Apr-22	N/A	0	1	1	↓	1	4	4
				Feb 22	Mar 22	Apr 22				
		Apr-22	N/A	20	31	14	↓	14		244

# Operational Performance



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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	Ambulance handovers <15mins		65%	Immediate		25%		Non-elective LoS (days, excl 0 LoS)		9.19	
	Ambulance handovers <30mins		95%	Immediate		75%		Long stay patients (>21 LoS)		198	
	Ambulance handovers > 60mins		0	Immediate		258		Elective LoS (days, excl 0 LoS)		5.25	
	12hr waits in ED (type 1)		2%	Immediate	13%	15%		Discharges before noon		17%	
Cancer	Cancer patients < 62 days		85%	Immediate		70%		Theatre sessions used		1146	
	28 day faster diagnosis standard		75%	Immediate	-	86%		In session theatre utilisation		80%	
	31 day decision to first treatment		96%	Immediate		95%		Virtual Outpatient Attendances		18%	
Outpatient Transformation	Advice and Guidance Requests		16%	Mar- 23	11%	9%					
	Patients moved / discharged to PIFU		5%	Mar- 23	2%	2%					
Diagnostics	Patients waiting > 6 weeks		5%	Mar- 23		45%					
RTT Waiting List	RTT Patients waiting > 78 weeks		0	Mar- 23	423	496					
	RTT Patients waiting > 104 weeks		0	Jul - 22	53	48					

## 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

2021/22 Performance Framework



## Elective Inpatient Activity

75%	In Month Actual
69%	In Month Plan
75%	YTD Actual
69%	YTD Plan



## Elective Daycase Activity

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



## Emergency Admissions

3,140	In Month Actual
3,622	In Month Plan
3,140	YTD Actual
3,622	YTD Plan



## New Outpatient Activity

97%	In Month Actual
99%	In Month Plan
97%	YTD Actual
99%	YTD Plan



## Follow Up Outpatient Activity

111%	In Month Actual
124%	In Month Plan
111%	YTD Actual
124%	YTD Plan



## Diagnostic Activity

103%	In Month Actual
114%	In Month Plan
103%	YTD Actual
114%	YTD Plan



## RTT Clockstops (All)

88%	In Month Actual
101%	In Month Plan
88%	YTD Actual
101%	YTD Plan



## RTT Clockstops (Admitted)

78%	In Month Actual
83%	In Month Plan
78%	YTD Actual
83%	YTD Plan



## RTT Clockstops (Non admitted)

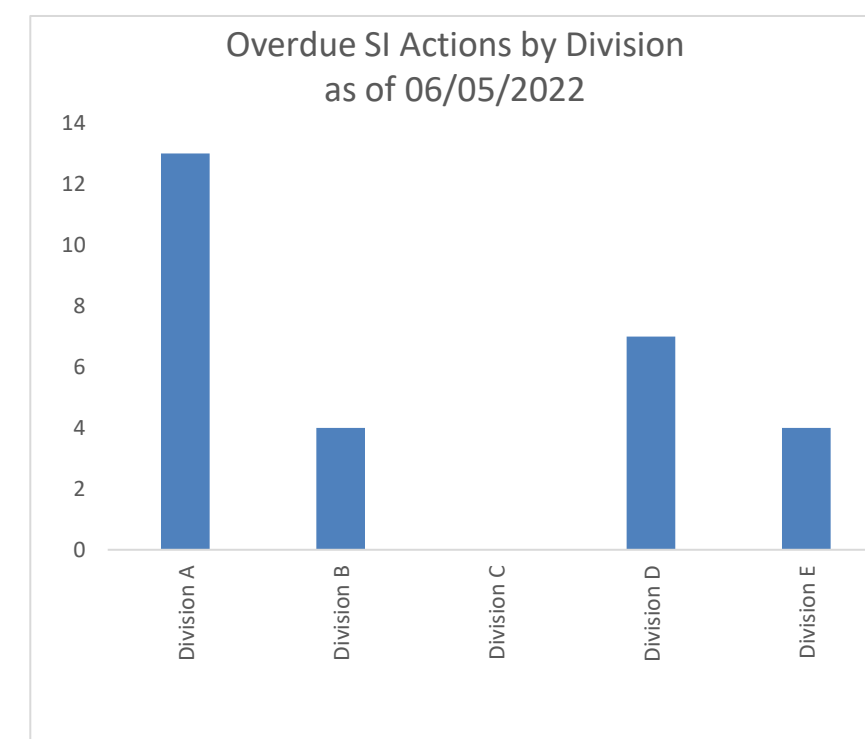
91%	In Month Actual
107%	In Month Plan
91%	YTD Actual
107%	YTD Plan

# Serious Incidents

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	May 18 - Apr 22	month	-	1367	1401			-	The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Sep 19 - Apr 22	month	2%	1.4%	1.8%				There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	May 18 - Apr 22	month	-	4				-	Four Serious Incidents were declared with the CCG in April 2022, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Apr 18 - Apr 22	month	100%	100%	60%				3 Serious Incidents were submitted to the CCG in April 2022 within 60 working days. Narrative below.

	STEIS SI Sub-category		Title	Actual Impact	Div.	Ward / Dept.
SLR130897	Treatment delay		Abdominal Aortic Aneurysm	Death/ Catastrophic	Division C	Emergency Department -Adult
SLR137083	TBC		Radiology report not acted on	Moderate	Division A	Ward D8
SLR137969	Slips/trips/falls		Patient Fall	Severe / Major	Division C	Ward G5
SLR138323	Slips/trips/falls		Patient Fall EAU4	Severe / Major	Division C	MDU- medical

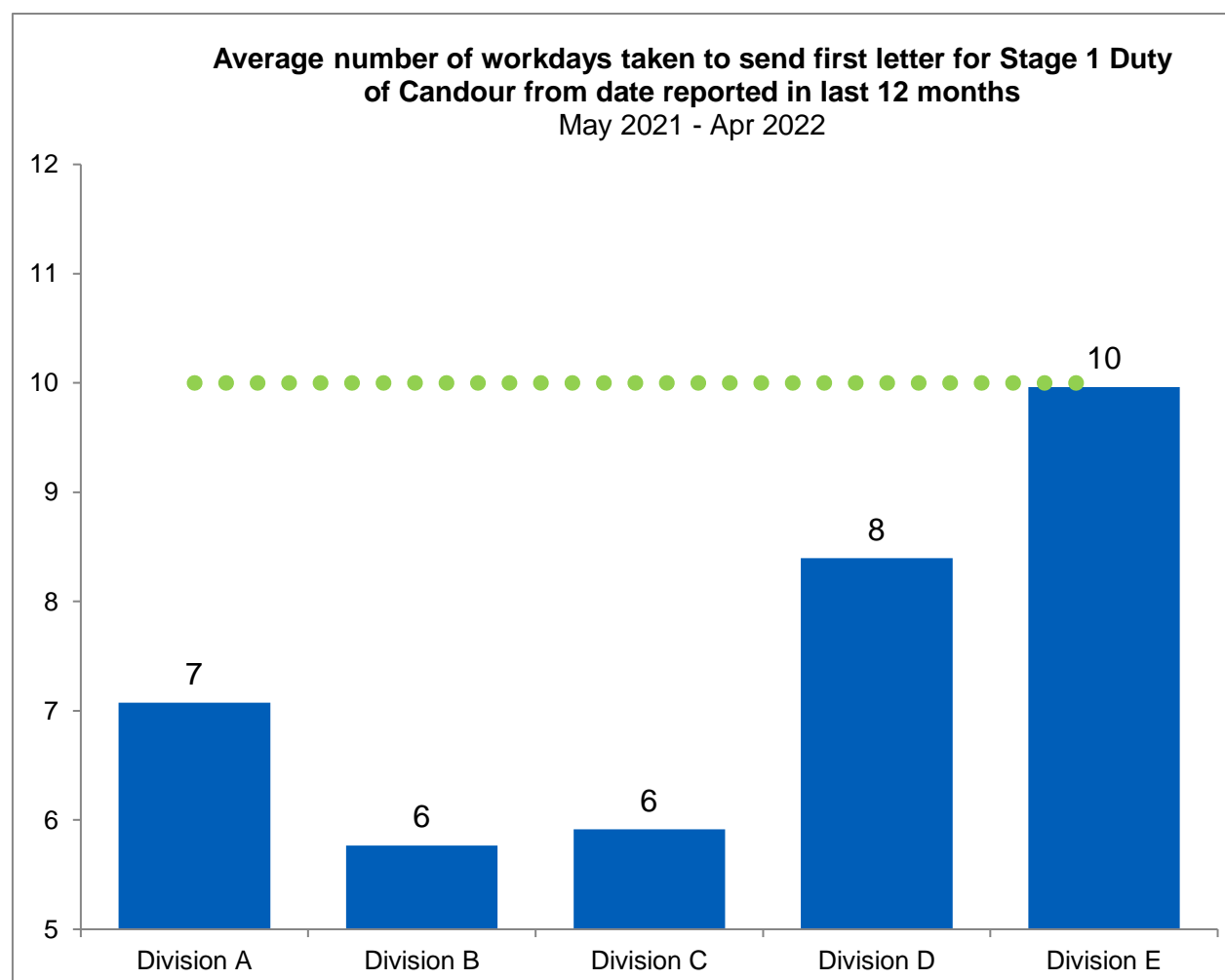
**Summary:** The number of patient safety incidents remains in normal variance. Moderate harm incidents fell below but this is not statistically significant. Based on the 60 target 6 Serious incident investigations were due to the CCG, however due to operational pressures and investigator availability three of these were granted extensions for submission date. The Patient Safety Improvement team continues to investigate for all serious incidents relating to HAPUs and patient falls or when the Divisional team are unable to allocate an investigator. Four SI investigations were commissioned at SIERP and SI Action plan closures continue to be supported by the monthly SIERP Action Assurance Meeting and collaboration with the CCG.



# 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*	Mar 19 - Apr 22	month	100%	71%	67%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Mar 19 - Apr 22	month	100%	64%	67%		-		The system may achieve or fail the target subject to random variation.

Safety and Quality



## Executive Summary

Trust wide stage 1\* DOC is compliant at 92% for all confirmed cases of moderate harm or above in April 2022. 71% of DOC Stage 1 was completed within the required timeframe of 10 working days in April 2022. The average number of days taken to send a first letter for stage 1 DOC in April 2022 was 6 working days.

Trust wide stage 2\*\* DOC is compliant at 72% for all completed investigations into moderate or above harm in April 2021 and 64% DOC Stage 2 were completed within 10 working days.

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

Indicator definitions:









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

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



# Falls

## Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	May 19 - Apr 22	month	-	176	137		-	-	There were a total of 176 falls (inpatient, outpatient and day case) in April 2022. The Trust is currently within normal variance
Inpatient falls per 1000 bed days	May 19 - Apr 22	month	-	5.19	4.28			-	There were 172 inpatient falls in April 2022. The Trust is currently within normal variance
Moderate and above inpatient falls per 1000 bed days	May 19 - Apr 22	month	-	0.18	0.06			-	There were 6 falls categorised as Moderate or above harm in April 2022 [irrespective of lapses of care]. The Trust is currently within normal variance
Falls risk assessment compliance within 12 hours of admission	May 19 - Apr 22	month	90.00%	84.00%	84.50%				The goal of ≥90% has not been reached since June 2021. The system may achieve or fail the target subject to random variation.
Falls KPI: patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Apr 19 - April 22	month	90.00%	12.30%	6.30%				The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has shown a small increasing trend
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Apr 19 - April 22	month	90.00%	22.50%	12.10%				The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has remained fairly static.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Apr 19 - April 22	month	90.00%	73.80%	61.50%				The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has increased significantly.

### Executive Summary

From January 2022 all falls with a Moderate and above harm are presented and actions monitored at the falls QI Group. This is to ensure that the Group has oversight of the investigations and the action plans. It has been identified that some minor changes are required to the existing Falls Risk Screening and an EPIC change request has been submitted in relation to this. However this was given a priority 3 level and this has been challenged as the changes link to both an SI and an inquest. A review has been scheduled for the next EPIC design authority meeting.

The role of the falls advocate has been rolled out across the Trust; focusing on ward level improvement. Study days occurred in April and 2 more are occurring in May 2022.

The current KPI's related to Lying and Standing Blood Pressure, confusion care planning and provision of walking aids will continue to be the focus for the next year as compliance remains low. KPI compliance will be one of the main focus areas for the new Falls Advocates. They will be producing a monthly ward level report on compliance and actions plans for improvement from July 2022.

It is expected that the introduction of the Falls Advocates will improve compliance the KPI, increase ward ownership of improvement plans and reduce the number of falls occurring in the Trust.

The Lead Falls Prevention Specialist has worked in collaboration with the Dementia Specialist nurse on the development of CUH specific confusion care plans. The Dementia Specialist nurse is to submit an EPIC change request in relation to this. An audit is underway within DME to look at the quality of medical post falls assessments.

# 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 - Apr 22	month	-	19	21		-	-	The total number of HAPUs remains within normal variance. There is a KPI target to reduce category 2 and above HAPU, this is reported below.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Apr 22	month	-	8	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Apr 22	month	-	11	10		-	-	Category 2 and above HAPU is within normal variance. There were 9 Category 2 and 2 unstageable HAPU in April 2022.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Apr 22	month	90%	80%	80%		-		PU screening risk assessment compliance remains below the target of 90%. A QI plan is in progress to implement ward based training to increase compliance.
KPI downward trend of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2022	Apr 19 - Apr 22	month	9	11	9		-		KPI 2021-2022 - to decrease number of category 2 and above HAPU as a result of early reporting of category 1. Reporting for category 2 and above HAPU has remained static and within normal variance for the last period, this KPI was not achieved.

### Tissue Viability QI Plan Update

#### PU Prevention-

#### KPI to reduce heel HAPU category 2 and above by 5% by March 2022

47% (9/19) HAPUs that occurred in April 2022 were on heels or feet. We have not reached the overall KPI at the end of the year.

Critical care, Elderly care, trauma and neurosurgery remain the specialities with most pressure ulcers YTD. All these areas include patients who are most affected by reduced mobility and tissue perfusion.

#### KPI to increase compliance with risk assessments to 90% by March 2022

Compliance remained static for the last period. Ward based teaching is currently paused again due to TVN team staff shortage with the aim to restart in September when the full team is in place

#### KPI for all category 3 and above (severe harm) HAPUs and wards where a cluster of 5 or more category 2 (moderate harm) HAPUs occur

100% will have an AAR undertaken within 5 working days of presentation at SIERP and confirmation of level of harm. Exception to be applied for AL or Sickness. – One unstageable HAPU is currently under investigation and will be scheduled for SIERP

#### Moisture associated skin damage

Incidents continue to remain within normal variance. After achieving a reduction in the past 2 years, the downward trend is now stabilising. We had reports of shortages with supply chain for skin care products

#### Lower limb work stream

Education and support continues for AES across the trust. An updated version of the lower limb ulcer care pathway has been implemented within Connect and EPIC. Leg ulcer service proposal meetings started in February are currently on hold due to staff shortages in the team. In the future the plan is to develop an integrated service between community, OPAT and acute TVNs with the aim to restart in September 2022.













#### TV Service

The project to introduce wound care folders on the wards is at the final stage and it will be presented on the 9th of June to the Tissue Viability Advocates.

New mattresses have been delivered to ED following the February audit. The new mattresses have the same standard of the bed mattresses.

# Sepsis

## Safety and Quality

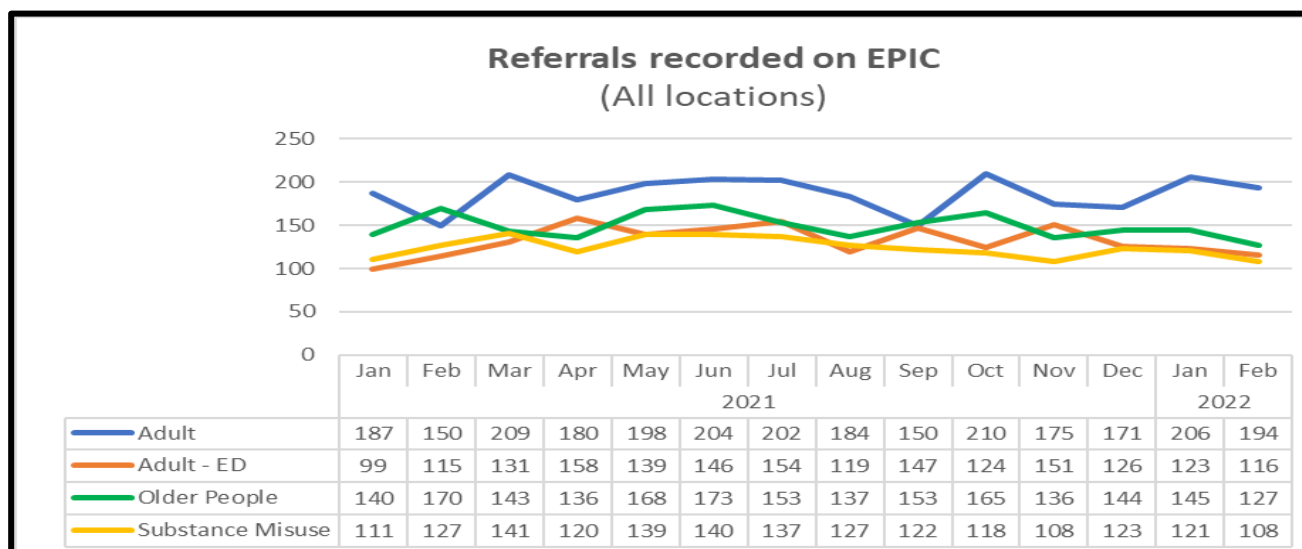
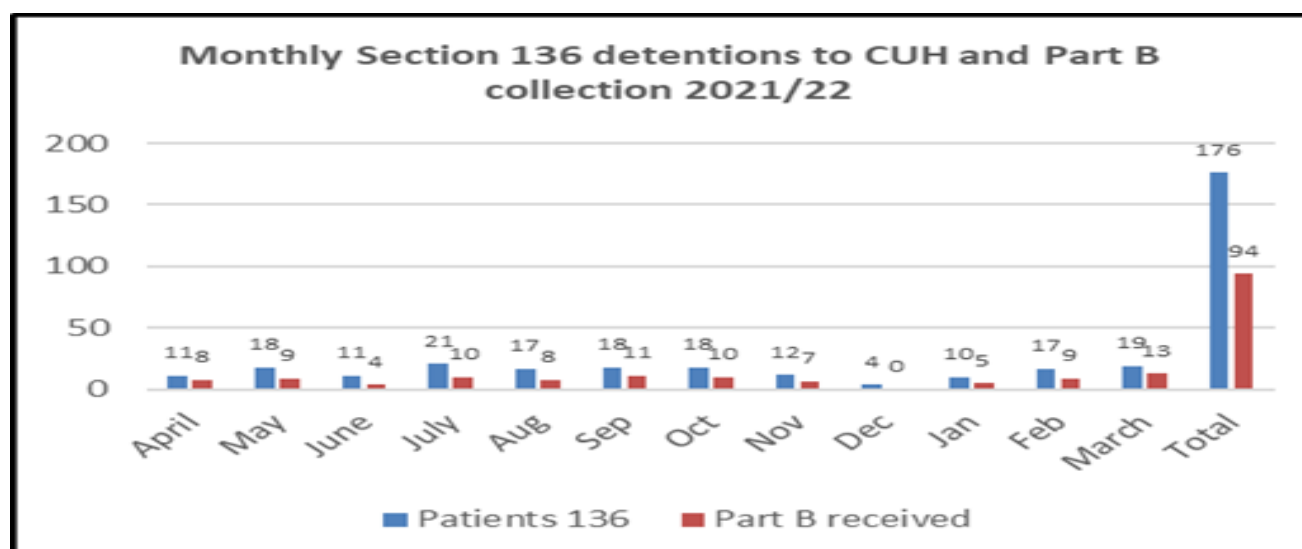
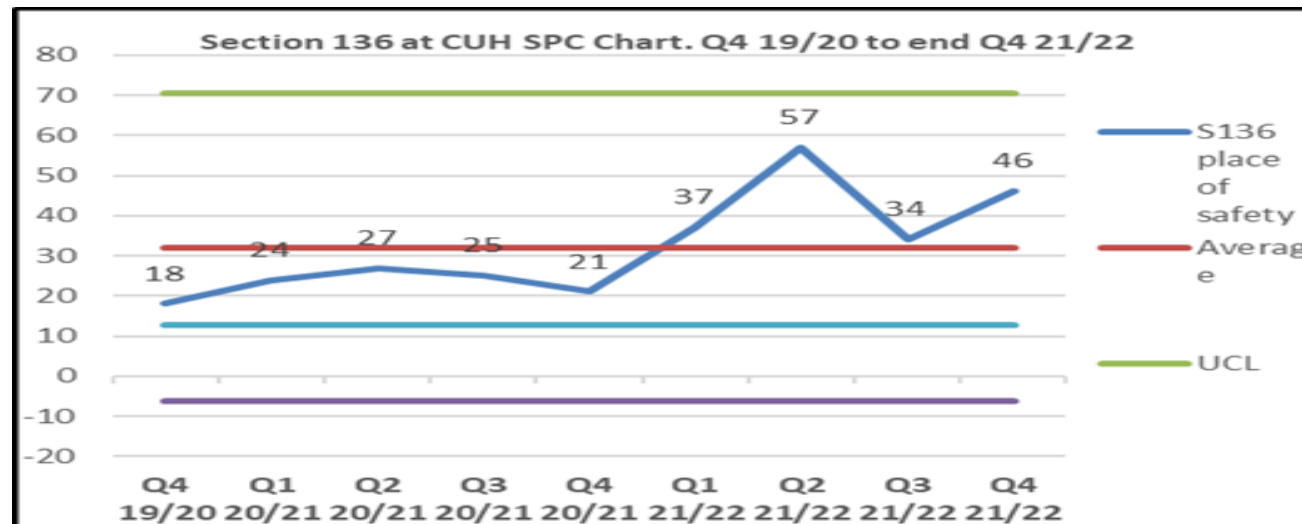
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
<b>Trust internal data</b>									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - Mar 22	Monthly	95%	47%	55%		-		No data for April 2022, audits are expected and will be updated retrospectively
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - Mar 22	Monthly	95%	67%	72%		-		No data for April 2022, audits are expected and will be updated retrospectively
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Apr 20 - Mar 22	Monthly	95%		21%		-		There is no data for sepsis inpatient Sepsis compliance for April 2022, as there is a vacancy in the Inpatient Sepsis Lead role.
Antibiotics administered with 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Apr 20 - Mar 22	Monthly	95%		61%		SP		There is no data for sepsis inpatient Sepsis compliance for April 2022, as there is a vacancy in the Inpatient Sepsis Lead role.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Sep 20 - Mar 22	Monthly	95%	93%	90%		-		No data for April 20222, audits are expected and will be updated retrospectively
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Apr 20 - Mar 22	Monthly	95%	0%	64%		-		There is no data for sepsis inpatient Sepsis compliance for April 2022, as there is a vacancy in the Inpatient Sepsis Lead role.

### Executive Summary

There is no data for sepsis inpatient Sepsis compliance for March 2022, as there is a vacancy in the Inpatient Sepsis Lead role.  
This data will be retrospectively collated when the post is appointed to; this process is underway.  
No ED Sepsis data for April 20222, audits are expected and will be updated retrospectively



# Mental Health - Q1 2022/23



## Narrative

- The number of 136 patients coming through ED at CUH in April 2020 (15) shows a steady increase in numbers from the low base of Q3. Of the patients that did attend 12 were discharged from their section following a MHA assessment. On available figures the average waiting time in ED from a 136 patient to have their MHA assessment commenced was just over 10 hours. In Cambridgeshire there were 55 section 136 patients which is the highest April figure for a number of years
- The CCG have put in place a '136 follow up support service' which became operational this month. The service will consist of telephone follow up for anybody that has been detained on a section 136 but was then not further detained following assessment. A patient needs to consent for follow up at the point of their MHA assessment.
- The number of adults presenting to ED (239) at CUH with a M/H need in April 2022 shows a 21% decrease the corresponding month last year (301) and is the lowest number since April 2020 which was at the start of the Covid pandemic. The number of adult patients subsequently admitted was 42 which was the lowest figure since March 2021.
- The number of CAMHs patients presenting in ED in April 2022 (20) shows a 52% reduction from April 2021. Though it is too early to be certain the CAMHs figure may be somewhat explained by the increased resources that is now in place for young people in a M/H crisis.
- Plans are being put in place for the closure of one of the three adult M/H wards at Fulbourn Hospital during May 2022. The decision is being driven by staffing shortages which is hoped will be resolved by the end of the year. A number of beds are being block purchased from the private sector to help mitigate the closure.
- The number of suspected suicides in March 2022 in Cambridgeshire (19) is the highest number recorded by the Real Time Suicide Surveillance report since it was established 4 years ago. The figure for April has fallen to 7 which is closer to the monthly average of 5.5.

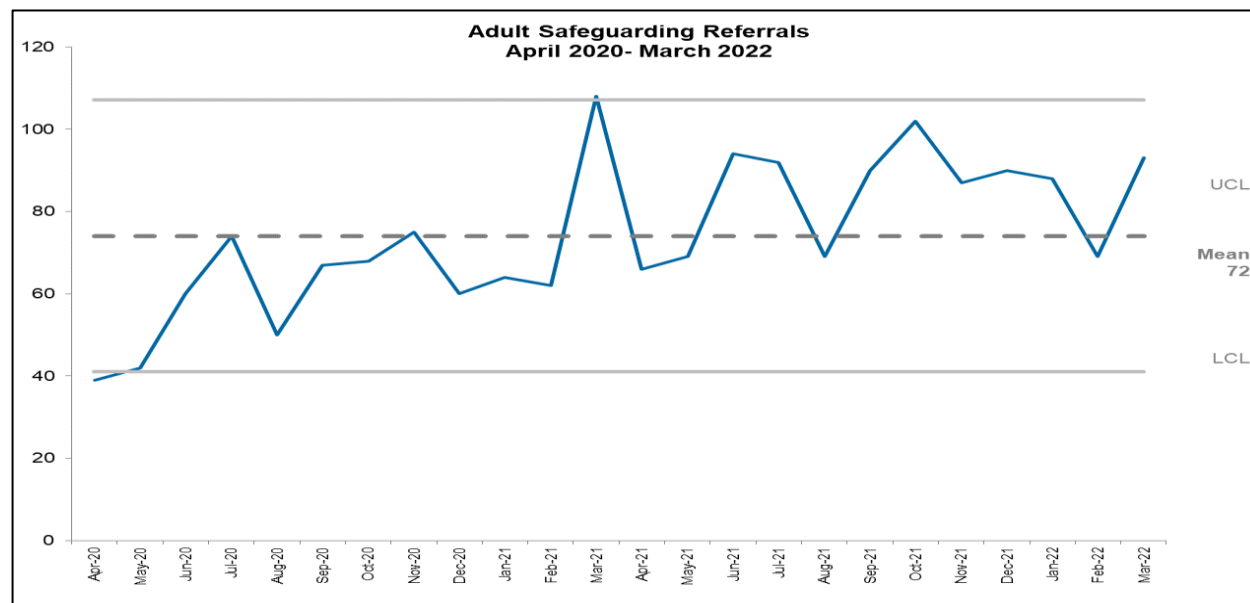
## Ongoing work:

- The M/H team have been allocated substantive funding for both the M/H lead and M/H specialist nurse posts and recruitment for both will commence shortly.
- Work is nearing completion on ligature assessments on a number of key wards/departments. That work will now move to the formulation of agreed action plans to mitigate identified risks.
- Interface meetings between mental health and CUH for both adult and younger peoples services are continue. The plan now is to invite other agencies to the meeting such as Centre 33 who provide support for younger people with M/H needs in the the CUH MH Strategy works.

# Safeguarding

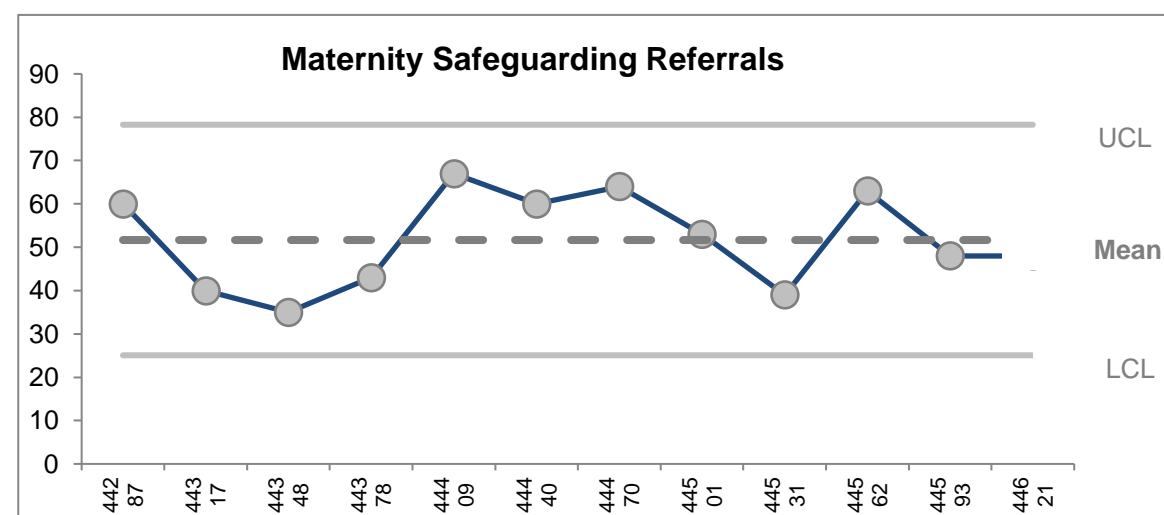
## Adult Safeguarding

Referrals to the safeguarding team have continued to increase year on year. The total referrals to the Adult Safeguarding Team in 2021-22 was 1009, which is an increase of 31% compared to 2020-21. In Q4, there were 234 referrals to the team, 43% of the referrals received were safeguarding enquiries and of these 67% were forwarded to the local authority for further investigation. The largest number of referrals relate to concerns of neglect or acts of omission however there has been a 16% increase in referrals for Domestic abuse in Q4.



## Maternity safeguarding

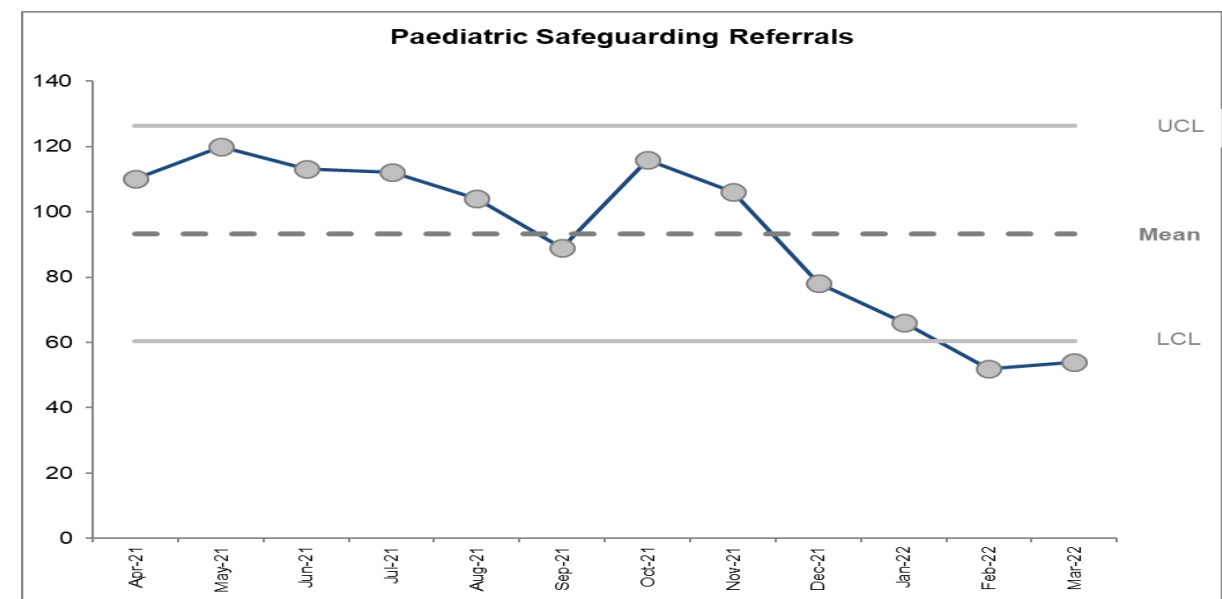
The number of referrals to the maternity safeguarding team has ranged between 35 and 65 referrals per month. The greatest reason for onward referral to children's services is due to domestic abuse. There are 14 unborn babies with child protection plans and 13 having a child in need plan in place currently.



## Childrens Safeguarding

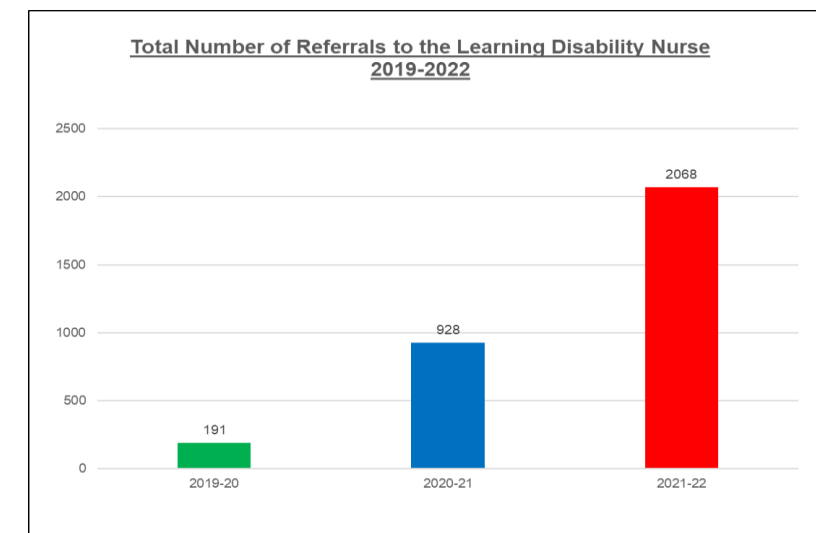
The number of referrals has decreased by 43.35% this quarter in comparison to Q3.

The reason for the decrease is not clear, however may be attributed to a change in the referral system whereby staff are sending referrals directly to social care instead of via the safeguarding team. Mental Health continues to be the consistent theme dominating Children's social care referrals although this has decreased by 37.5% from Q3. During Q4 there has been an increase of 446 (29.9%) patients who did not attend (DNA's) their appointments. A group has been convened to ensure our processes for DNA's are robust to safeguard children at risk.

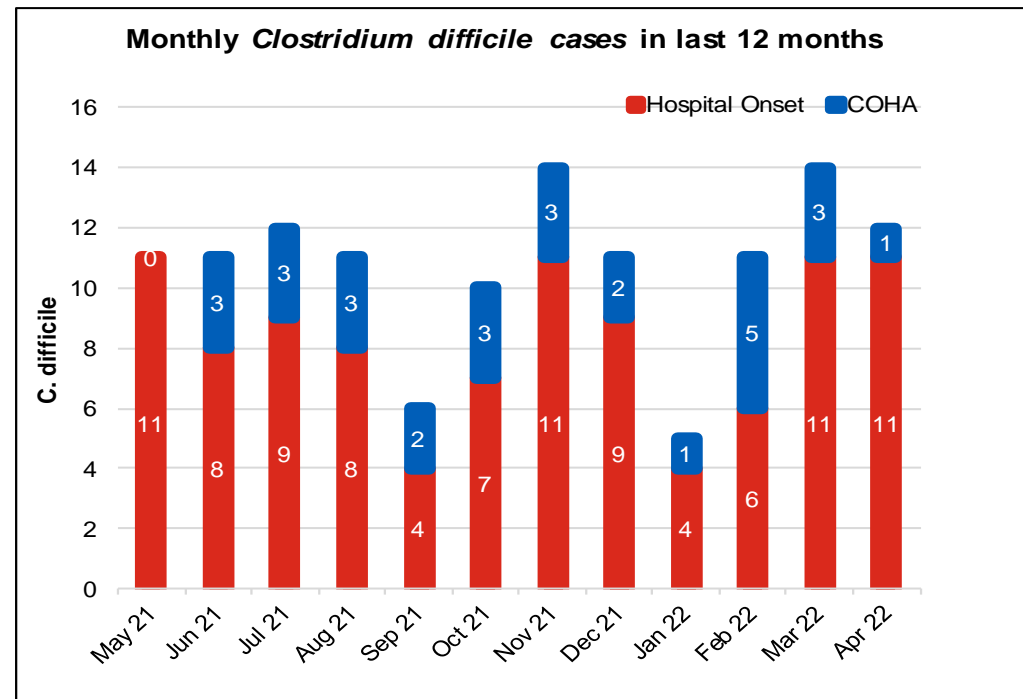


## Learning disabilities

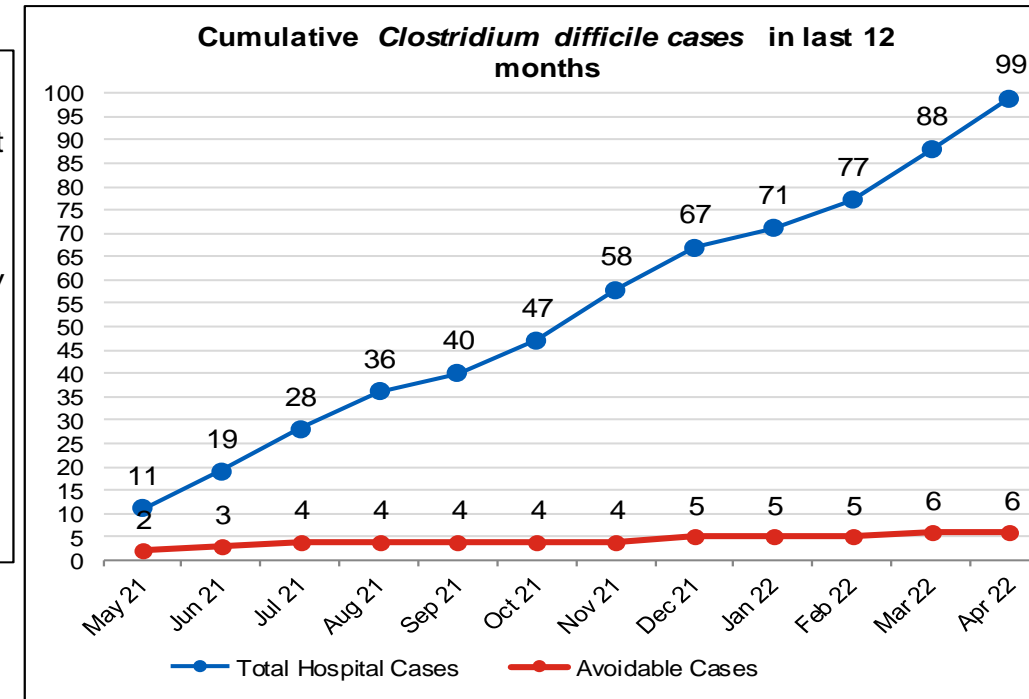
The number of referrals to the learning disability specialist nurse has increased year on year. In total in 2021/22 there have been 2068 referrals compared with 928 in 2020/21. During Q4, there have been 495 referrals which is a 7% decrease from Q3 but comparable to Q2. The learning disability nurse is working in close partnership with the Learning disability partnership and local services.



# Infection Control



\* 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



## CUH trend analysis

MRSA bacteraemia ceiling for 2021/22 is zero avoidable hospital acquired cases.

- No cases of hospital onset MRSA bacteraemia in April 2022.

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

- 11 cases of hospital onset *C. difficile* and 1 case of COHA in April 2022. All cases will be discussed with the CCG next month.

## MRSA and *C. difficile* key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 86.7% in April 2022 (94.7% in March 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to March 2022) put the Trust 6<sup>th</sup> out of 10 in the Shelford Group of teaching hospitals.
- Compliance with the *C. difficile* care bundle was 92.3% in April 2022 (88.9% in March 2022).
- The latest *C. difficile* rate comparative data (12 months to March 2022) put the Trust 7<sup>th</sup> out of 10 in the Shelford

# Fit Testing compliance for substantive staff



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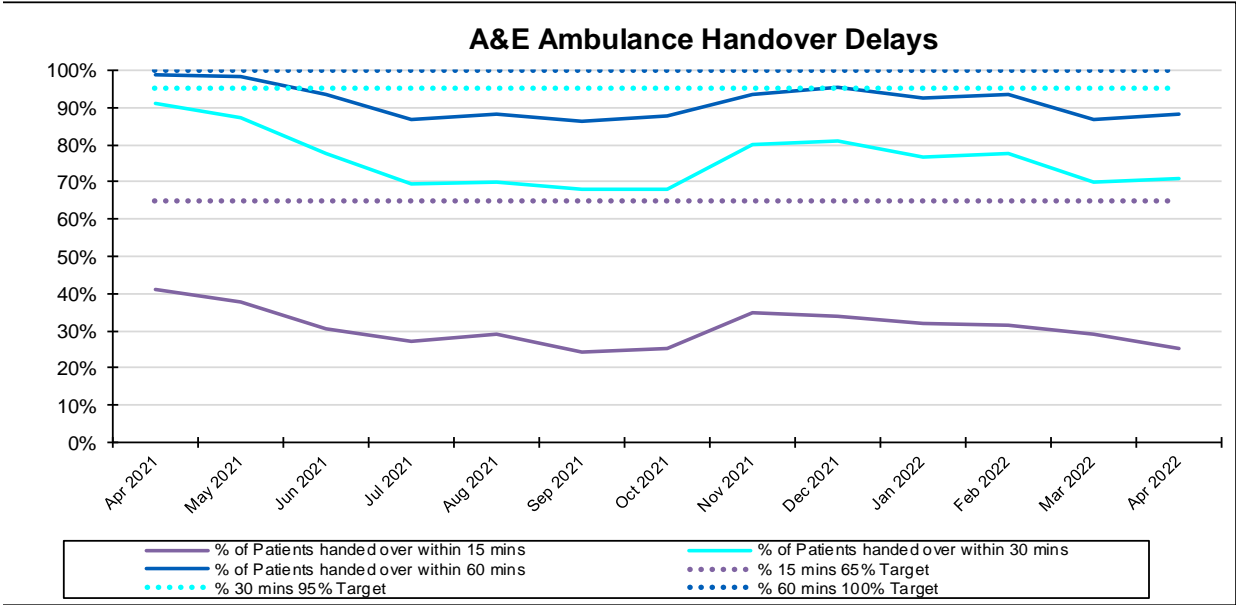
## Fit Testing compliance for substantive staff

Fit Test Compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Nursing and Midwifery Registered	519	448	86%	25	22	88%	236	212	90%	147	125	85%	279	242	87%	-	-	-	1,206	1,049	87%
Additional Clinical Services	185	149	81%	65	52	80%	105	92	88%	83	59	71%	61	42	69%	-	-	-	499	394	79%
Medical and Dental	156	114	73%	87	74	85%	168	133	79%	119	102	86%	136	101	74%	-	-	-	666	524	79%
Additional Professional Scientific and Technical	-	-	-	90	86	96%	1	1	100%	-	-	-	-	-	-	-	-	-	91	87	96%
Allied Health Professionals	58	53	91%	118	100	85%	1	1	100%	-	-	-	-	-	-	-	-	-	177	154	87%
Estates and Ancillary	5	2	40%	1	1	100%	-	-	-	-	-	-	-	-	-	67	62	93%	73	65	89%
<b>Total</b>	<b>923</b>	<b>766</b>	<b>83%</b>	<b>386</b>	<b>335</b>	<b>87%</b>	<b>511</b>	<b>439</b>	<b>86%</b>	<b>349</b>	<b>286</b>	<b>82%</b>	<b>476</b>	<b>385</b>	<b>81%</b>	<b>67</b>	<b>62</b>	<b>93%</b>	<b>2,712</b>	<b>2,273</b>	<b>84%</b>

*The data displayed is at 10/05/22. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, 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*

# Ambulance Handovers & 12 Hr Waits From Arrival

Operational Performance



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
No. of Patients not handed over within 30 mins	840	478	507	615	544	697	646
No. of Patients not handed over within 60 mins	326	151	127	201	159	300	265

**Managing demand**

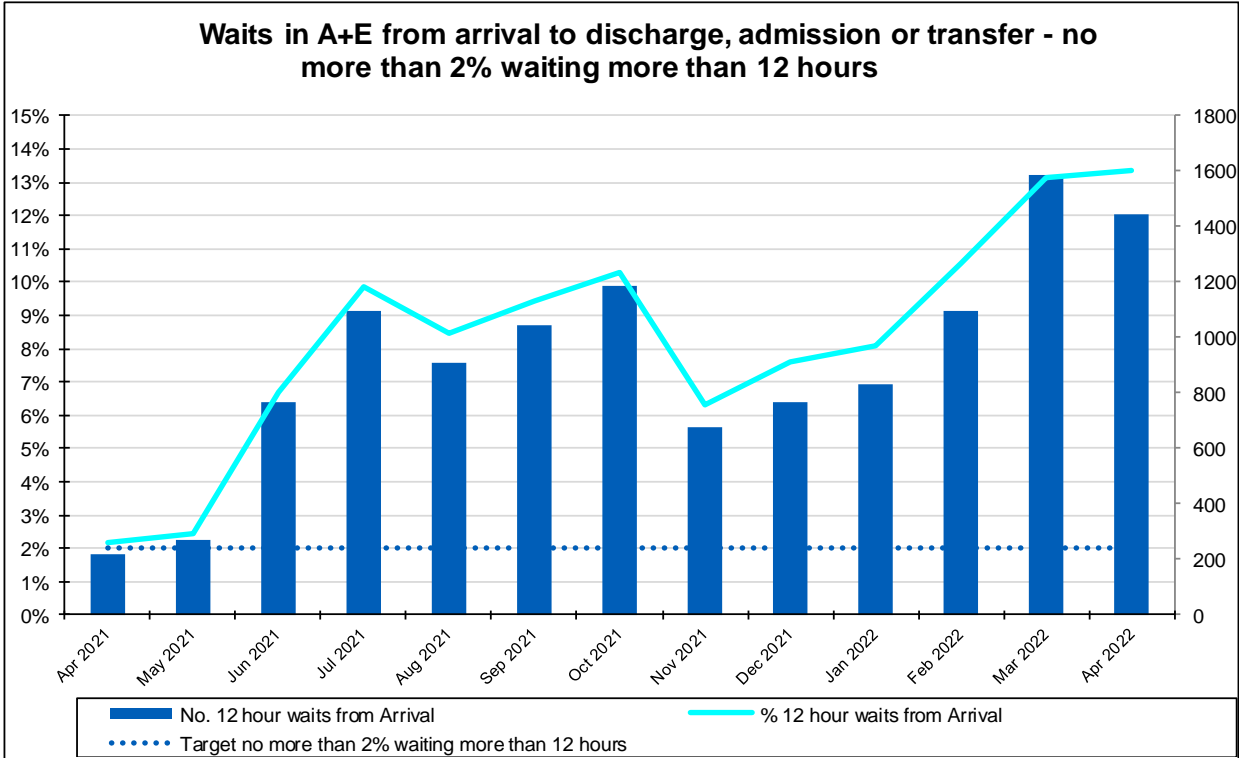
- Total attendances in April were 10,813 which is 405 (3.9%) higher than April 2019. This equates to a rise in average daily attendances from 347 to 360 over the same period.
- The focus on streaming patients to assessment areas outside the Emergency Department continued, with a dedicated clinician based at the front door and the ambulance bay to support this:
  - 3,434 patients were streamed to the Urgent Treatment Centre (UTC) of which 1,590 patients were seen by a GP or ECP
  - 780 patients were streamed to our medical assessment units on wards N2 and EAU4
  - 339 patients were streamed to the Surgical Assessment Unit.

**Performance**

- 1,401 patients had an ED journey time in excess of 12 hours compared to 76 in April 2019. Of these, 417 patients waited more than 12 hours from their decision to admit (0 in April 2019)
- Our ambulance performance in April was as follows:
  - 25.1% of handovers were clear within 15mins vs. 64.1% in April 2019 (target = 65%)
  - 71.0% of handovers were clear within 30mins vs. 95.8% in April 2019 (target = 95%)
  - 88.1% of handovers were clear within 60mins vs. 99.6% in April 2019 (target = 100%).

**Key actions:**

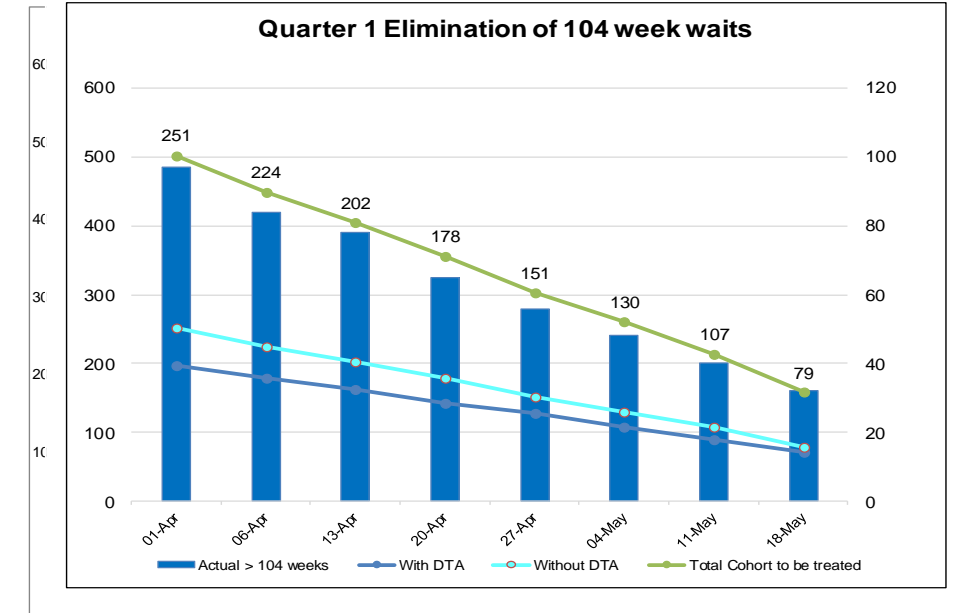
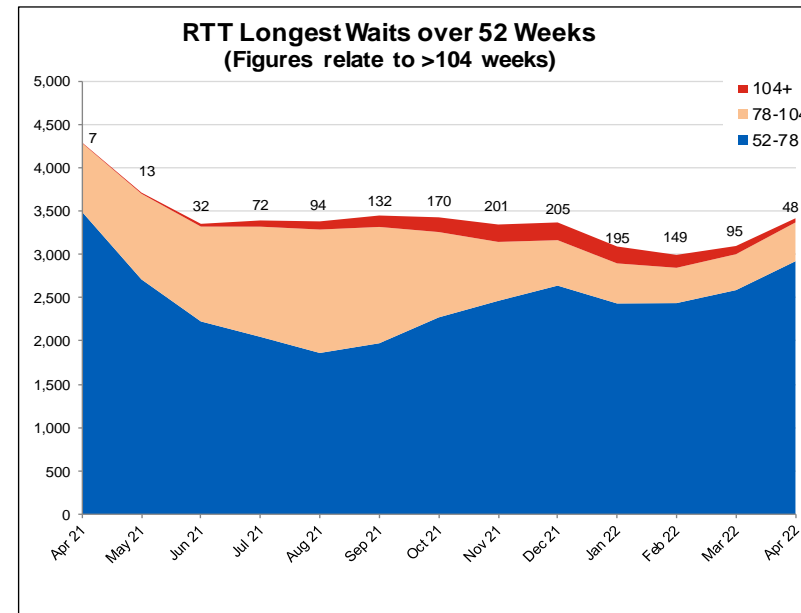
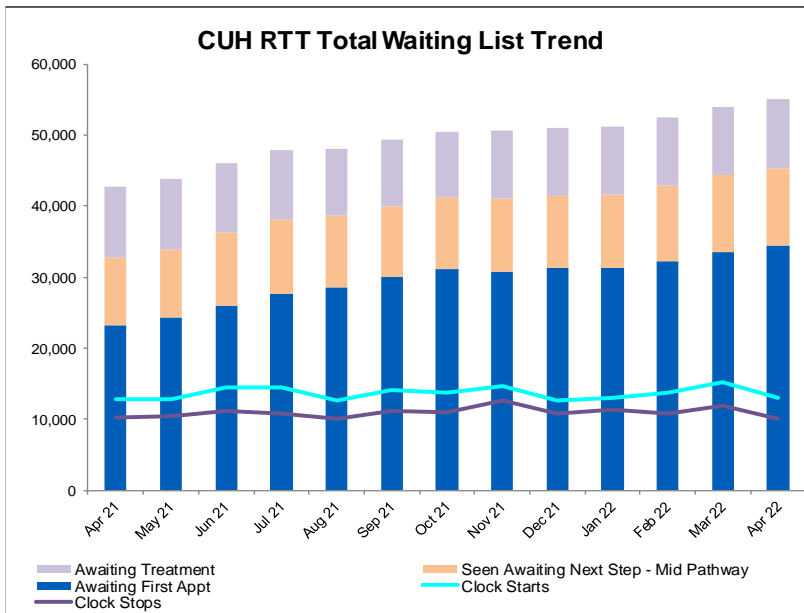
Actions being undertaken by the department focus on improvement against the ambulance handover delays and 12hr waits from arrival. These include the creation of the 'ED Hub' to centralise escalation and coordinate actions to improve flow within the ED, improving the infection control pathways in ED to allow ambulances to offload to multiple areas, developing a new escalation plan and escalation tool to quickly identify and resolve blocks to flow, and agreeing of a new SDEC pathway with Orthopaedics. The ED is also in the process of updating the Internal Professional Standards policy to set out the key performance measures for both the ED and specialties across the Trust.





# 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
- develop plans that support an overall reduction in 52 week waits where possible

The total waiting list size grew by 1,155 in April to 55,097. Our Month 1 planning submission had forecast growth to 55,813 so we are currently lower than plan. Compared to pre-pandemic the waiting list has grown by 62%.

The number of patients joining the RTT waiting list (clock starts) were 3.7% higher than last month, and 4.3% higher than April 2019. We had forecast continued referral growth of 2.3% above 2019 baseline. Clock starts (referrals) represented 24% of the total waiting list size in the month. Patients waiting to commence their first pathway step accounted for 62% of the total.

The number of RTT treatments delivered in April represented 87.8% compared to April 2019. Non-admitted stops increased to 91% of baseline, with admitted stops lower at 77.8%. The total treatments were 1.2% higher than March, but with the larger waiting list the clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) increased to 20.9 weeks.

The 92nd percentile total waiting time increased to 48 weeks. For admitted patients only we saw a further reduction to 64 weeks.

The volume of patients waiting over 52 weeks increased by 320 to 3,417 compared to a plan of 3,184. 587 patients in total were treated who had waited over a year.

The volume of patients waiting over 78 weeks decreased by 14 to 496, compared to a plan of 423.

Good progress was made on the elimination of waits over 104 weeks which reduced to 48 from 95 the prior month. ENT (adult and paediatric) represent 35% of the patients remaining, followed by Maxillofacial surgery and Orthopaedics with six each, and Colorectal with four.

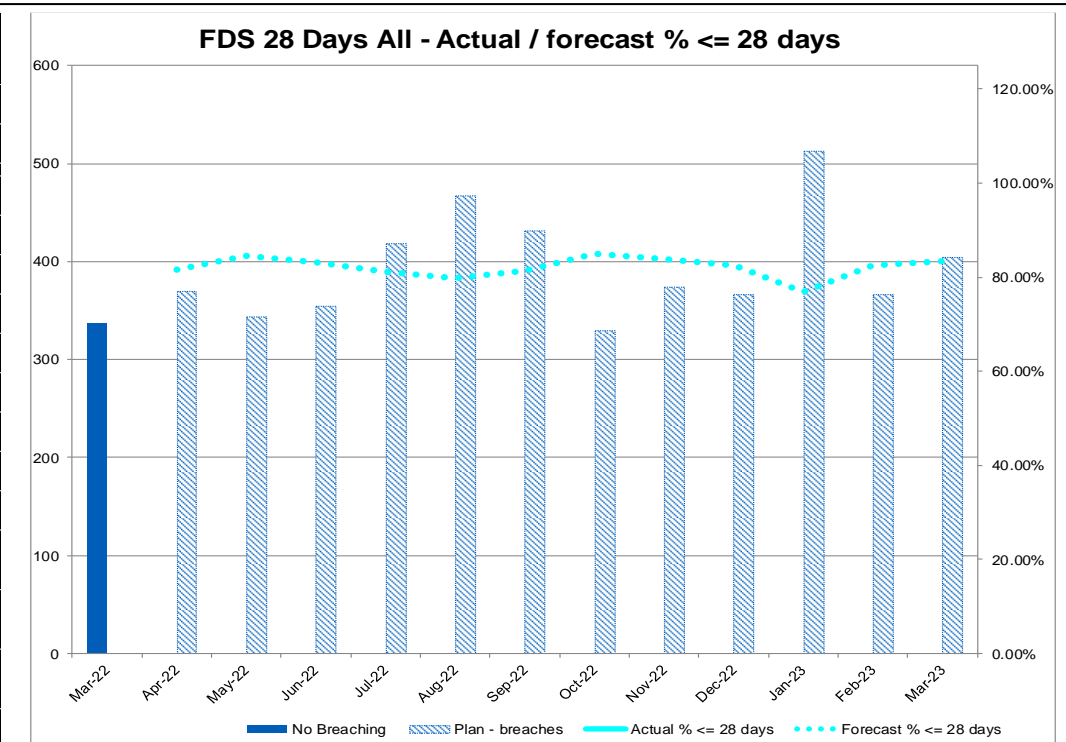
The aim for Quarter 1 is to treat all patients who would reach 104 weeks by the end of July, allowing for a one month buffer against the absolute target. Having started at 251 on 1st April, we have reduced this cohort to 79 as at 18th May with just twelve patients outstanding plans by the end of Q1.

Nationally the RTT waiting list continues to rise, reaching 6.4 million in March 2022 with a 44.3 week 92nd percentile waiting time and 4.8% waiting over 52 weeks. CUH has 6% over 52 weeks which is 6th highest in the EoE.

# Cancer

## National Targets

Cancer Standards 22/23	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Qtr 3 - 21/22	Jan-22	Feb-22	Mar-22	Qtr 4 - 21/22
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	81.0%	79.3%	76.8%	78.9%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	53.2%	29.8%	19.7%	35.5%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	90.6%	97.5%	94.8%	94.3%
31 Day Subs (Anti Cancer) (98%)	98%	98.8%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	94.9%	99.1%	98.3%	99.1%	97.1%	86.5%	93.7%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	87.5%	90.7%	88.9%	89.0%
<b>31 Day - Combined</b>	<b>96%</b>				<b>94.3%</b>	<b>96.9%</b>	<b>91.8%</b>	<b>94.2%</b>
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	75.9%	83.6%	84.1%	81.3%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	93.4%	96.6%	94.1%	94.6%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	51.0%	71.8%	70.9%	64.5%
<b>FDS - Combined</b>	<b>75%</b>				<b>74.8%</b>	<b>83.2%</b>	<b>100.0%</b>	<b>80.6%</b>
62 Day from Urgent Referral with reallocations (85%)	85%	75.4%	75.1%	73.2%	68.0%	70.6%	70.2%	69.6%
62 Day from Screening Referral with reallocations (90%)	90%	68.6%	55.0%	68.9%	56.7%	57.1%	68.3%	60.0%
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	51.2%	46.2%	77.8%	50.0%	56.7%
<b>62 Day Reallocations - Combined</b>	<b>85%</b>				<b>65.0%</b>	<b>68.6%</b>	<b>69.5%</b>	<b>67.7%</b>



The latest nationally reported Cancer waiting times performance is for March 2022 and year end.

The sustained demand on 2ww and 2ww SBR for the Breast service continues to drive the under performance against the 2WW standards. Breaches in Breast increased again in March so there was deterioration in performance to 76.8%. This reflected an average wait of 18 days rather than within 2 weeks. The Faster Diagnosis Standard in Breast is being maintained and we delivered 94% in March within 28 days. The business case for a substantive increase to the Breast Unit staffing is progressing to recruitment. The National performance was higher in March for both 2ww and 2ww SBR at 80.6% and 59.5% respectively. The full year performance for CUH against the 2ww standards was 87.2% for 2ww, and 63.1% for 2ww SBR, with 11% more patients seen via a 2ww across 2021/22.

The 62 day Urgent standard performance in March was stable at 70.2%. This was ahead of performance nationally at 67.4%. There were 48 accountable breaches of which 37 were CUH only pathways. 17 of these delays were provider initiated delays, with the notable issue being that 13 were impacted by delays in histology turnaround. 10.5 were due to late referrals of which five were treated within 24 days of transfer. Breaches spanned 11 cancer sites, with the highest volume by site being Urology with 10 (7 related to histology, and the remainder referred post 62 days), then Breast with eight of which six had outpatient delays. The 62 day screening standard incurred seven breaches this month and performance improved but only to 68.3%. Six were in Lower GI of which five had multiple diagnostics. National performance was higher at 74.5%.

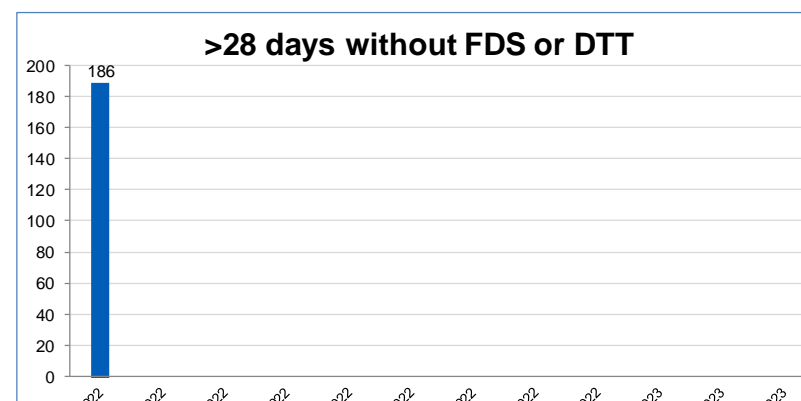
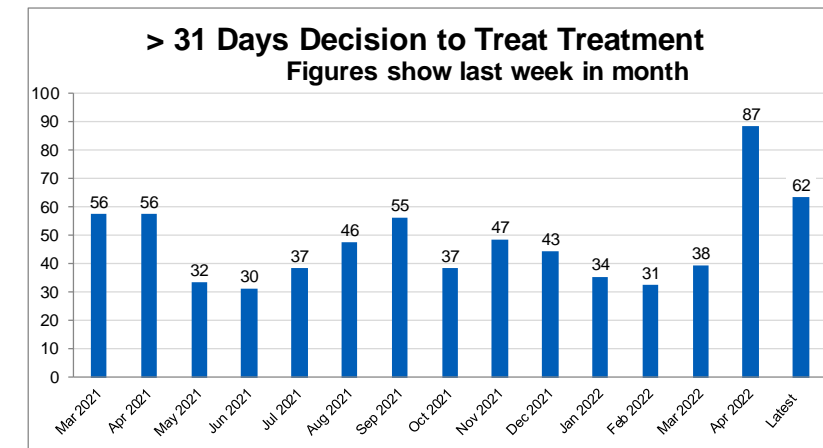
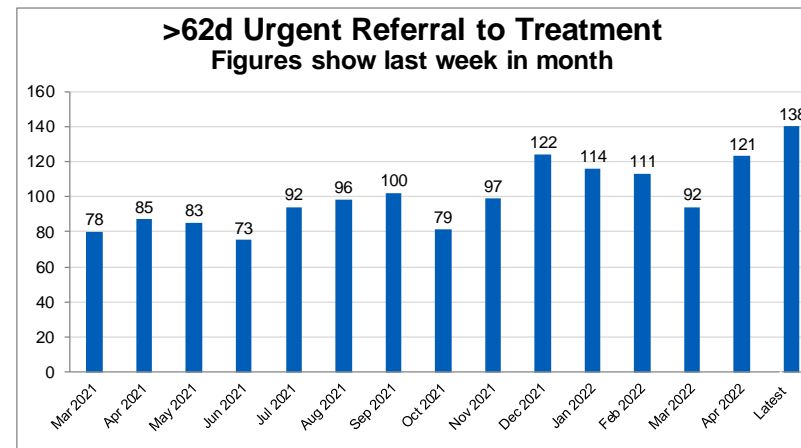
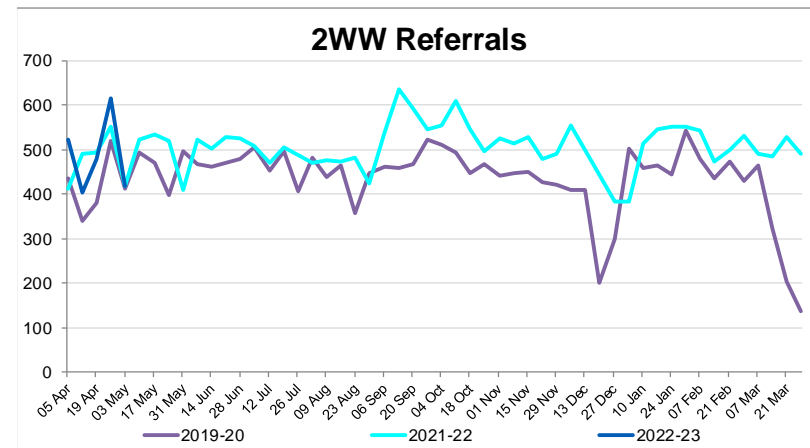
The 31 day FDT standard dropped in March but was still strong at 94.8%, and ahead of National performance of 93.4%. The subsequent surgery standard also dropped to 88.9% but remained ahead of National at 82.2%. Elective cancellations resulted in eight breaches, including cancellations due to LASSA and COVID impacting staffing. A further 16 breaches were due to surgical capacity. In March we have seen for the first time the impact of the CT replacement in Radiotherapy. This has resulted in a drop in subsequent radiotherapy performance to 86.5%. This impacts the Breast and Prostate pathways with an average wait of 41 days for those exceeding the standard. We expect performance to recover from June when staffing can support longer days until the scanner is replaced.

19 pathways waited >104 days for treatment in March. Ten were shared pathways referred between day 64 and 149. Nine CUH pathways exceeded 104 days. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. No cases have required escalation to the harm review panel this month.

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

# Cancer

## National Targets



### Current position

2WW suspected cancer referral demand continued at 117% over the past four weeks compared to the same baseline period in 2019. The number of breaches in the Breast service have halved through May to ~150, and there are no breaches booked into June due to capacity at this stage. Skin, Lower GI and Gynaecology are the only other sites demonstrating some pressure with 2ww delivery with more than 30 breaches each in May, although 62% are due to patient choice.

The number of patients waiting >62 days on an Urgent pathway has decreased from 121 last month to 138 currently. 62% of the breaches are CUH only pathways. 49% of patients do not yet have a confirmed cancer diagnosis. 23% have treatment scheduled. Urology, Skin, LGI, Head & Neck and Gynaecology have the highest backlog for CUH only pathways. Histopathology delays continue to have the largest impact on performance currently and turn around for reports has dipped again to 22.2% within 7 days against our internal standard of 80%. Increased activity (122% pre-covid), staff shortfalls and issues associated with the physical environment are all factors. There is national concern regarding workload and staffing in histology labs with a detailed review being considered by the National Pathology Board. Actions being taken include the use of temporary staff and paid additional hours pending an investment case for substantive staff; automation of some parts of the pathway and, in the longer term, a move to a new facility. Outsourcing has been considered but no other labs have capacity. CUH has a trajectory to recover 62 day backlog to 94 by the end of May so we are significantly off trajectory and are responding to KLOE via the Cancer Alliance to the National team on the challenges that are causing our risk to delivery.

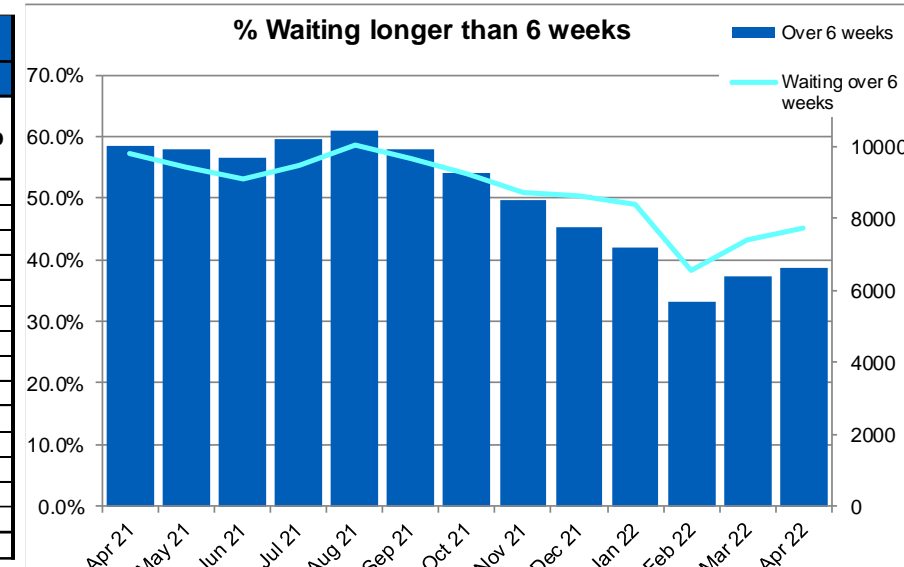
The number of patients waiting over 31 days increased significantly through April and remain high at 62 currently. 68% are scheduled for treatment. 47% are still suspected which reflects that Skin are the site with the highest volume of breaches (32%) and diagnosis won't be confirmed until histopathology results are complete. Skin is reflective of capacity within dermatology to complete outpatient excisions. The team have a number of actions including: additional medical and nursing resources to expand capacity, review of the appropriateness for patients to remain on cancer pathway, formalise the Derm/Plastics pathway to better manage the collective resource. Kidney is the other site that has seen backlog increase with 20% of the breaches. Four relate to treatment delays due to other medical conditions, but five are due to access to Radio Frequency Ablation capacity and Urology are working with Radiology on a plan to support the higher demand for this treatment modality. The number of breaches related to the capacity in Radiotherapy is now reducing and we expect these to resolve in June. Capacity for Prostate Brachytherapy does remain a constraint due to flexibility to match Consultant availability with theatre capacity. Mutual aid options for this have been explored with Mount Vernon.



# Diagnostics

## Operational Performance

Change from previous month:		Apr-22							
		Waiting List				Scheduled Activity		Total Activity	
		Total Waiting List	Variance from Feb 2020	% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Apr-19 Baseline	Total Activity	Variance from Apr-19 Baseline
Imaging	Magnetic Resonance Imaging	2698	38%	41.4%	7	2144	97.7%	2525	99.7%
	Computed Tomography	2619	152%	57.6%	18	2617	104.4%	5462	112.1%
	Non-obstetric ultrasound	3319	77%	41.7%	6	2972	96.1%	3637	94.6%
	Barium Enema	45	45%	4.4%	2	27	88.8%	28	92.1%
	DEXA Scan	981	51%	39.6%	5	529	128.3%	529	126.0%
Physiological Measurement	Audiology	630	86%	42.9%	6	393	86.0%	393	86.0%
	Echocardiography	2620	171%	63.8%	12	996	82.4%	1424	92.4%
	Neurophysiology	124	-54%	3.2%	2	174	64.0%	178	62.0%
	Respiratory physiology	74	208%	67.6%	12	23	151.3%	23	142.4%
Endoscopy	Urodynamics	229	146%	47.6%	8	55	81.5%	55	81.5%
	Colonoscopy	465	-14%	7.1%	3	376	98.9%	382	97.8%
	Flexi sigmoidoscopy	137	29%	6.6%	2	101	120.8%	122	113.6%
	Cystoscopy	226	-4%	20.4%	5	316	86.2%	333	89.2%
Total Diagnostic Waiting List		14732	69%	45.1%	9	11273	96.9%	15704	101.0%



In relation to diagnostic services, 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.

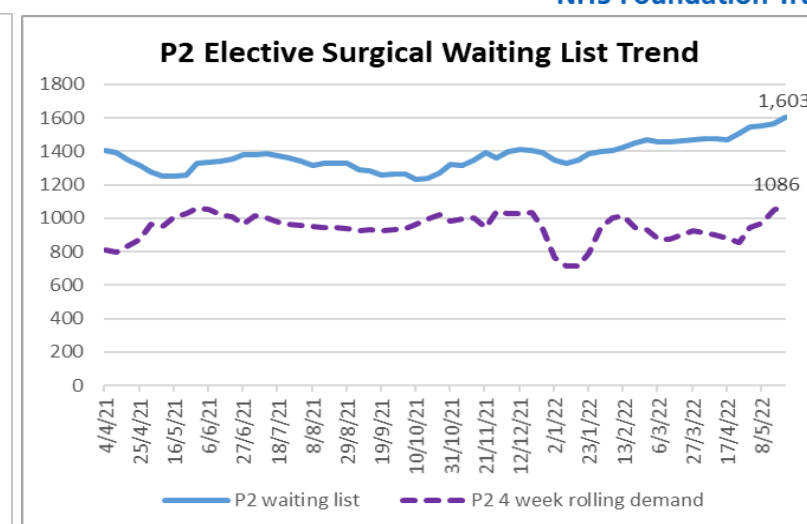
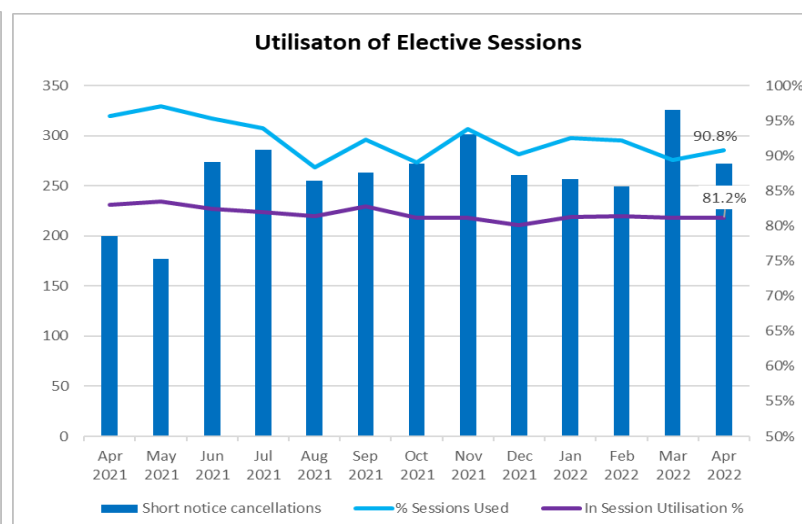
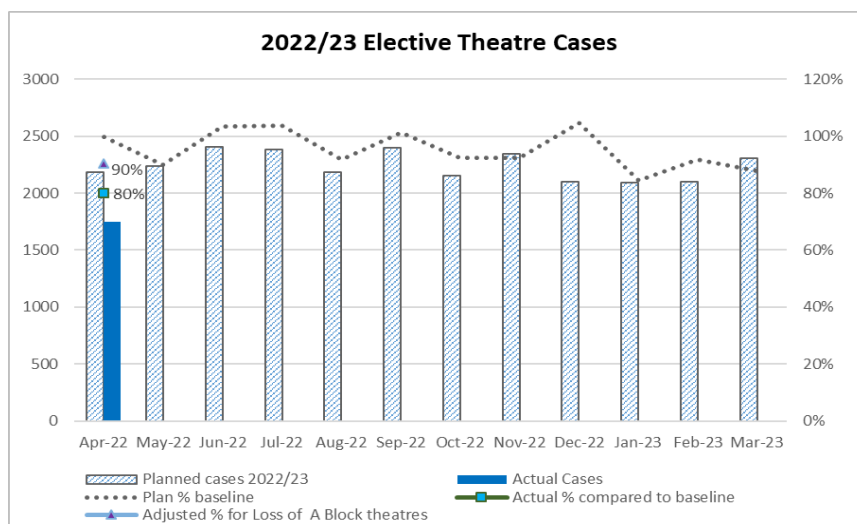
Total diagnostic activity in April delivered to 101% of April 2019 baseline. Scheduled activity only, which addresses our waiting list, delivered 96.9% of baseline. CT has the highest emergency activity which represents 52% of the scans delivered. Total activity was up by 5% compared to the prior month.

The total waiting list size decreased by 68 to 14,732. The volume of patients waiting over 6 weeks increased by 256 this month equating to 45.1% > 6 weeks. The growth was driven by Ultrasound and MRI. 10.6% this month to 38.4%. Mean waiting time is nine weeks.

**Imaging** is 66% of the diagnostic waiting list. Imaging activity overall achieved above baseline activity levels for total and scheduled activity, and was 8% up on the previous month. The main concern in month was the below baseline activity in MRI and Ultrasound which resulted in further waiting list increases in both services. Ultrasound is a pressure across the ICS and two new Primary Care locations in Bar Hill and Cherry Hinton have now been secured for additional community days. The community locations that were running in Fulbourn and Saffron Walden supported by staff from an Independent provider have not been delivering to planned activity due to their lack of staffing. Division B are working with Estates to ensure continuity of our core service when Ultrasound rooms have to be vacated for other enabling works. MRI continues with loss of activity associated with the scanner replacement,. The mobile scanner that was due to be provided to mitigate the delays with the static replacement is now not available having been damaged in international transit. The replacement work leaves us with a shortfall of a scanner now until August. The mobile MRI unit based at NWAFT will be able to commence contrast scans from June. CT still has the largest recovery challenge but made good progress in month. The CT scanner replacement is on schedule and will be operational from the last week of May. An additional mobile CT scanner to support the ICS will be available from August, and a small amount of additional activity is also being made available from June in the local Independent Sector hospital. Staffing continues to be a limiting factor, and when the replacement scanner is Operational the Sawston unit will have some unutilised capacity in that facility.

**Endoscopy** The service achieved below 10% for > 6weeks in April as predicted, and hope to recover to 1% in May. Cystoscopy within the Gynaecology service remains the outstanding area for improvement, but they intend to deliver additional weekend sessions to address their remaining waits over 6 weeks.

**Physiological measurement** Echocardiography activity remained below baseline in April given the gap in provision of an Insourcing provider. The waiting list did not increase however. A new contract with the pilot Insourcing supplier is effective fully from June, but some dates have been delivered in May. Having facilitated a third port, there is now also further opportunity to expand this contract when staffing permits. Given the very long trajectory through to January 2023, the service still wishes to pursue further Insourcing with additional providers and are in discussion with procurement. Echocardiography is one of the diagnostic services with high emergency demand and continues with plans to increase the substantive establishment. which is insufficient to deliver a sustainable service currently.



Elective theatre activity in April delivered 80% of the April 2019 baseline. Taking account of the loss of the three A Block theatres from our capacity, this would bring the performance up to 90%.

- Our plan for April 2022 was ambitious, being based on the levels achieved in April 2021 plus a productivity gain if target utilisation was achieved. The unused sessions were double in April 2022 compared to April 2021. In part this will be due to the timing of Easter, and surgeon leave accounted for 62% of sessions unused in April 2022. In April 2021 the country remained under COVID restrictions for domestic and overseas travel. Elective sessions used in April were however higher than March at 90.8%.
- Short notice cancellations in elective sessions in April were as high as March in the context of the shorter 19 day month. At 272 cases, they equated to 539 hours of theatre time. 17% of cancellations were directly attributed to COVID due to either staff or patients testing positive, but 24% were cancellations for other clinical reasons. 15% were due to bed availability and 10% due to emergency/trauma cases taking priority. The impact was again highest across Ophthalmology with 49 cancellations, followed by Neurosurgery at 38.
- Elective in-session utilisation remained static at 81.2%. The high short notice cancellations will have had an impact on this. The Cambridge Eye Unit was particularly low at 72%. Ely saw improvement in month up to 82.4% which is the highest for six months. The changes to IPC from May reducing the requirement for 3 day isolation for daycase and 23hr stay cases should support an improvement in utilisation as it will be more feasible to replace short notice cancellations, and so far in May we are delivering the highest utilisation for 12 months.
- The weekend elective activity in April was 29 elective cases. Willingness from staff to support weekend sessions is still proving difficult to secure.

The number of P2 patients awaiting surgery has increased to over 1600. The rolling four weekly demand has however also been increasing, and we have actually seen a reduction in the volume of overdue P2 cases to 813 from 895 at the end of April. Orthopaedics, Urology and Neurosurgery remain the services with the highest volume of P2 cases, and the highest volumes overdue. As a consequence they still receive the highest theatre allocation through The Surgical Prioritisation group.

The Surgical Taskforce has received updates from the High Volume Low Complexity focus in Urology and Orthopaedics:-

**Urology:** The service has 2 aims: to enable higher activity through Ely DSU and to Optimise CUH pathways.

Additional equipment is being procured to support alternative Urology casemix at Ely.

Radiology support for Ely is also being reviewed to support Urology casemix.

A case for Post-operative TWOC clinic staff has been progressed through business planning to support a higher rate of day case activity.

Urology had a positive National GIRFT review on 13th May and plans are progressing for joint appointments with West Suffolk in line with GIRFT recommended networks.

**Orthopaedics:** HVLC efforts are focussing on increasing day case rates for ACL and list utilisation for arthroscopic shoulder surgery.

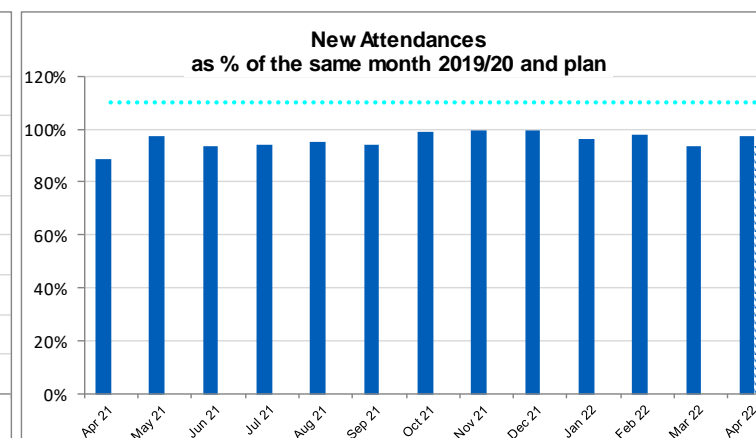
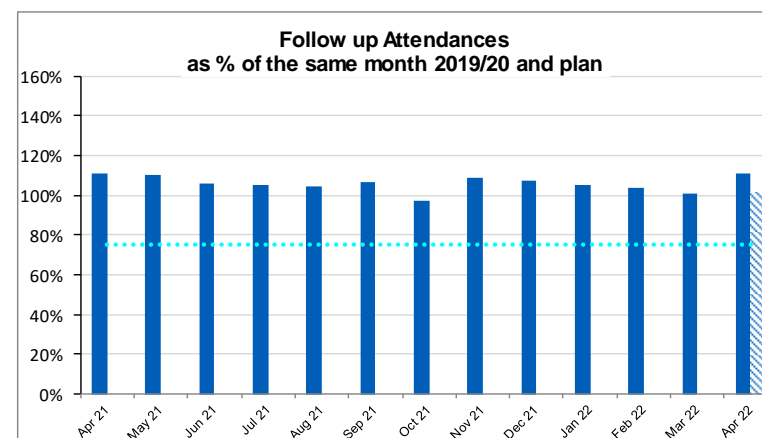
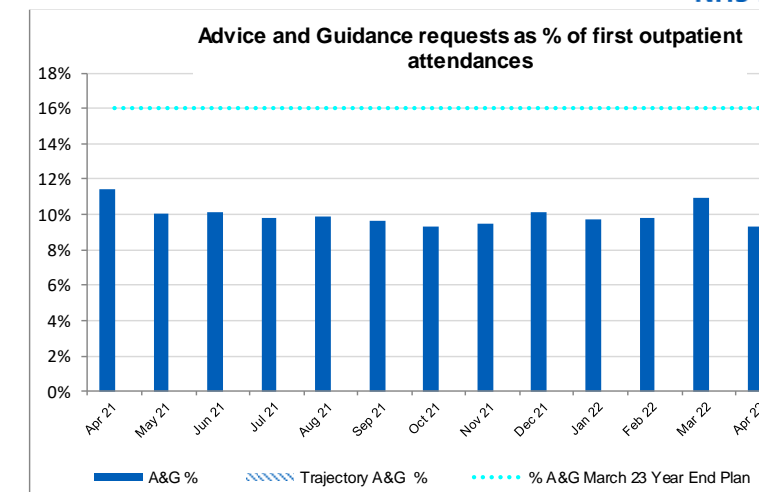
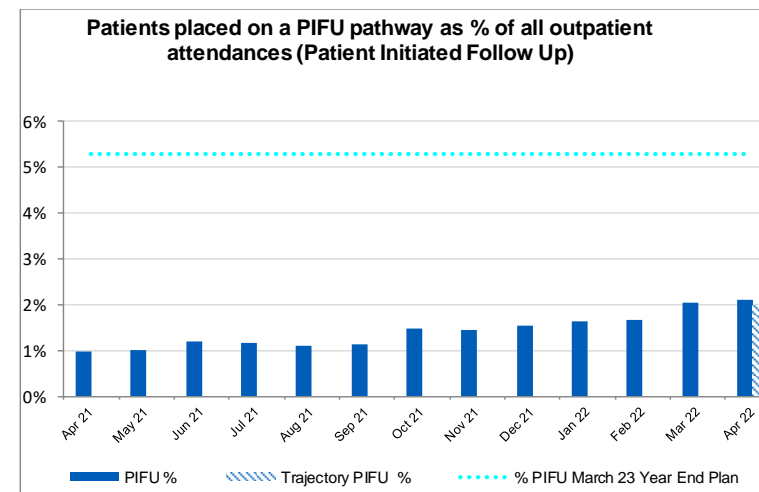
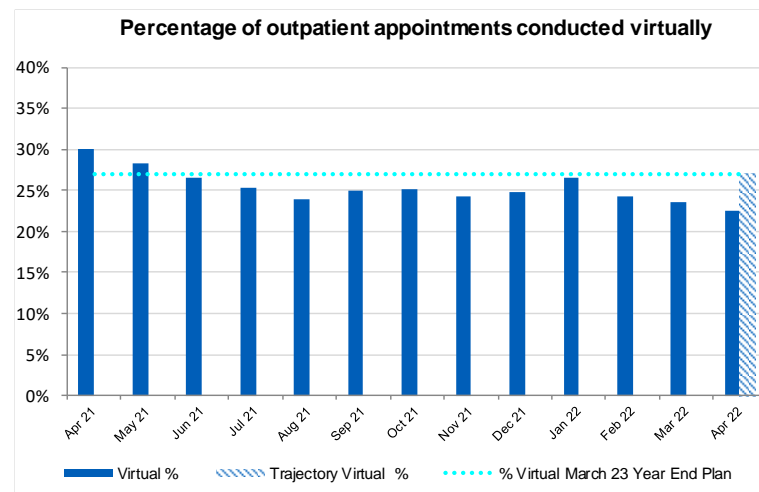
ACL surgical approach standardised (cessation of drains)

2 ACLs per list at Ely: post-op Physio and Radiology support arranged

5 shoulder arthroscopies per list

Overbooking of shoulder lists to mitigate high rate of short notice cancellations - this has delivered 10% increase in Utilisation

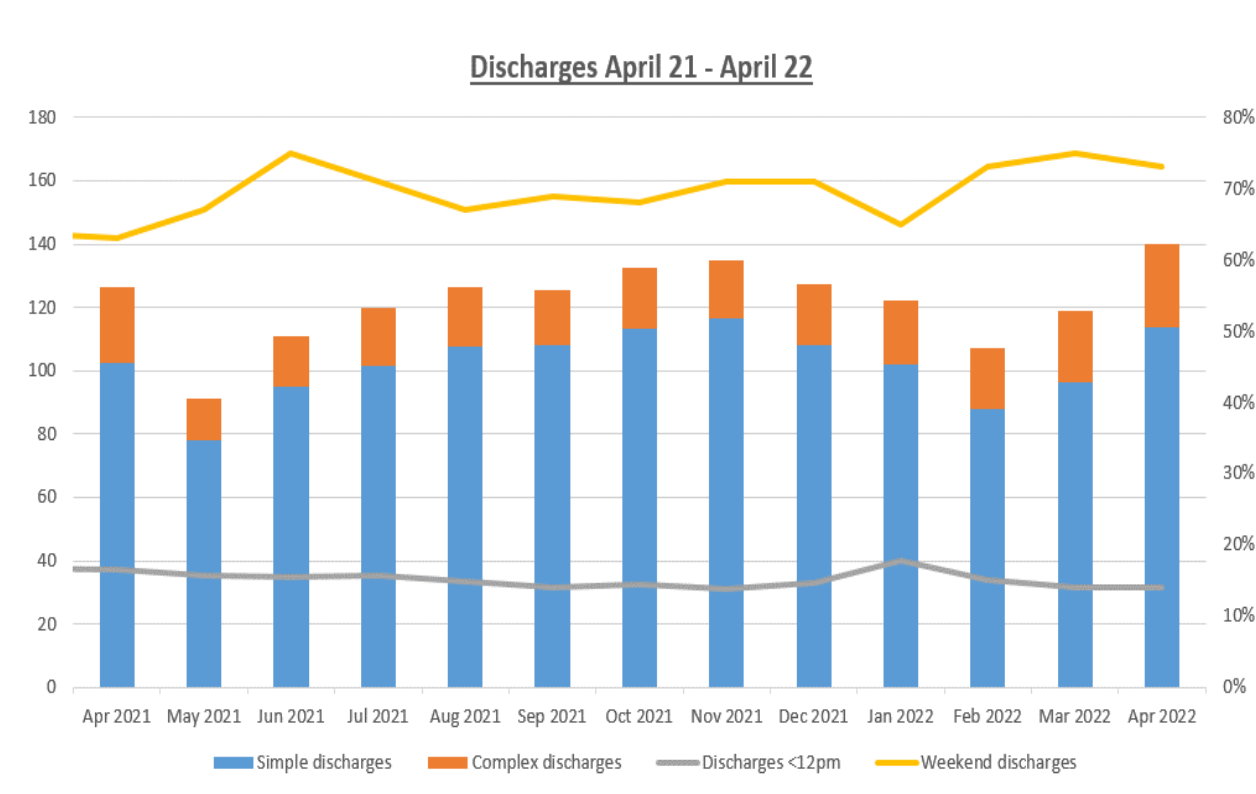
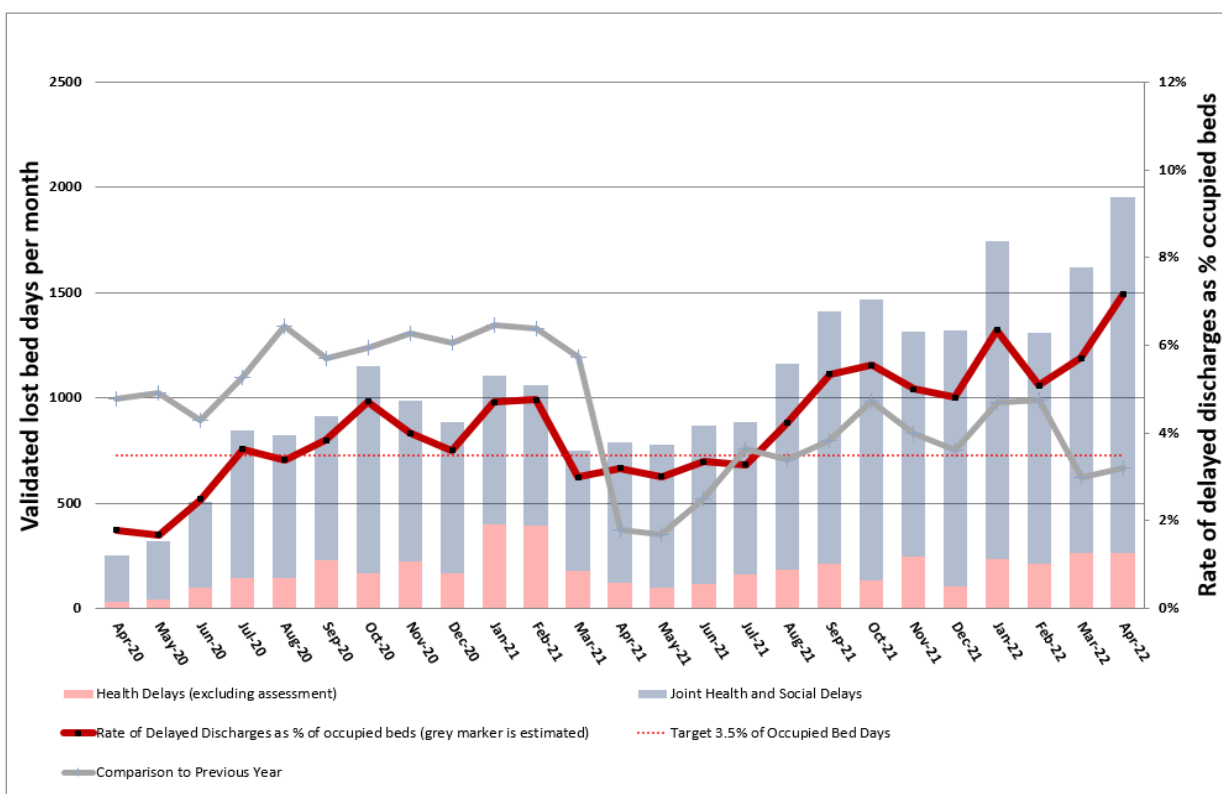
# Outpatients



In April a new Outpatient Transformation Programme Board, chaired by Ewen Cameron, was launched to support the delivery of the new operational guidance targets. These are to deliver 25% of consultations virtually (telephone or video), 5% of patients discharged to PIFU by the end of the year, 16% of the total proportion of new referrals should be dealt with through advice and guidance as well as delivering a reduction of 25% in outpatient follow-ups against the baseline. Outpatients have been over-delivering on follow-ups and under-delivering on new appointments for a number of months. The new Programme Board will be addressing this by switching the focus on delivering 110% of new appointments against baseline by redesigning outpatient delivery and reducing the need for follow-ups. The programme board includes colleagues from the wider system, including NHS England, to ensure that the Programme is aligned with the national Personalised Outpatient Program.

In April we failed to deliver against the virtual consultation target, and are ahead of plan with regards to PIFU, delivering 2.2%. Trauma & Orthopaedics and Physiotherapy were by far the largest users of PIFU in April followed by ENT. Overall, our advice and guidance delivery is below target at 9.3%, despite strong performance in areas such as allergy (63%), Endocrinology (60%) and gastroenterology (43%).

# Delayed Discharges



The Hospital Discharge Service Requirements guidance was updated on March 31st 2022. For this April data, you will see above 2 graphs.

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

For March 2022, we are reporting 5.72%, which is an increase of 0.63%. This equivalent to beds days for March is 1622, in comparison with February- 1308 and January- 1752. Within the 5.72%, 63.9% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 7 CCG's. *Please note that we have referred to delays per CCG instead of Local Authority.*

In relation to lost bed days for Cambridgeshire and Peterborough overall for March (1036) this has been an increase of 39% since February (745 lost bed days).

For out of county patients, we continue to see a sustained elevated number of CCGs that our patients are from and waiting care provision as well as seeing a slight increase in out of county delays - from February (563) to March (586).

For the total delays (local and 'out of area') within March for Care Homes were 45.1% equating to 732 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 32.3% of the total lost bed days for the month, at 624. This has continued to rise from February, where we reported 493 lost bed days due to domiciliary care.

For community bedded intermediate care (inclusive of waits for national specialist rehabilitation units), the overall lost bed days is currently at 249, an increase of 56.6% since February.

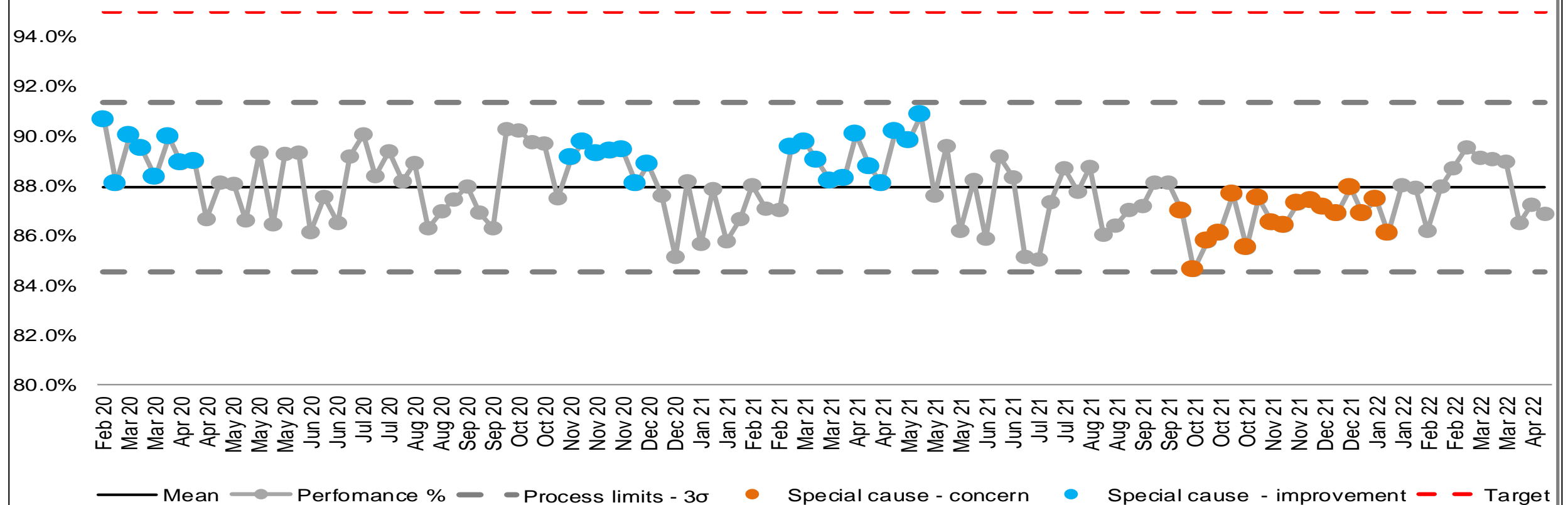
As part of a local system, Cambridgeshire and Peterborough CCG, CPFT, Cambridgeshire and Peterborough County Councils, are continuing to work together to look at the longer term plan for discharge pathways, working with support from ECIST to build, shape and design 'discharge to assess' over the coming 6-9 months.



# Discharge Summaries

Operational Performance

Weekly: Letters - discharge summary- starting 23/02/20



## 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 - Apr 22	Month	-	94.3%	95.9%		-	-	For April, there was a 1% decline in the Good score from 95% in March to 94%. The Poor score remained the same. The new year has started with the Good score 2.5% lower compared to Apr21 (96.7%). The Poor score is about the same compared to Apr21. The number of responses are the lowest since Dec21, but about the same compared to Apr21, however significantly below pre-pandemic # of responses of 850-950. <b>FOR APR: there were 472 FFT responses collected from approx. 4,294 patients.</b>
FFT Inpatient poor experience score	Jul 20 - Apr 22	Month	-	1.3%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - Apr 22	Month	-	95.2%	95.5%		-	-	March outpatient data (adult FFT collected by SMS) had a 1% increase in the Good score from 94.5% in March to 95.2%. The Poor score remained the same. The new year has started with the Good score the same and the Poor score 0.5% higher, compared to Apr21. The SPC icon is showing no concerning changes. Very few comment cards are being collected in paediatric clinics so this data is mainly adult. <b>FOR APR: there were 4,111 FFT responses collected from approx. 52,833 patients.</b>
FFT Outpatients poor experience score	Apr 20 - Apr 22	Month	-	2.4%	2.1%		-	-	
FFT Day Case good experience score	Apr 20 - Apr 22	Month	-	95.7%	96.9%		-	-	Both Good and Poor scores had no change in April. The new year has started with the Good score about 1% lower compared to Apr21 (96.7%). The Poor score is about 0.5% higher compared to Apr21 (1.6%). <b>FOR APR: there were 579 FFT responses collected from approx. 10,633 patients.</b>
FFT Day Case poor experience score	Apr 20 - Apr 22	Month	-	2.1%	1.6%		-	-	
FFT Emergency Department good experience score	Apr 20 - Apr 22	Month	-	79.6%	87.3%		SP	-	For April the Good score decreased by 3% and the Poor score increased by 3%. This is mainly from adult ED; 5% decrease in Good score / 4.5% increase in Poor score. There was slight improvement in Paediatrics; 2% increase in Good score / 2% decrease in Poor score. The new year has started with about 10% decrease in the Good score and 8% increase in the Poor score, compared to Apr21. <b>FOR APR: there were 710 FFT responses collected from approx. 7,433 patients.</b> 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 - Apr 22	Month	-	14.2%	7.7%		SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Apr 22	Month	-	91.8%	95.5%		-	-	<b>FOR APR: Antenatal</b> had 13 FFT responses; 92.3% Good score / 7.7% Poor score. <b>Birth</b> had 54 FFT responses out of 415 patients; 94.4% Good score / 3.7% Poor score. <b>Postnatal</b> had 201 FFT responses, the majority from LM (170 FFT with 90.6% Good / 2.9% Poor), Birth Unit (15 FFT with 86.7% Good / 6.7% Poor) and DU, Sarah & COU 100% Good. 0 FFT from <b>Post Community</b> . <b>APR</b> overall Good score decreased by 4.5% and Poor score increased by 2% compared to Mar.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Apr 22	Month	-	3.4%	1.7%		-	-	

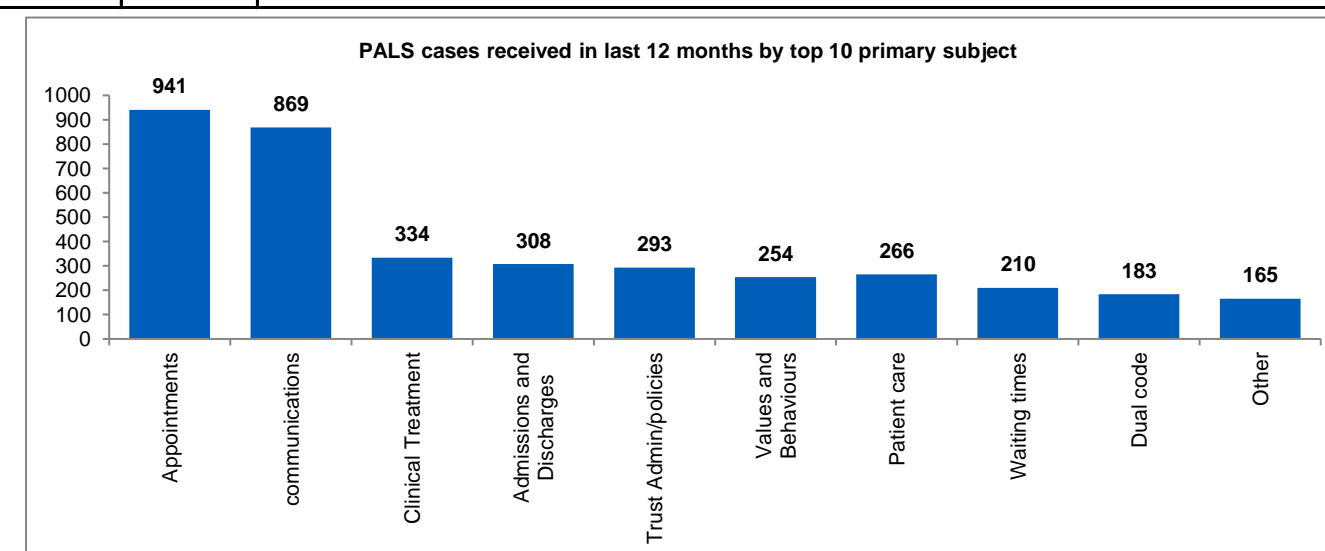
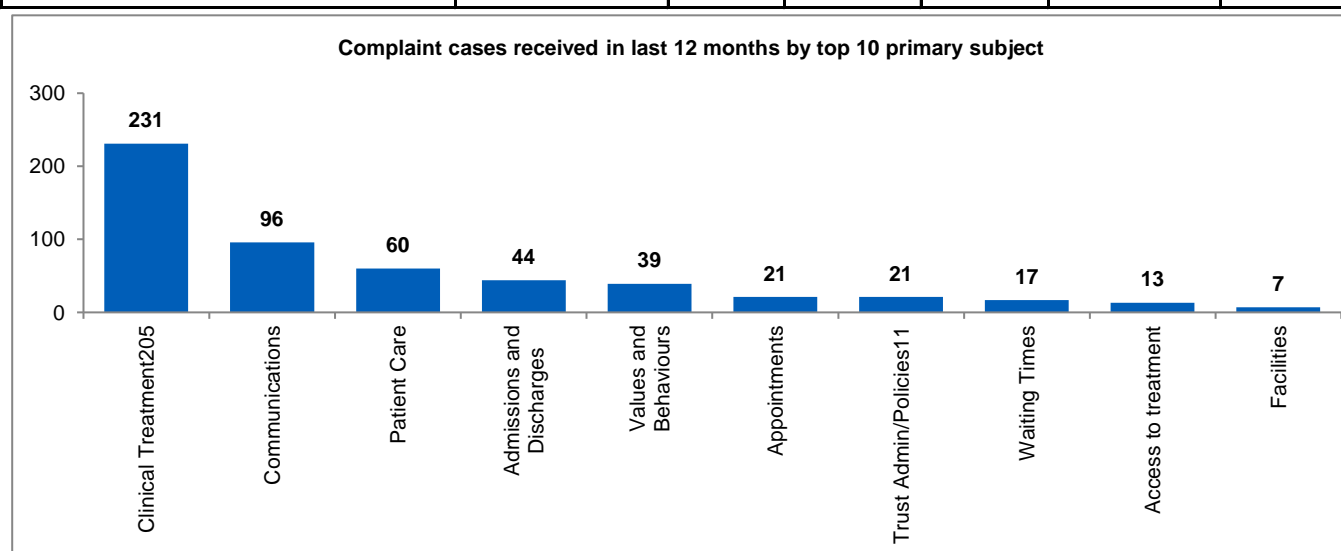
FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In April; 12 wards did not collect any FFT data. The SMS/IT problem reported in March, continued for most of April and the number of SMS FFT responses collected is below average. The number of eligible patients reflect all patients that attended OP & DC appointments, and ED.

Overall FFT, the scores in April saw about 1% changes in Good scores and Poor scores except for ED. Adult ED FFT had a 5% decrease in the Good score and 4.5% increase in the Poor score. Maternity FFT scores declined and this was from Antenatal, Birth and Postnatal all having lower Good scores and higher Poor scores. With only 13 antenatal responses and 54 birth responses, 3 Poor scores (1 antenatal & 2 birth) has impacted the overall score, along with 6 Poor Postnatal scores.

# PALS and Complaints Cases

## Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Apr 19 - Apr 22	month	-	51	48		-	-	The number of complaints received between Apr 2019 - Apr 2022 is higher than normal variance.
% acknowledged within 3 days	Apr 19 - Apr 22	month	95%	84%	94%		-		43 out of 51 complaints received in April were acknowledged within 3 working days. (This is a result of administration staff shortages)
% responded to within initial set timeframe (30, 45 or 60 working days)	Apr 19 - Apr 22	month	50%	40%	33%		-		35 complaints were responded to in April 22, 14 of the 35 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	Apr 19 - Apr 22	month	80%	91%	92%		-		32 out of 35 complaints responded to in April were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Apr 19 - Apr 22	month	-	30%	35%		-	-	There were 15 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Apr 19 - Apr 22	month	-	6	40		-	-	There were 6 compliments logged for April 22. (This figure is low due to administration staff shortages)

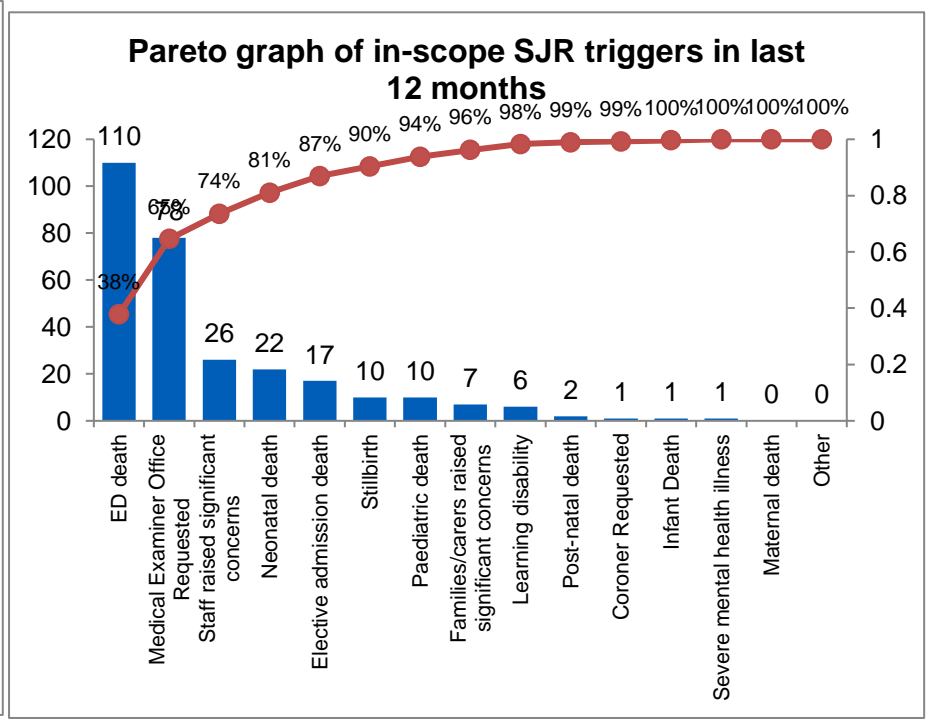
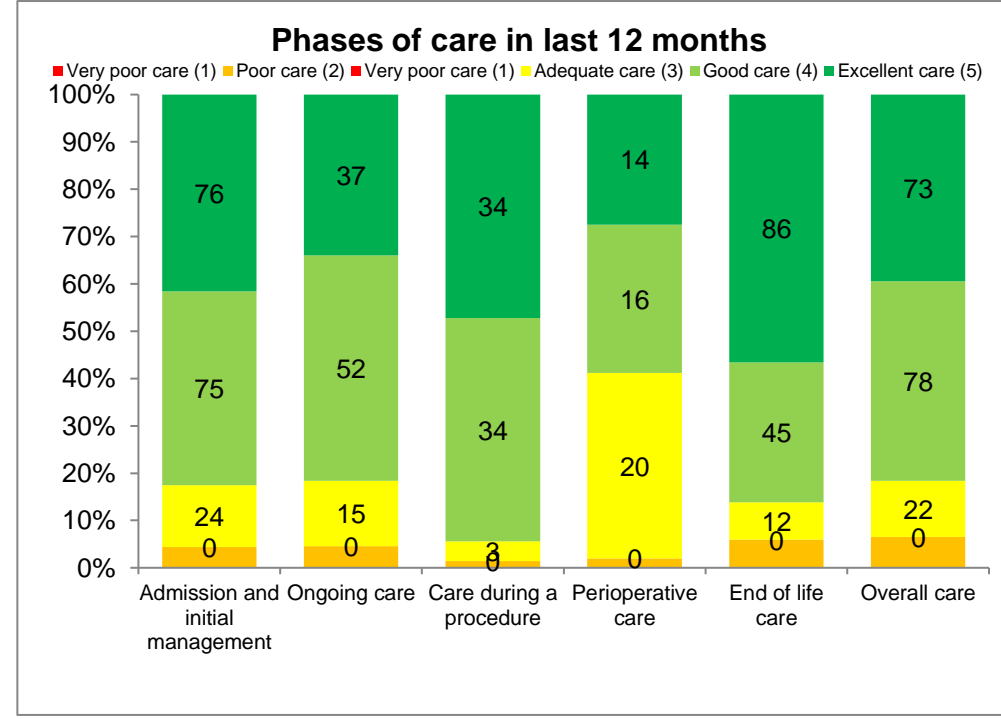
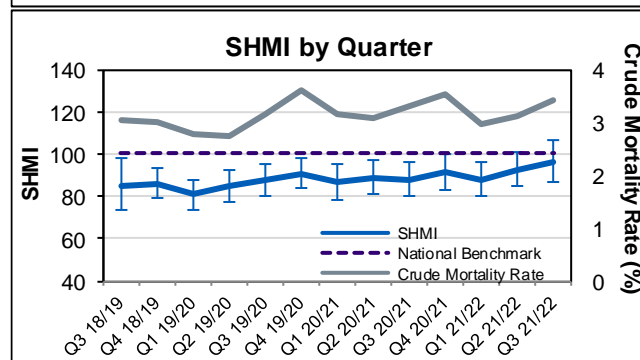
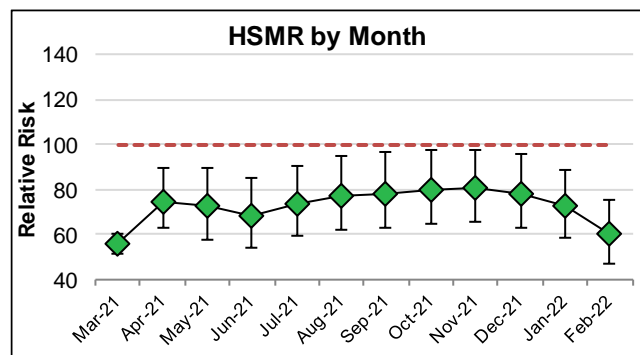


**PHSO** - There were no cases accepted by the PHSO for investigation in April 2022. **Completed actions** During April 2022, a total of 16 actions were registered and allocated to the appropriate staff members. These actions were as a result of all complaints closed between 1 and 31 March 2022. Two of these actions were as a result of grade 1 and 2 complaints and the other 14 actions were as a result of grade 3, 4 and 5 complaints. A total of 10 of these actions have already been completed within their allocated timescales. There are currently six actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in April 2022, have been completed in time.

# Learning from Deaths

## Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Apr 22	month	-	9.09	8.30		-	-	There were 144 deaths in April 2022 (Emergency Department (ED) and inpatients), of which 7 were in the ED and 137 were inpatient deaths. There is normal variance in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Feb 18 - Apr 22	month	-	16%	19%		S7	-	In April 2022, 19 SJRs were commissioned and 4 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Apr 22	month	-	0	0.73		S7	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in April 2022.



### Executive Summary

**HSMR** - The rolling 12 month (March 2021 to February 2022) HSMR for CUH is 72.59, this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.00.

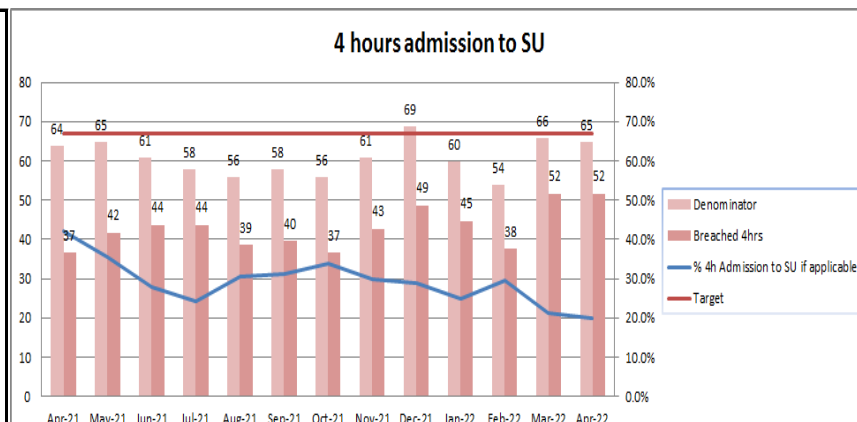
**SHMI** - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.

**Alert** - There is 1 new alert for review within the HSMR and SHMI dataset this month.

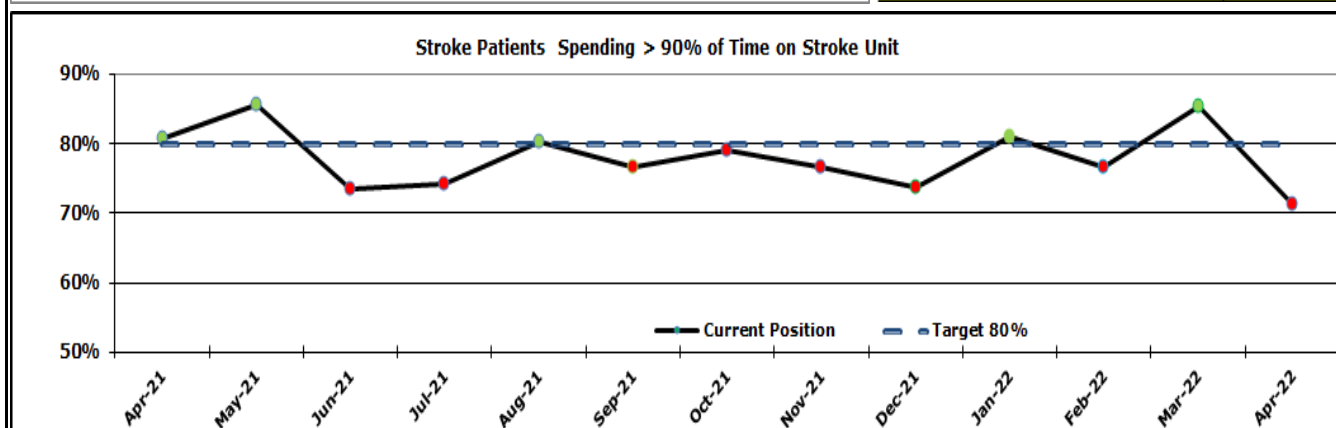


# Stroke Care

## Stroke Measures



4hrs breaches - Themes	Patients
Trust Bed Capacity	39
Aw senior medical review	2
Bays closed, Covid contact	1
Complex patient	1
Covid	1
ED capacity	1
late ED referral	1
MRI later confirmed stroke	2
Not referred on arrival	3
Unclear imaging, 2nd CT confirmed stroke	1
<b>Grand Total</b>	<b>52</b>



Breach reasons for not achieving 90% IP stay on Stroke ward 2021/22 and Monthly Stroke position																	
Month	Stroke Bed Capacity* No outliers*	Trust Bed Capacity* Outliers*	Suspected COVID-19 patient	Covid 19 - Stroke ward closed	Delayed transfer of care (DIOC)	Operational decision - pt moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to Stroke Team	Delayed diagnosis	Clinician's decision to place pt on different ward	Unclear presentation	Difficult diagnosis/C complex patient	Failure to request stroke bed	Resource capacity	Month Position (Target 80%)
Apr-21		4	1				1	3		2			2				13 80.9%
May-21		5						2					2			1	10 85.7%
Jun-21		10						2		1			3			1	17 73.4%
Jul-21		9					1	2		1			3			1	15 74.1%
Aug-21		4					2	4		1			2				11 80.4%
Sep-21		5						4		1			3	1		1	15 76.6%
Oct-21		5					1	3		1	2					1	13 79.0%
Nov-21		5	1					1		1	2		3	1		1	15 76.6%
Dec-21		11						4		2			1			2	20 73.7%
Jan-22		2						1		3	1		1			4	12 81.0%
Feb-22		7	1				1	1		1			2	1			14 76.7%
Mar-22		6	1				1						2				10 85.3%
Apr-22		8					2	3					4			2	19 71.2%
Summary	0	81	4	0	0	0	9	26	0	14	5	0	28	3	0	14	184

**90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for April = 71.2%**

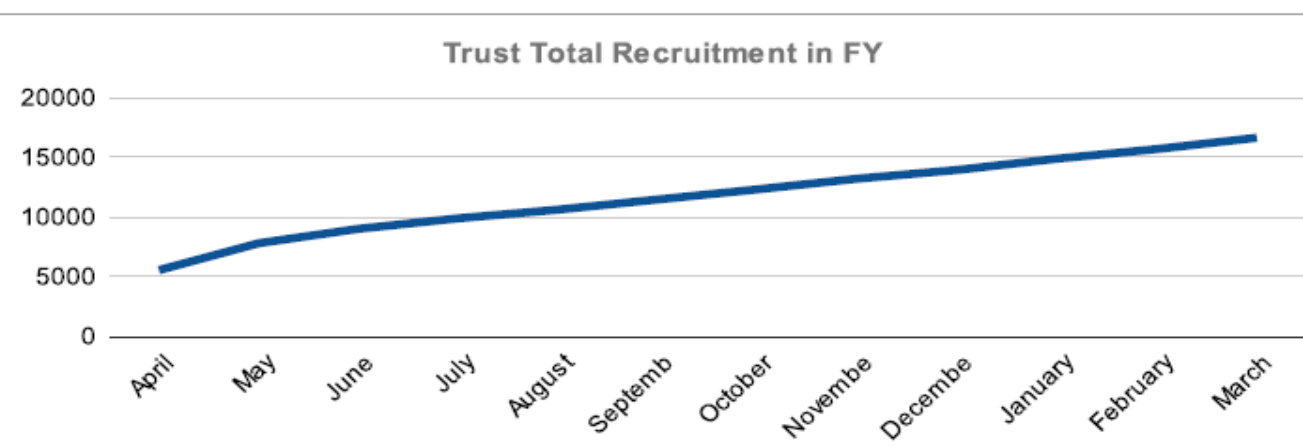
Trust Bed Capacity' (8) was the main factor contributing to breaches last month, with a total of 19 cases in April 2022.

**4hrs adm to SU (67%) target compliance was not achieved in April = 20.0%**

### Key Actions

- From Dec 2020 onwards COVID has had an impact on Stroke metrics. Given ongoing operational pressures on the Hospital's medical bed-base.
- 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.
- As of August 2021 the service has been in discussion with the Operations directorate about formally re-introducing the ring-fencing of beds.
- As part of above discussion, the Mixed-sex HASU bay on R2 has opened week commencing 02/05/22. Performance will be closely monitored.
- There were increasing number of stroke patients not referred to the stroke bleep on arrival resulting in delay to stroke unit admissions and treatment. This has been escalated to ED Matron and ED medical staff, reminding the need for rapid stroke referral.
- Stroke is trialling an MRI in Stroke triage process. This will use existing Stroke/TIA slots that are not currently being utilised.
- The new Red/Amber/Green Stroke SOP has been finalised with agreed pathways for these patients. The operational team are working to ensure optimal Stroke care for patients on all pathways, cohorting of patients where possible and timely step-down/transfer back to Stroke wards when possible.
- National SSNAP data shows Trust performance from Sep - Dec 21 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 increasing 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.
- The TIA service are planning to resume their ambulatory service in Clinic 5 as it has been confirmed there is capacity available for this. This will hopefully lead to a reduction in ED attendances and an improvement to TIA metrics.

# Clinical Studies



**Total Recruitment FY 2021 - 2022**

**16,642**

**Recruiting Studies at FY End 2021 - 2022**

Open

305

Closed

68

Suspended

2

**Total**

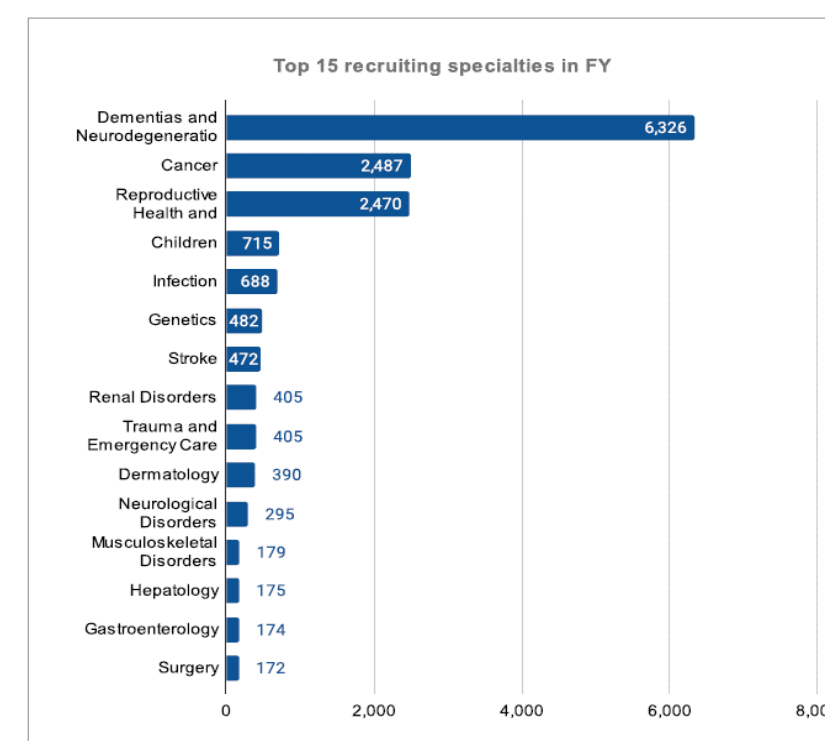
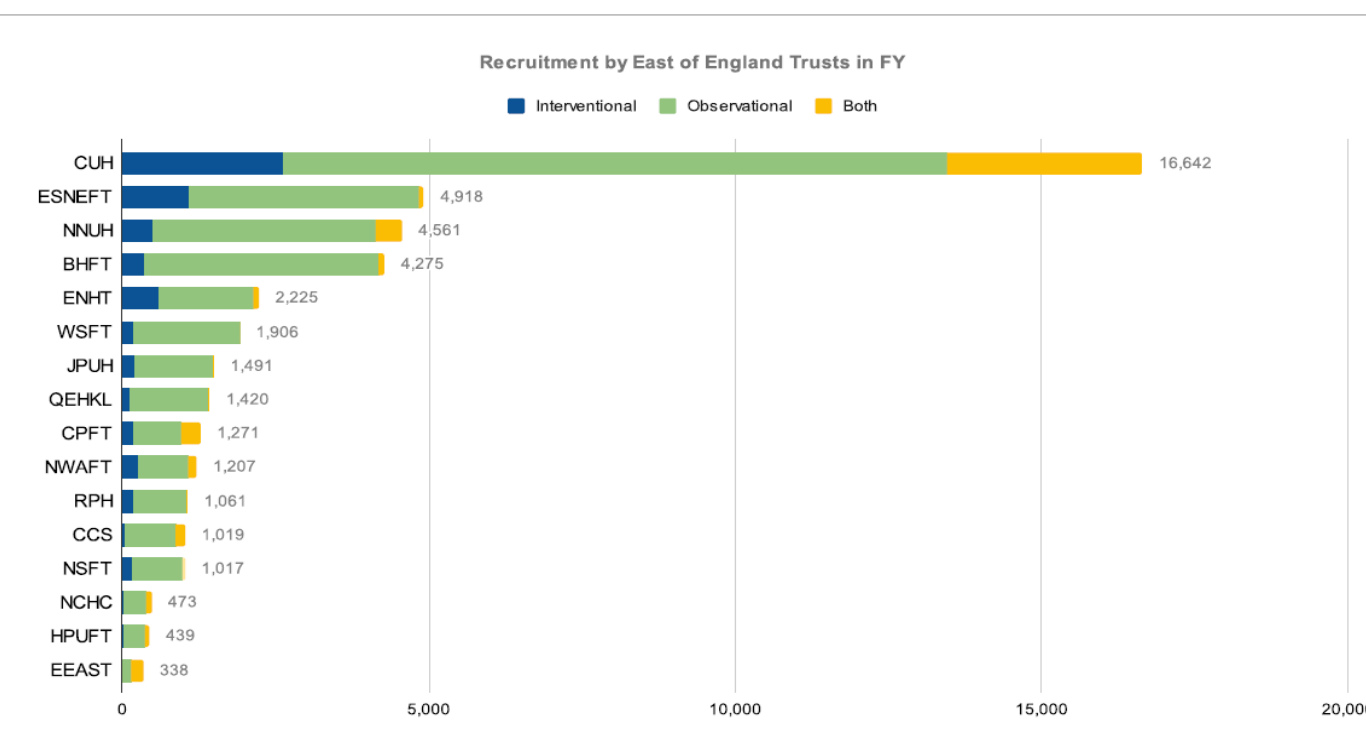
**375**

Commercial

298

Non Commercial

77



## Situation as at end of March 2022

\* Total recruitment in the financial year to date: 16,642 (at year end).

\* CUH accounted for 38% of total recruitment by Eastern Trusts in the financial year to date. The majority of the CUH recruitment was to Observational studies.

\* Recruitment to the Dementias and Neurodegeneration speciality accounted for 38% of all recruitment (6,262). Second was Cancer (2,487), third was Reproductive Health and Childbirth (2,470)

\* There were 375 recruiting studies, of which 298 were Commercial, and 77 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 (v15)

LMNS: Cambridgeshire and Peterborough

Reporting period: April 2022

Overall System RAG: (Please refer to key next slide)

### CQC DOMAINS

Maternity unit	CUHFT (date of last inspection : Jan 2017) Not in Maternity Safety Support Programme					Action Plan Status: To commence Progressing Completed
	S	E	C	R	W	
C-caring R-responsive E-effective W-well-led S-safe						
Rating (last inspection)						Action plan status:

Proportion of midwives who agree or strongly agree on whether they would recommend their trust as a place

Proportion of speciality trainees in Obs and Gynae responding with excellent or good on how they would rate the quality of clinical supervision out of hours

To work (entire division): 71% (2020)

To receive treatment (entire division): 85% (2020)

92.5% (2021)

Total Births

Total Bookings

1:1 Care in Labour

421

654

100%

KPI (see slide 4 for detail)	Measurement / Target		Trust Rate (current reporting period)
Please see exemplar v8 for full detail			CUH
Preterm birth rate	≤26+6 weeks	≤6% annual rolling rate	0.68%
	≤36+6 weeks		8.40%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	2.08%
	Caesarean	4.3%	1.82%
Term admissions to NNU (all levels)		<6%	4.27%
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassisted)	Unassisted 2.8%	3.07%
	Instrumental (assisted)	Assisted 6.8%	0
Right place of birth (born outside a tertiary centre)		Number of births = 0	0
Smoking at time of delivery		≤6%	3.37%
Percentage of women placed on CoC pathway		≥35% (March 21)	20.3% (Mar 22)
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	BAME 15.7%(Mar 22)
	Area of deprivation		AOD 13.7%(Mar 22)

KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)
Outstanding	BR+ Recommendation	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's	%age of total staff	
Good									
Requires Improvement									
Inadequate									
	1:2.3	1:27.2	100%	78%	81	0	39 WTE  Pipeline in - 10WTE	18 %	72%

### Incident Reporting

LMNS confirmation of SI oversight (evidenced through governance & safety meetings) Yes ☐ No ☐

Datix	Open > 30 days	Incidents Graded as Moderate and Above	Maternity Serious Incidents	Maternity Never Events	Coroner Ref 28	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
							All	Term	Intrapartum		Early	Late	Direct	Indirect
C U H	0	6	2	0	0	0	3	1	0	0	0	0	0	0

Maternity Measures

# Maternity Dashboard

## Maternity Measures

Assessed compliance with 10 Steps-to-Safety – Year 4 – (inc. reasons for non compliance, mitigation and actions)		
	Please identify unit	CUH
1	Perinatal review tool	
2	MSDS	Compliance with the minimum CQINs / scorecard requirements due to data quality ratings. NHS digital involved in reviewing re: out of area women.
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	SN status of DU Co-ordinator <100%. Improvement in confidence factor and consistency of reporting and criteria for loss of SN status needed
6	SBLCB V2	NHS digital involved in reviewing out of area data inclusion in AN CQIMs (CO monitoring). Fetal monitoring mandatory annual competency assessment 81% compliance.
7	Patient Feedback	
8	Multi-professional training	Additional faculty for NLS required. Covid-19 impact on ability to run training sessions. Trajectory 80% compliance by June 2022.
9	Safety Champions	
10	Early notification scheme (HSIB)	

Key	
Complete	The Trust has completed the activity with the specified timeframe – No support is required
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required
Will not be met	The Trust will currently not deliver within specified timeframe – Support is required

Evidence of SBLCB V2 Compliance – (inc. reasons for non compliance, mitigation and actions)		
	Please identify unit	CUH
1	Reducing smoking	Compliance thresholds met for in area women
2	Fetal Growth Restriction	
3	Reduced Fetal Movements	
4	Fetal monitoring during labour	Mandatory CTG study day in place. Mandatory competency assessment in place. Trajectory to achieve 100% compliance following Covid-19 pauses to training (81%)
5	Reducing pre-term birth	Fetal fibronectin machines procured and process being implemented for quantitative pre term assessment.

Assessment against Ockenden Immediate and Essential Action (IEA) – (inc. reasons for non compliance, mitigation and actions)	
Please identify unit	CUH
Audit of consultant led labour ward rounds twice daily	Consultant posts investment received and being appointed into.
Audit of Named Consultant lead for complex pregnancies	Audit cycle 2 underway
Audit of risk assessment at each antenatal visit	
Lead CTG Midwife and Obstetrician in post	
Non Exec and Exec Director identified for Perinatal Safety	
Multidisciplinary training – PrOMPT, CTG, Obstetric Emergencies (90% of Staff)	Trajectory in place to meet 90% compliance
Plan in place to meet birth rate plus standard (please include target date for compliance)	
Flowing accurate data to MSDS	
Maternity SIs shared with trust Board	



# Maternity Dashboard

## Maternity Measures

Maternity unit:	CUH: All
1. Freedom to speak up / Whistle blowing themes and HSIB / NHSR / CQC or other organisation with a concern or request for action made directly with Trust	Nil
	CUH: Top 3
2. Themes from Datix (to include top 5 reported incidents/ frequently occurring )	<ul style="list-style-type: none"> <li>Implementation of care</li> <li>Neonatal Clinical</li> <li>Maternity Clinical</li> </ul>
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	<ul style="list-style-type: none"> <li>No reports received this month</li> </ul>
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	<ul style="list-style-type: none"> <li>Antenatal plan communication</li> </ul>
5. Themes / main areas from complaints	<ul style="list-style-type: none"> <li>Clinical Treatment</li> <li>Appointments</li> <li>Values and Behaviours</li> </ul>
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	<ul style="list-style-type: none"> <li>RMNVP AGM</li> <li>Changes to visiting – Stage 4 – pre pandemic visiting reinstated</li> </ul>
7. Evidence of co-production	<ul style="list-style-type: none"> <li>Diabetes learning sessions set up within the LMNS</li> </ul>
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-abouts	<ul style="list-style-type: none"> <li>Newly appointed NED safety champion – commencing walkabouts May 2023</li> <li>Trial of self allocation rosters following walkabout feedback</li> <li>Review of caseload numbers in community for efficiencies</li> </ul>
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	<ul style="list-style-type: none"> <li>Ockenden 2 all staff listening event and Q&amp;A</li> <li>CQC Spot check / peer review process</li> <li>Skills drills to include new LocSSIP</li> </ul>

# Maternity Dashboard

## Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	467	450	518	464	480	502	476	422	447	431	455	421	
Antenatal Care NICE [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	93.83%	94.08%	92.30%	87.74%	78.79%	87.20%	76.47%	70.65%	73.21%	76.89%	73.05%	71.40%	Project group in place to review data set for bookings in Epic
Source - CHEQS	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	390	521	474	465	509	492	650	562	612	582	720	654	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	57.39%	52.00%	54.44%	56.25%	52.50%	53.58%	51.47%	50.47%	47.42%	52.43%	51.42%	49.16%	Plans to reintroduce 36 week clinic in Rosie Birth Centre for all women
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	1.71%	0.44%	2.50%	1.50%	2.5%	1.99%	0.84%	1.18%	1.56%	2.08%	1.53%	1.42%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	13.90%	12.66%	14.47%	17.02%	15.41%	12.94%	13.86%	15.16%	14.76%	16.93%	14.5%	11.87%	Transfers from the RBC all appropriate. Plans to reintroduce 36 week clinic in Rosie Birth Centre for all women
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	39.12%	34.09%	34.31%	35.12%	31.56%	31.91%	30.32%	33.73%	34.47%	30.16%	31.61%	31.80%	Normal variation, valid indications within criteria.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	14.35%	16.00%	12.16%	10.77%	12.7%	14.94%	12.18%	10.9%	11.18%	10.67%	10.32%	9.02%	
Source - EPIC	National CS rate (planned & unscheduled)			C/S rate overall		28.48%	32.00%	33.20%	32.97%	34.79%	31.47%	36.34%	38.62%	41.38%	36.89%	38.24%	41.80%	Service evaluation underway. RAG rating removed this month as per NHSE&I recommendation. Robson group caesarean section differentiation being implemented within MSDS dataset to better review outcome data as LSCS is a process measure.
Source - EPIC	Smoking - Number of women smoking at the time of delivery	< 6%	> 8%	% of women Identified as smoking at time of delivery	Rosie KPI's	7.91%	2.28%	6.50%	5.47%	3.60%	5.05%	7.31%	6.26%	4.79%	5.89%	6.95%	3.37%	
<b>Workforce</b>																		
	Midwife/birth ratio (actual)**	1:24	1:28	Total permanent and bank clinical midwife WTE*/ Births (rolling 12 mth av.)	Finance	1:24:3	1:25:5	1:26:7	1:27:6	1:27:5	1:26:1	1:26	1:27:3	1:27.5	1:27	1:26.2	1:27.2	Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1:24.1	N/A	Total clinical midwife funded WTE*/ Births (rolling 12 mth av)	Finance	1:23:2	1:23:3	1:23:7	1:23:1	1:23:3	1:23:4	1:23:7	1:23:6	1:23:8	1:24	1:23.4	TBC	Midwife/birth ratio based on the BR+ methodology - Data not yet available
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.51%	4.80%	5.00%	5.10%	5.46%	5.82%	6.21%	6.41%	6.43%	6.62%	6.87%	7.22%	This is reported 1 month behind from CHEQ's. Sickness absences related to S.A.D (stress anxiety and depression) is increasing. PMA support available and bid in place for funds to psychological support. Priority project for senior leadership team.
Source - CHEQS	Education & Training - mandatory training - overall compliance	>92% YTD	<75% YTD	Total Obs and Gynae Staff (all staff groups) compliant with mandatory training	CHEQs			90.50%	89.60%	89.60%	89.50%	89.50%	87.10%	87.50%	87.50%			Line managers supporting staff with individualised plans to improve compliance
Source - PD	Education and Training - Training Compliance for all staff groups: <b>Prompt</b>	>90% YTD	<85% YTD	Total multidisciplinary obs staff compliant with annual Prompt training	PD			79.50%	78.44%	62.80%	60.78%	52.47%	52.47%	53.86%	57.05%	58.84%	61.28%	Training recommenced in February 2022. Trajectory for 80% compliance by June 2022.
Source - K2	Education and Training - Training Compliance for all staff groups: <b>K2</b>	>90% YTD	<85% YTD	Total multidisciplinary obs staff passed competence threshold of 80%.	PD			77.70%	77.03%	82.18%	79.50%	70.30%	77.89%	76.39%	76.12%	79.85%	81.00%	Breakdown presented at governance, non compliance relates to both midwifery and obstetric staff. Follow up process in place.
Source - CHEQS	Education & Training - mandatory training - <b>midwifery compliance</b> .	>92% YTD	<75% YTD	Proportion of midwifery compliance with mandatory training	CHEQs	90.20%	92.92%	92.80%	92.30%	92.00%	90.80%	90%	90.30%	90%	89.90%	89.40%	89.70%	Trust cancellation of training until end of January 2022 - e learning compliance mitigation plans in place to increase compliance.

# Maternity Dashboard

## Maternity Measures

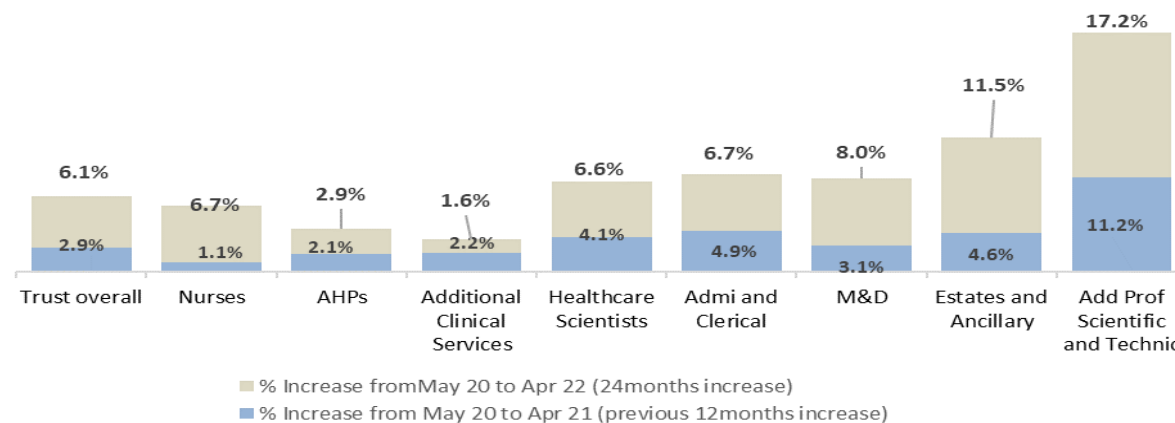
Sources / References	KPI	Goal	Red Flag	Measure	Data Source	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Actions taken for Red/Amber results
<b>Maternity Morbidity</b>																		
Source - QGIS	Eclampsia	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
	Maternal Sepsis							TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Benchmark to be allocated from dashboard review ETA April 2022.
Source - QGIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	1	0	0	0	0	0	1	2	0	1 Transfer from Lister at 26 weeks delivered within 50 mins of arrival
Source - QGIS	PPH ≥ 1500 mls	< 3%	> 4%		CHEQS	3.64%	2.44%	2.12%	3.87%	3.38%	3.58%	1.93%	5.92%	6.48%	7.31%	4.21%	5.70%	Normal variation based on national NMPA measures (singleton pregnancy >37+0 weeks) this KPI includes all delivery types and gestations. Further narrative in exec summary.
Source - QGIS	3rd/ 4th degree tear rate vaginal birth	<5%	>6%		Risk Report	2.42%	3.26%	1.37%	3.22%	2.23%	4.46%	4.93%	2.72%	0.38%	2.21%	1.81%	2.05%	
Source - QGIS	Direct Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Risk</b>																		
Source - QGIS	Total number of SI's	0	>1	Serious Incidents	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
Source - QGIS	Information Governance	0	>1		Datix	0	0	1	0	0	0	0	0	0	0	0	0	
Source - QGIS	Clinical	0	>1		Datix	0	0	0	0	0	0	0	0	0	0	0	0	
Source - QGIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Neonatal Morbidity</b>																		
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	3.03%	2.31%	1.92%	1.61%	1.59%	2.19%	2.05%	2.72%	2.70%	3.32%	3.24%	4.52%	No birth injuries.
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrance 2021)	Risk report	0.93/100	1.35/100	1.55/100	0.93/100	1.44/100	1.04/100	1.89/100	0.84/100	1.44/100	0.86/100	1.21/100	1.26/100	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	2.00	3.00	3.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	1.00	3.00	1 high risk fetal medicine, 1 out of area.
Source - EPIC	Number of birth injuries	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.85%	0.88%	0.57%	2.58%	1.04%	1.40%	0.41%	1.42%	1.11%	0.46%	1.09%	0.47%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	NHSE/I	Risk Report	8.30%	7.10%	5.21%	5.16%	6.04%	6.97%	5.04%	7.34%	5.90%	6.49%	6.57%	4.27%	
<b>Quality</b>																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	2	5	5	1	6	4	4	0	1	4	3	4	Total of 189.55 hours. 12 women transferred elsewhere for assessment, 0 women delivered elsewhere.
	1-1 Care in Labour	>95%	<90%	Excluding BBA's	Rosie KPI's	100%	100%	99.80%	99.78%	99.57%	99.79%	99.78%	99.52%	99.78%	98.83%	98.65%	100%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	82.86%	81.46%	81.45%	82.05%	83.05%	84.84%	79.35%	84.09%	83.10%	83.01%	79.59%	82.89%	
Source - EPIC	VTE	>95%	< 95%		CHEQS	97.95%	99.38%	99.37%	99.14%	99.28%	99.87%	99.81%	99.24%	99.13%	99.59%	99.32%	99.9%	

# Staff in Post

## 12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth
	May-21	Apr-22		May-21	Apr-22	
Add Prof Scientific and Technic*	233	245	↑ 5.2%	214	224	↑ 4.6%
Additional Clinical Services	1,984	1,959	↓ -1.3%	1,821	1,801	↓ -1.1%
Administrative and Clerical	2,367	2,397	↑ 1.3%	2,162	2,197	↑ 1.6%
Allied Health Professionals*	723	725	↑ 0.3%	637	640	↑ 0.4%
Estates and Ancillary	339	365	↑ 7.7%	329	352	↑ 7.1%
Healthcare Scientists	622	628	↑ 1.0%	582	590	↑ 1.3%
Medical and Dental	1,602	1,669	↑ 4.2%	1,515	1,581	↑ 4.3%
Nursing and Midwifery Registered	3,611	3,801	↑ 5.3%	3,304	3,488	↑ 5.6%
<b>Total</b>	<b>11,481</b>	<b>11,789</b>	<b>↑ 2.7%</b>	<b>10,564</b>	<b>10,872</b>	<b>↑ 2.9%</b>

% Change Since April 2021



## Admin & Medical Breakdown

Staff Group	May-21	Apr-22	FTE 12 Month growth
<b>Administrative and Clerical</b>	2,162	2,197	34 ↑ 1.6%
<i>of which staff within Clinical Division</i>	1,069	1,090	21 ↑ 2.0%
<i>of which Band 4 and below</i>	774	764	-10 ↓ -1.3%
<i>of which Band 5-7</i>	215	230	15 ↑ 7.0%
<i>of which Band 8A</i>	38	47	9 ↑ 24.0%
<i>of which Band 8B</i>	5	7	2 ↑ 34.6%
<i>of which Band 8C and above</i>	36	41	5 ↑ 14.3%
<b>of which staff within Corporate Areas</b>	871	875	4 ↑ 0.4%
<i>of which Band 4 and below</i>	244	249	4 ↑ 1.8%
<i>of which Band 5-7</i>	419	413	-6 ↓ -1.4%
<i>of which Band 8A</i>	71	80	9 ↑ 12.2%
<i>of which Band 8B</i>	58	52	-6 ↓ -10.1%
<i>of which Band 8C and above</i>	79	82	3 ↑ 3.2%
<b>of which staff within R&amp;D</b>	223	232	9 ↑ 4.0%
<b>Medical and Dental</b>	1,515	1,581	66 ↑ 4.3%
<i>of which Doctors in Training</i>	588	644	56 ↑ 9.6%
<i>of which Career grade doctors</i>	263	244	-20 ↓ -7.4%
<i>of which Consultants</i>	664	693	29 ↑ 4.4%

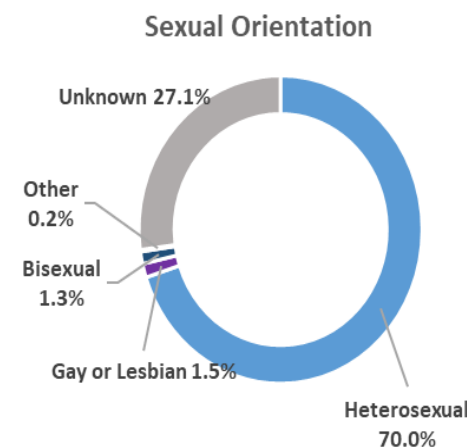
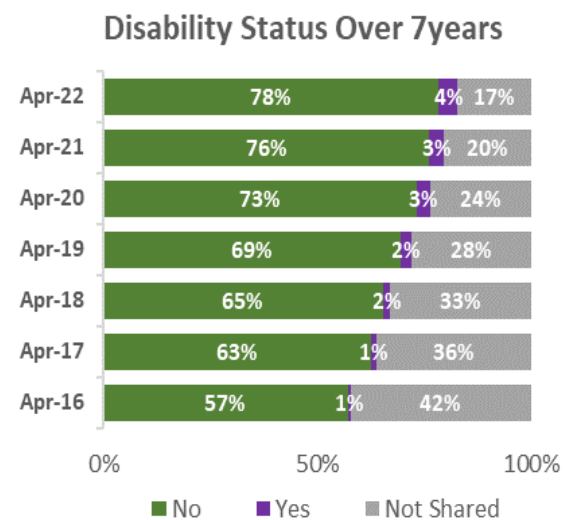
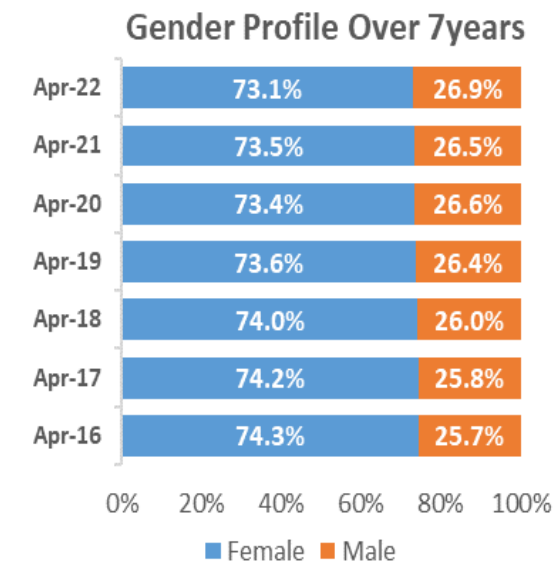
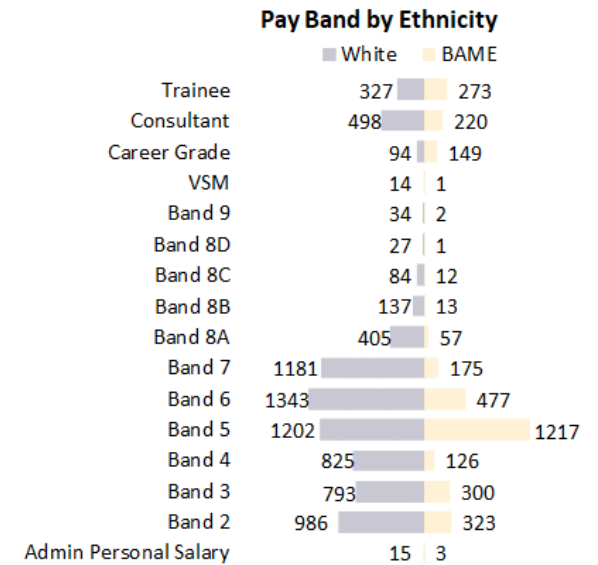
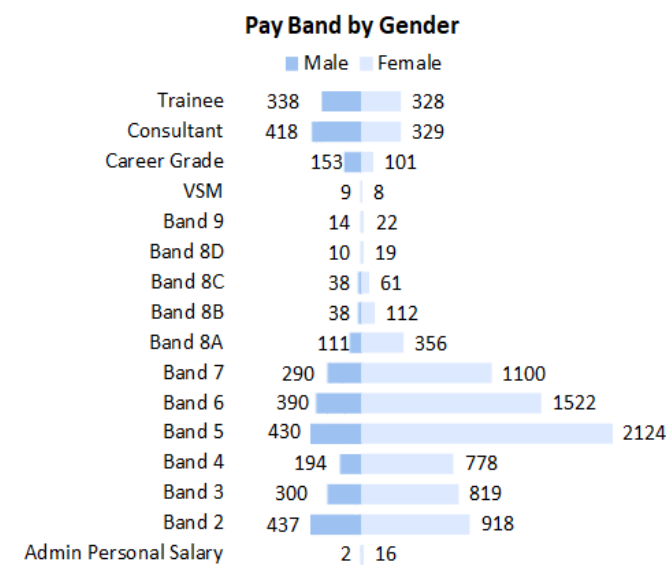
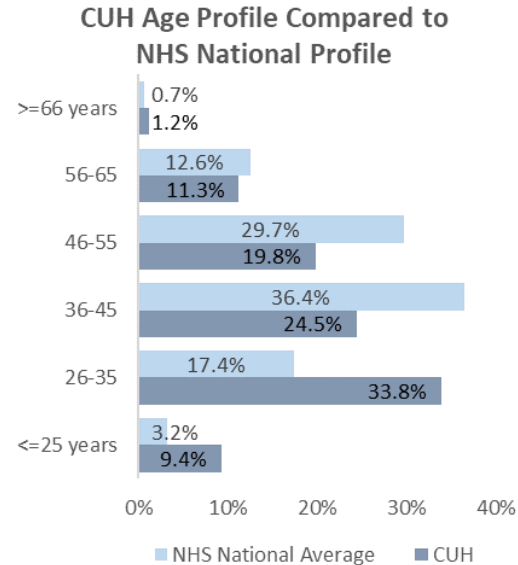
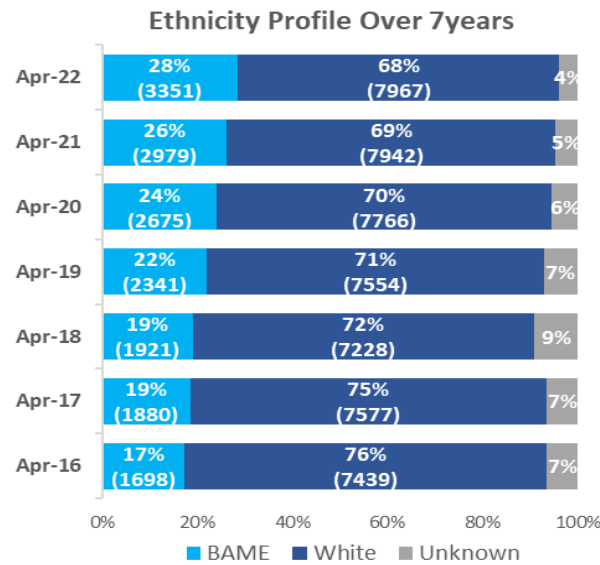
**What the information tells us:** Overall the Trust saw a 2.9% growth in its substantive workforce over the past 12 months and 6.1% over the past 24 months. Growth over the past 24 months is lowest within Additional clinical services staff group at 1.6% and highest within Add prof Scientific and technical staff at 17.2%. Growth over the past 12 months is lowest within Additional clinical services and highest within Estates.

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



# Equality Diversity and Inclusion (EDI)

## Workforce: Equality Diversity and Inclusion (EDI)



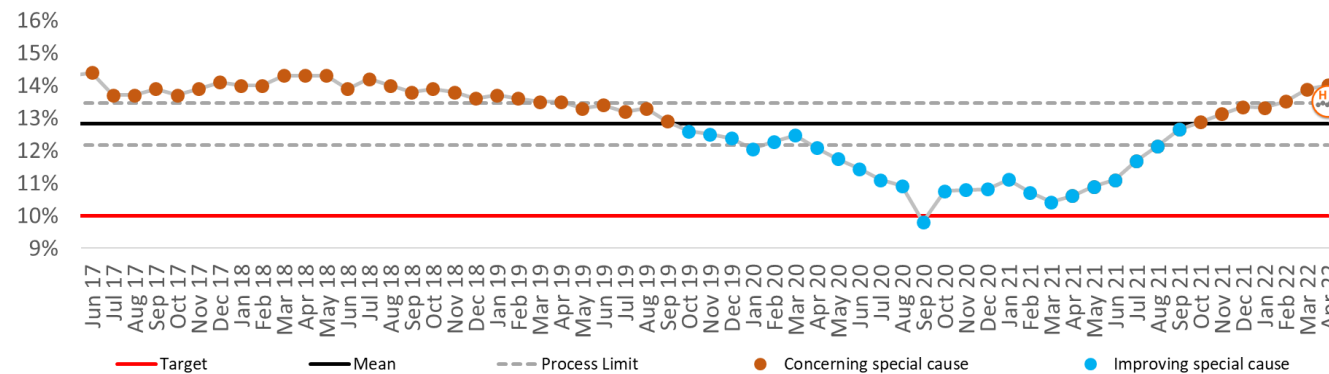
### What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BAME workforce increased significantly by 10% over the 7 year period and currently make up 28% of CUH substantive workforce.
- The percentage of male staff have been marginally higher year on year over the past seven years with an increase of 1.2% to 27% over the past seven years.
- The percentage of staff recording a disability increased by 3% to 4% 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

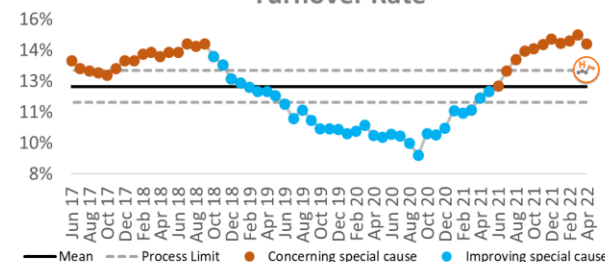
### Turnover Rates - All Staff



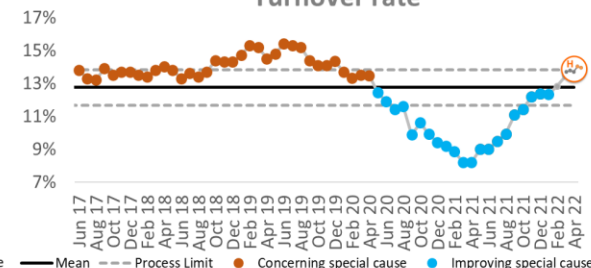
**Background Information:** Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts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

**What the information tells us:** The Trust's turnover remained above average at 14%, it's highest rate for 3 years with an increase of 0.7%, which is above pre-pandemic levels. Over the 3 year period, Nursing and Midwifery staff group have the highest increase of 2.5% to 14% turnover, followed by Medical & Dental staff with an increase of 1.4% to 6% turnover. Within the staff group, Additional clinical services have the highest turnover rate at 18.2%.

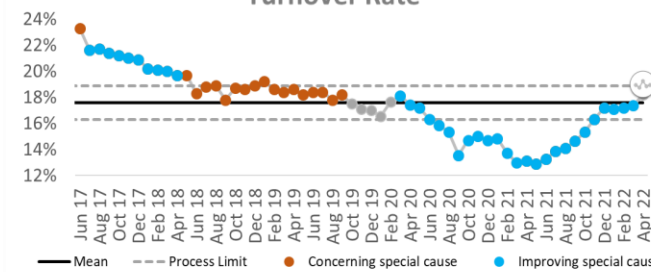
### Nursing and Midwifery Turnover Rate



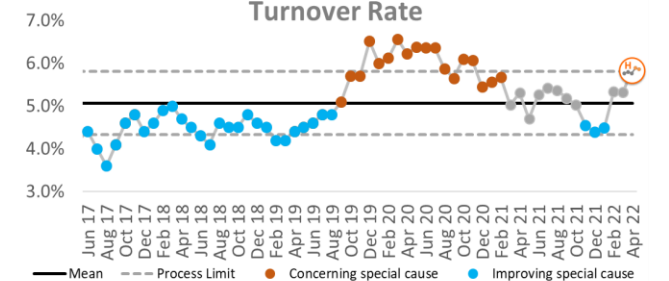
### Administrative and Clerical Turnover rate



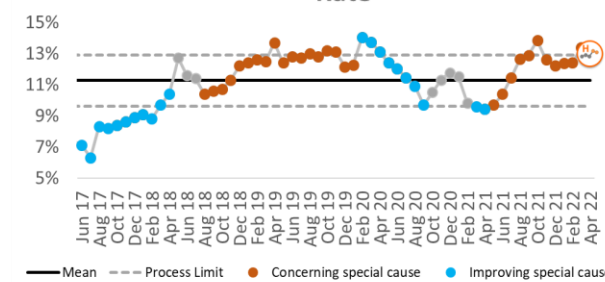
### Additional Clinical Services Turnover Rate



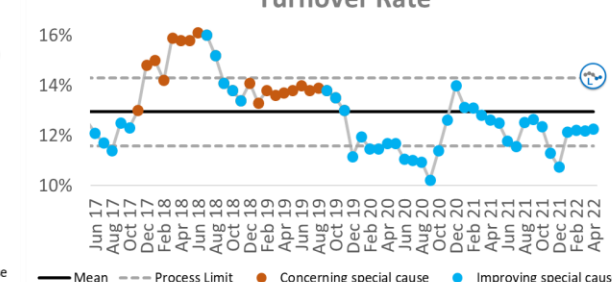
### Medical and dental Turnover Rate



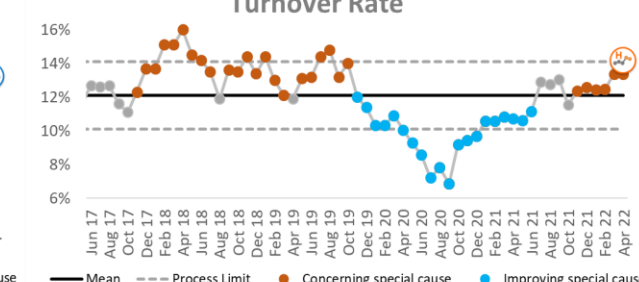
### Healthcare Scientists Turnover Rate



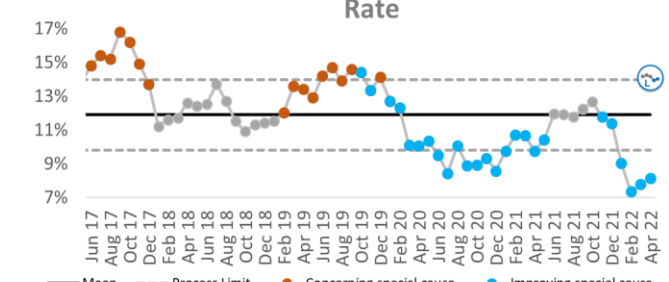
### Allied Health Professionals Turnover Rate



### Estates and Ancillary Turnover Rate

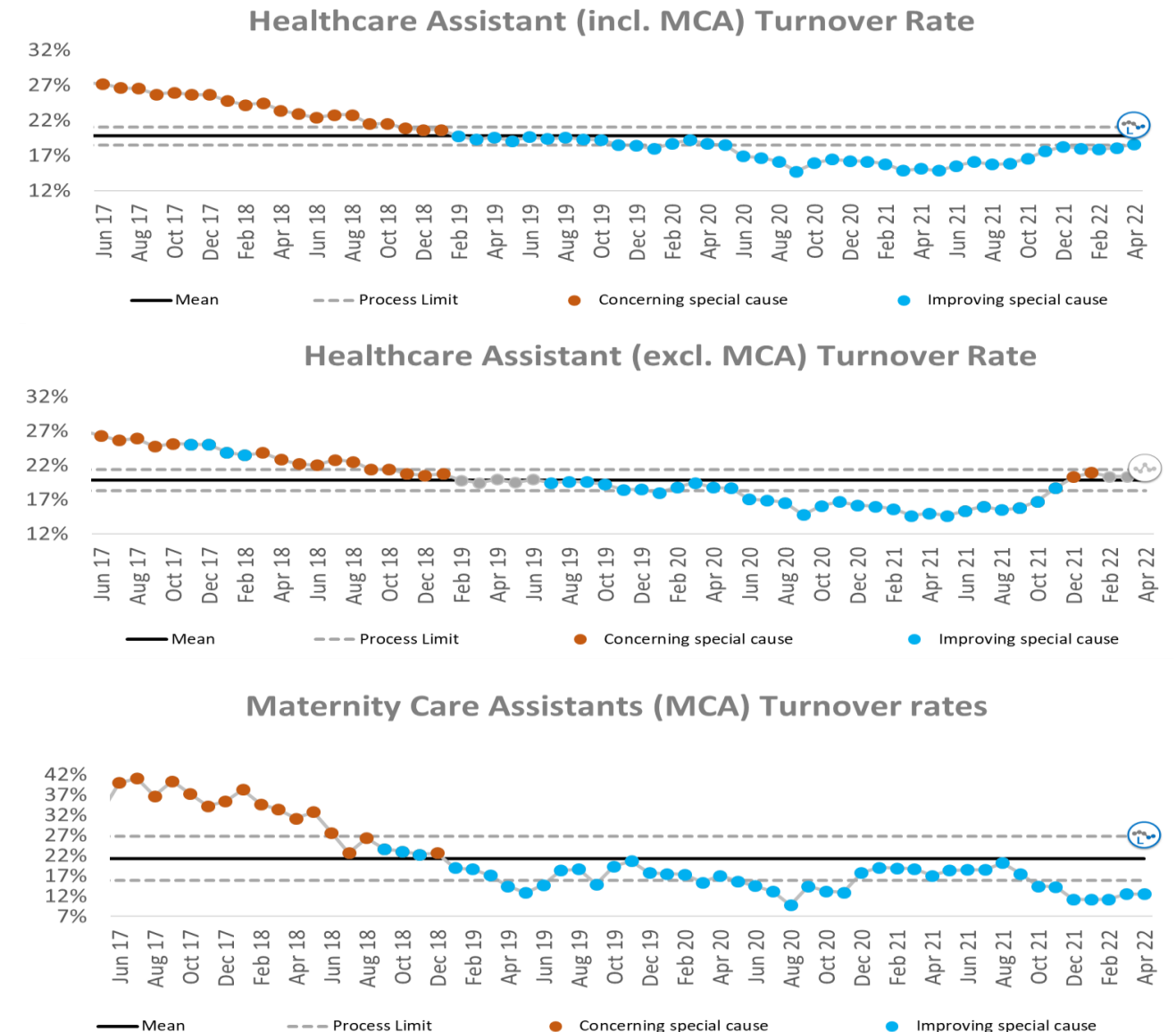
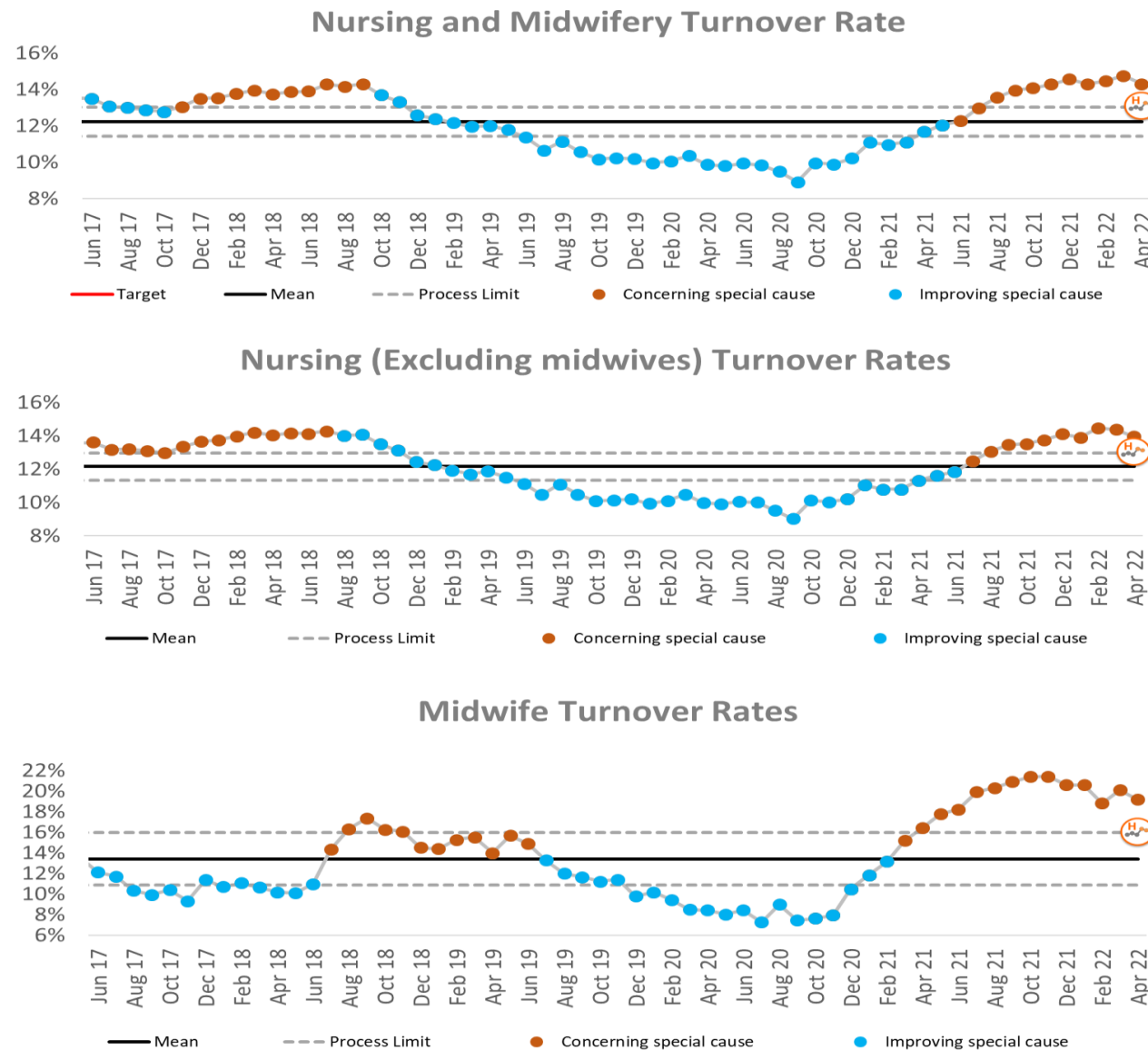


### Add Prof Scientific and Technic Turnover Rate



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

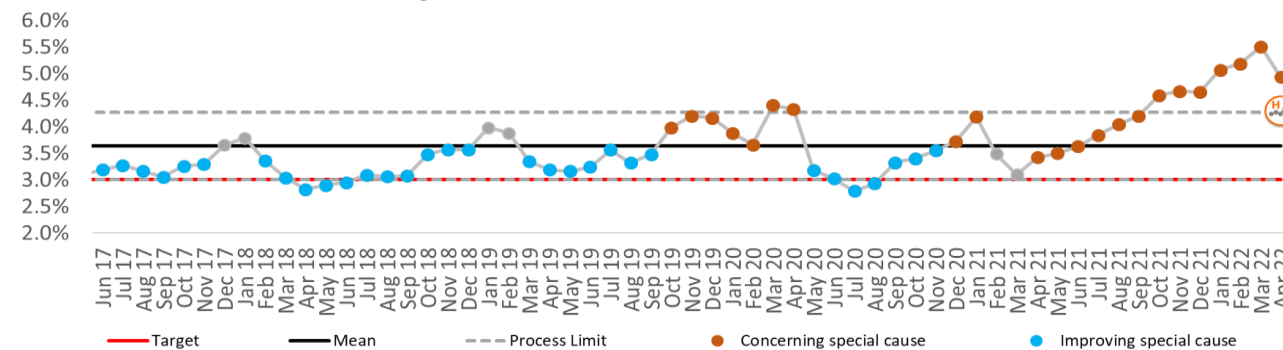
## Workforce: Turnover rate for Nursing & Midwifery Staff Group





# Sickness Absence

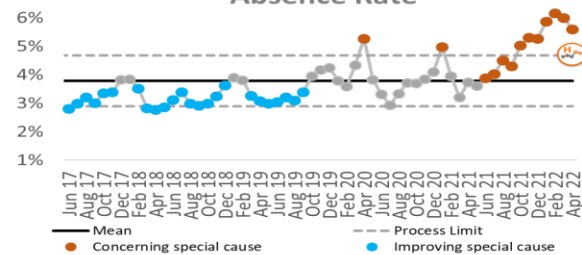
## Monthly Sickness Absence Rates - All Staff



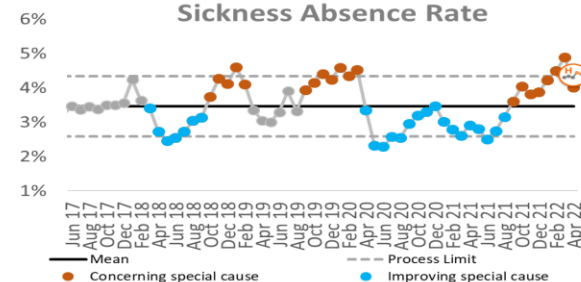
**Background Information:** Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

**What the information tells us:** Monthly Sickness Absence Rate for the Trust remained above average however decreased by 0.6% from previous month to 4.9%. Additional Clinical Services have the highest sickness absence rate at 8.2% followed by Estates at 6.2%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 41.9% of all sickness absence in April 2022, compared to 46.1% from the previous month.

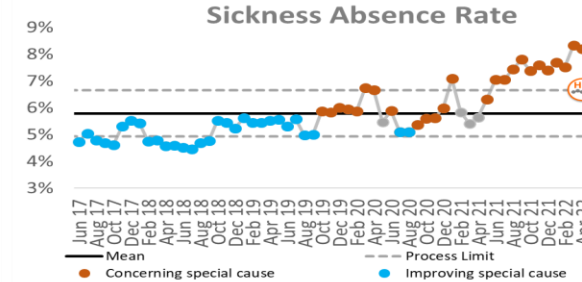
## Nursing and Midwifery Sickness Absence Rate



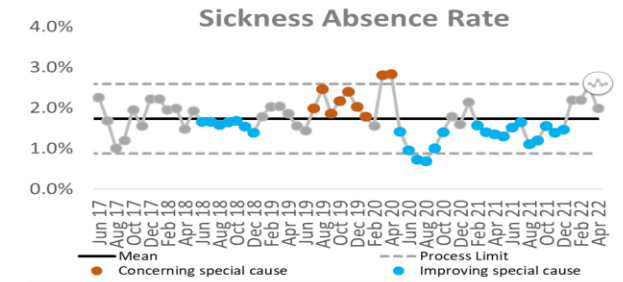
## Administrative and Clerical Sickness Absence Rate



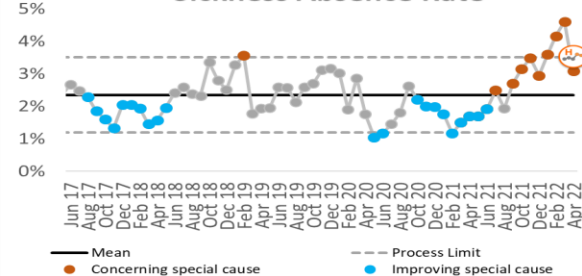
## Additional Clinical Services Sickness Absence Rate



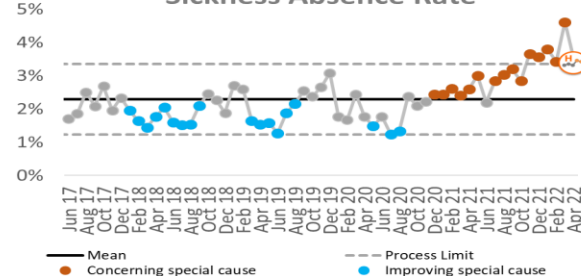
## Medical and Dental Sickness Absence Rate



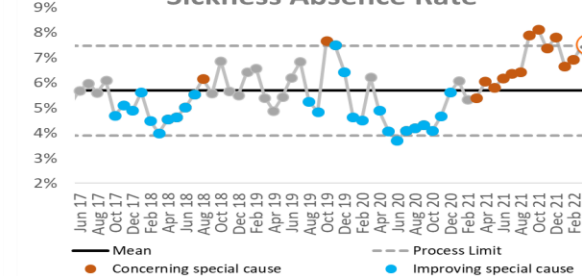
## Healthcare Scientists Sickness Absence Rate



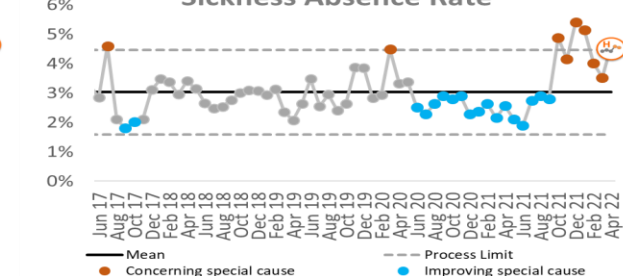
## Allied Health Professionals Sickness Absence Rate



## Estates and Ancillary Sickness Absence Rate

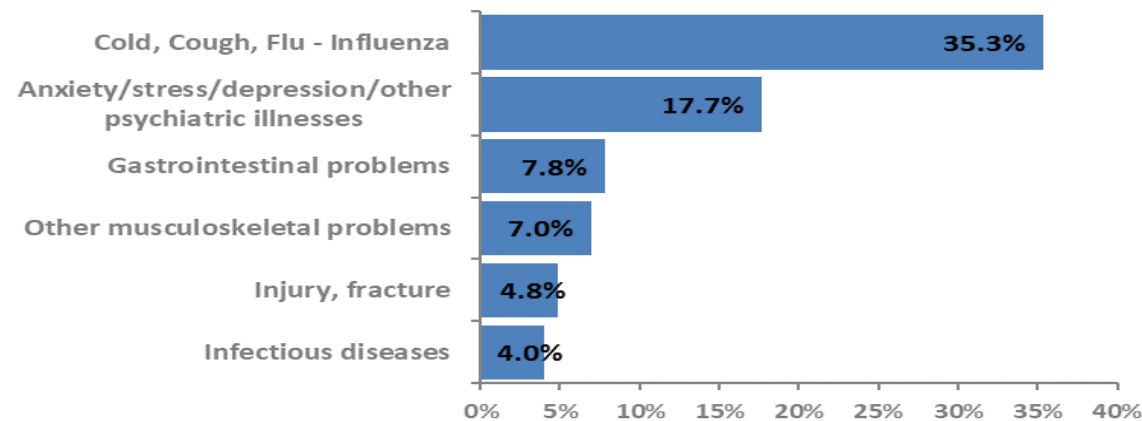


## Add Prof Scientific and Technic Sickness Absence Rate



# Top Six Sickness Absence Reason

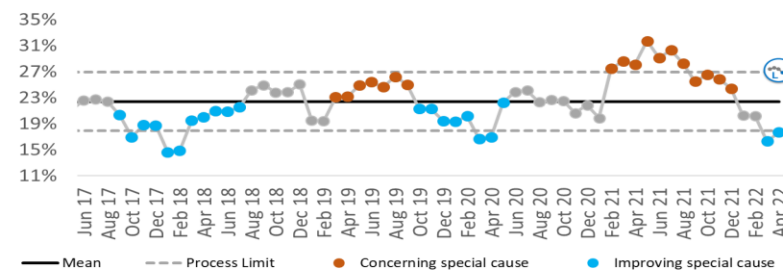
Top 6 Sickness Reason as % All Sickness - Apr 22  
All Staff



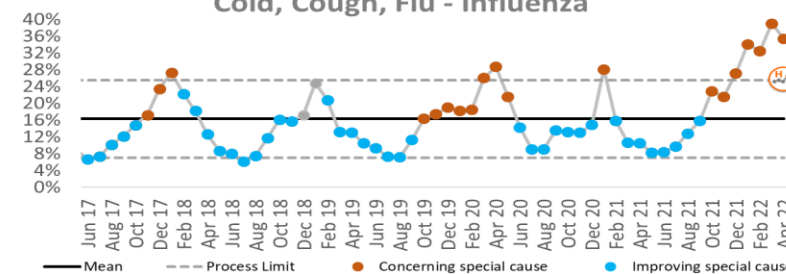
**Background Information:** Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

**What the information tells us:** The highest reason for sickness absence is influenza related sickness which saw a decrease of 4% from previous month to 35%.

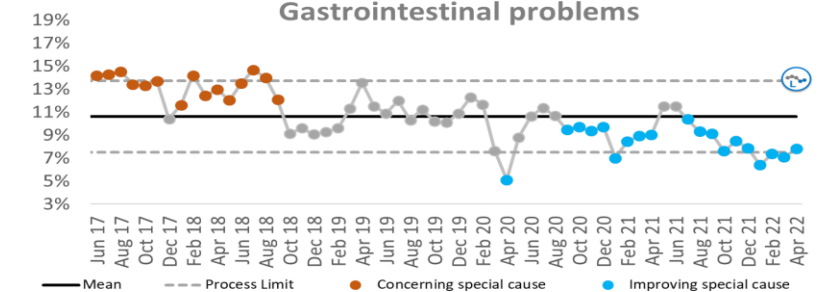
% of Sickness Absence Due to Anxiety/stress/depression/other psychiatric illnesses



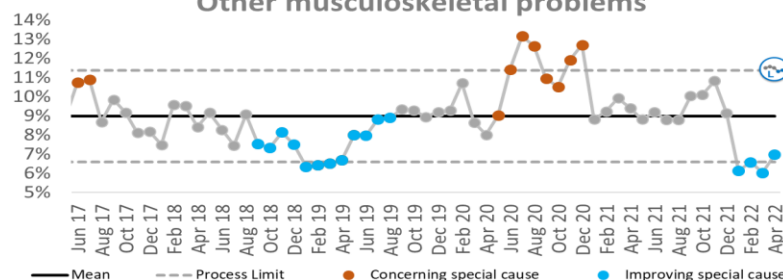
% of Sickness Absence Due to Cold, Cough, Flu - Influenza



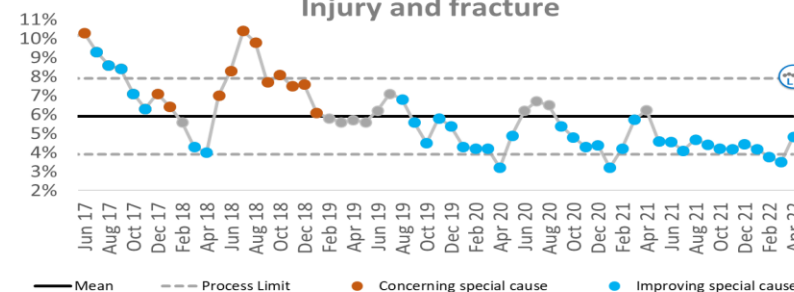
% of Sickness Absence Due to Gastrointestinal problems



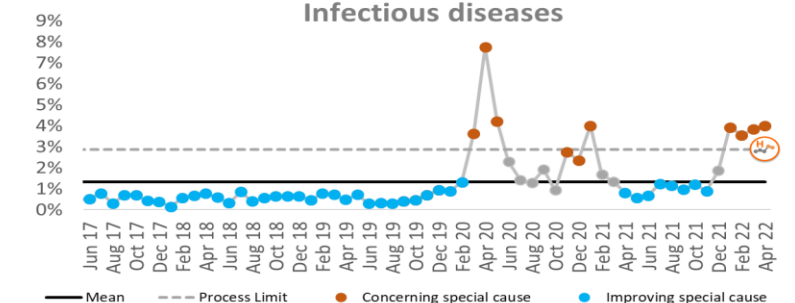
% of Sickness Absence Due to Other musculoskeletal problems



% of Sickness Absence Due to Injury and fracture

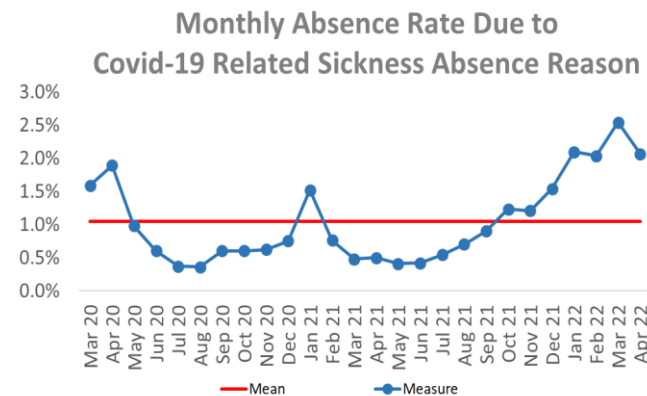
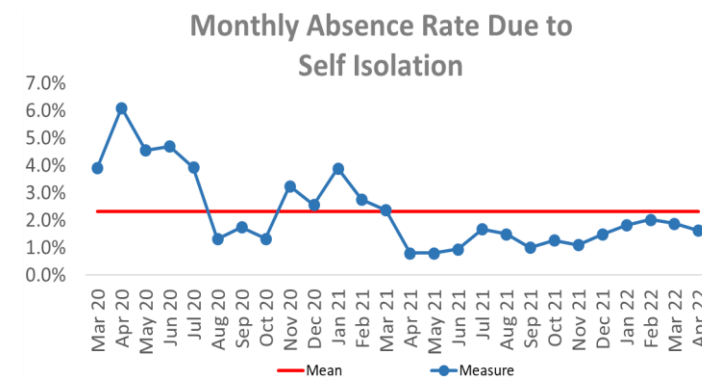


% of Sickness Absence Due to Infectious diseases



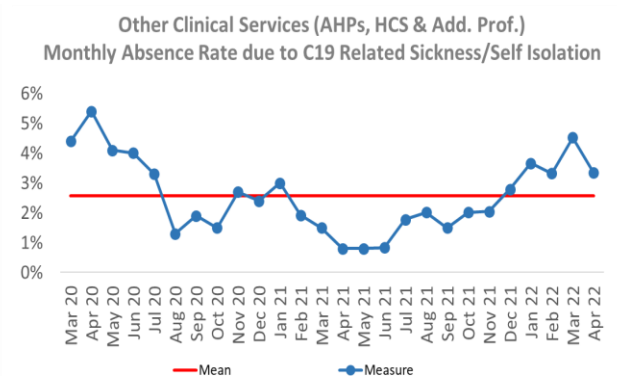
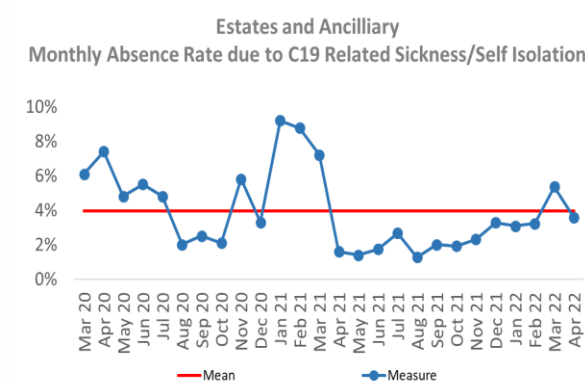
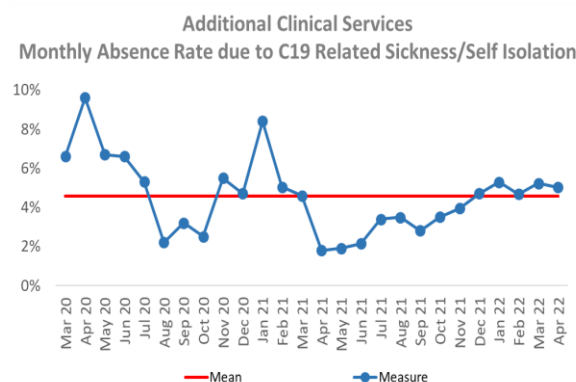
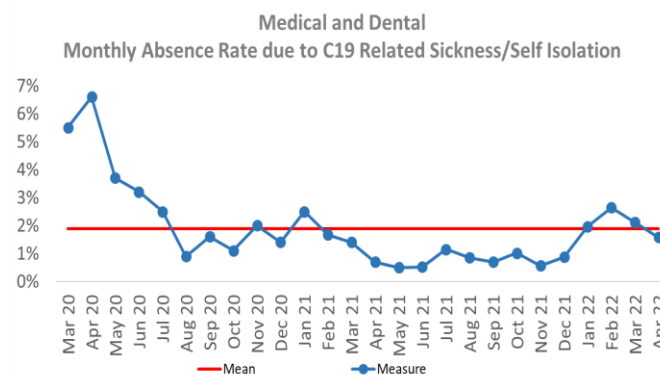
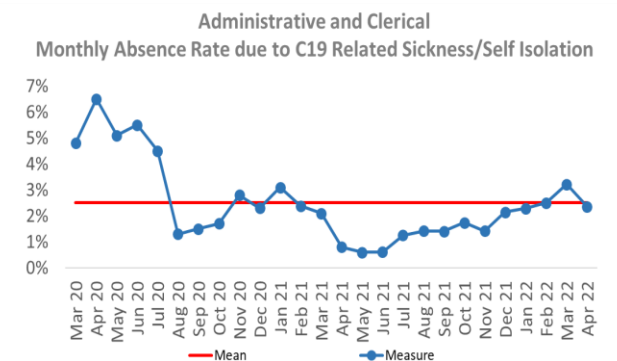
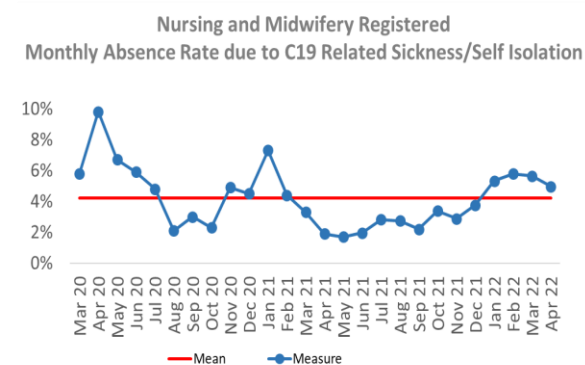
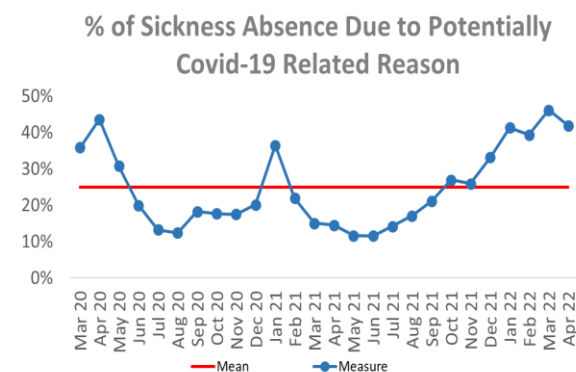
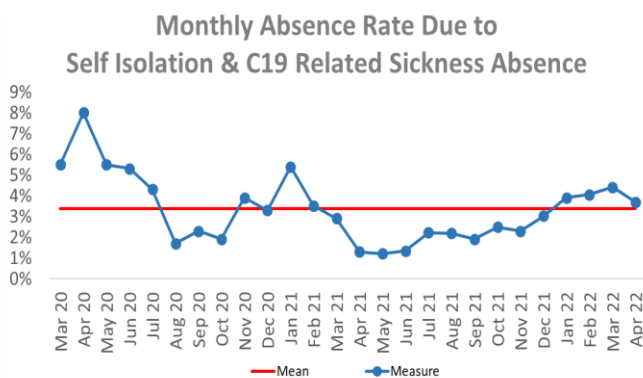
# Covid-19 Related Absence

## Workforce: Covid-19 Related Absence



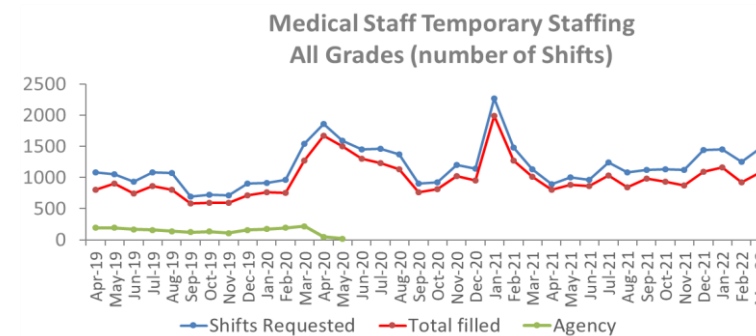
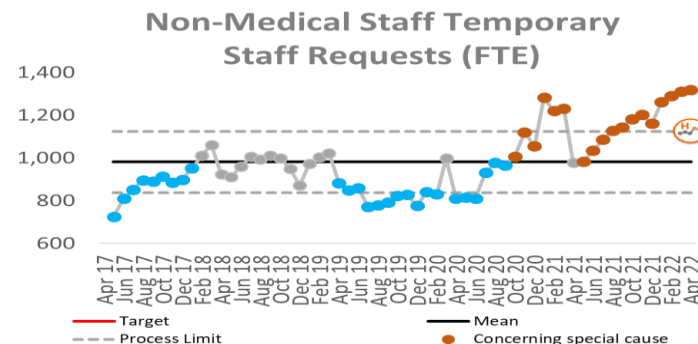
**Background Information:** Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious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

**What the information tells us:** The Trust's monthly absence rate due to Self Isolation is 1.6%. Monthly absence rate due to potential Covid-19 related sickness is 2.1% in Apr 2022. Overall, absence rates due to Covid-19 related sickness and self isolation decreased by 0.7% from the previous month to 3.7%.



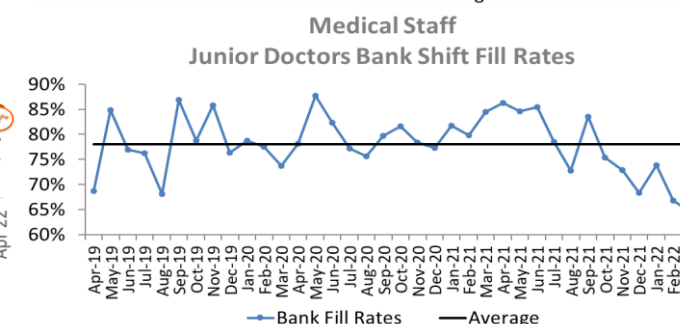
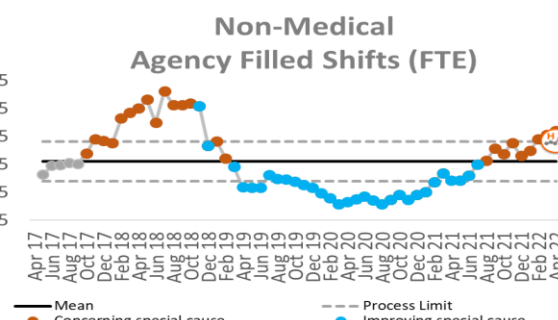
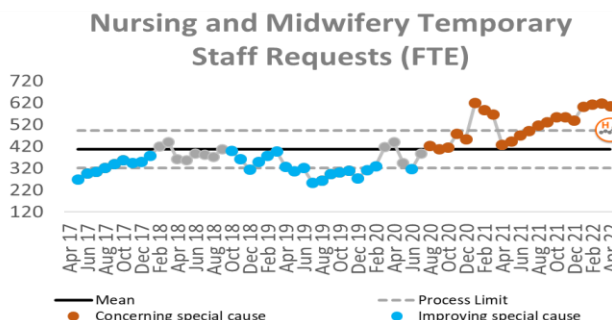
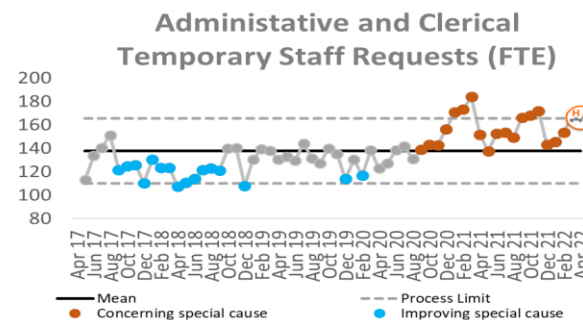
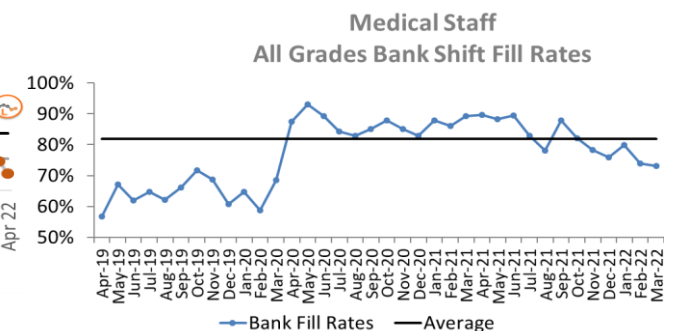
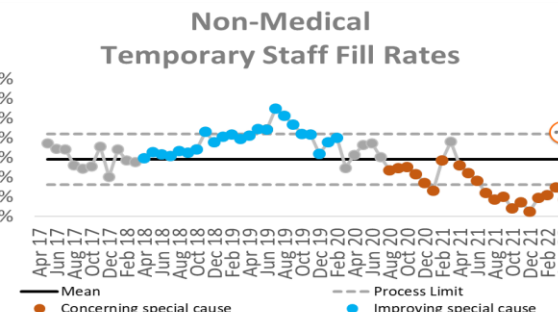
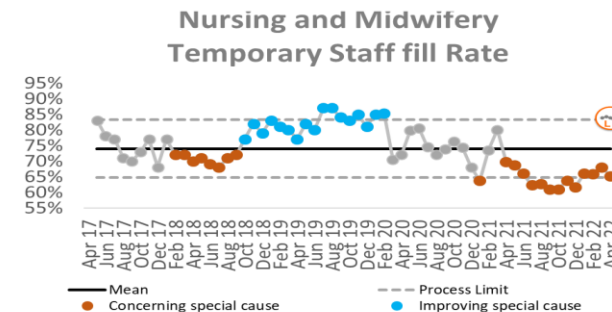
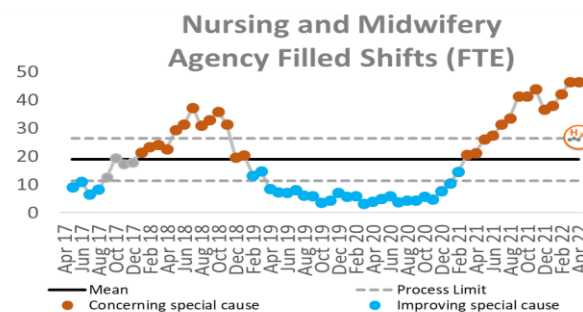


# Temporary Staffing



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

**What the information tells us:** Demand for non medical temporary staff saw a slight increase of 0.6% from the previous month to 1317 WTE. Nursing and midwifery agency usage remained stable from the previous month at 46 WTE. This accounts for 12% of the total Nursing filled shifts. Overall, fill rate reduced by 3% from previous month to 72%.

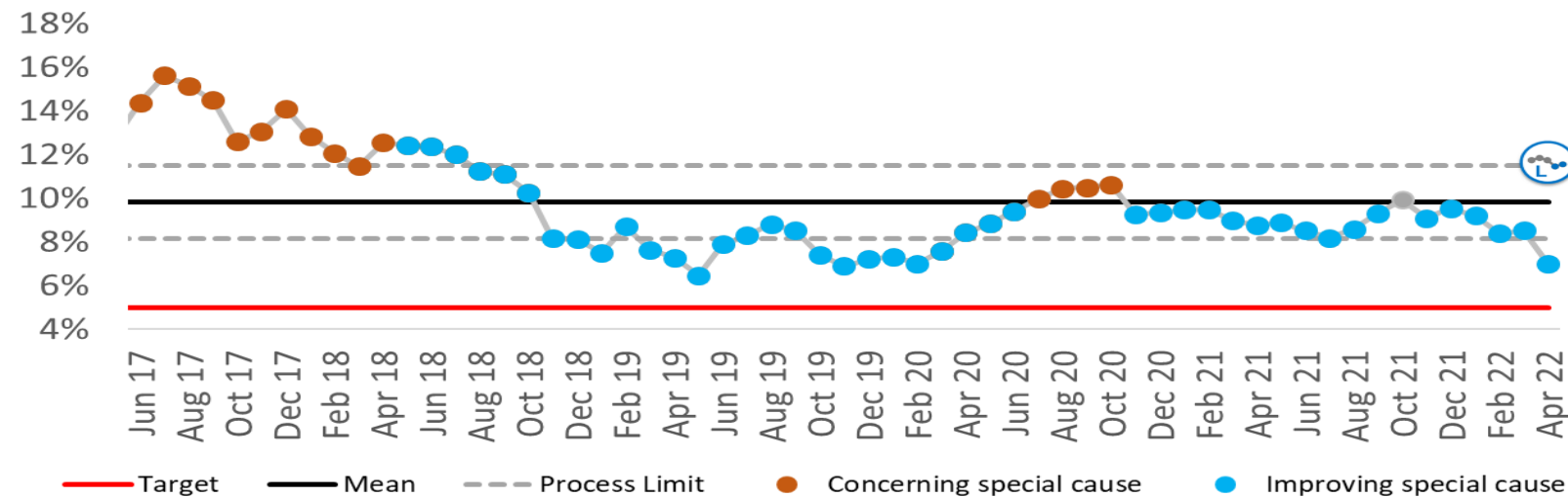


\*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

# ESR Vacancy Rate

Workforce: ESR Vacancy Rate

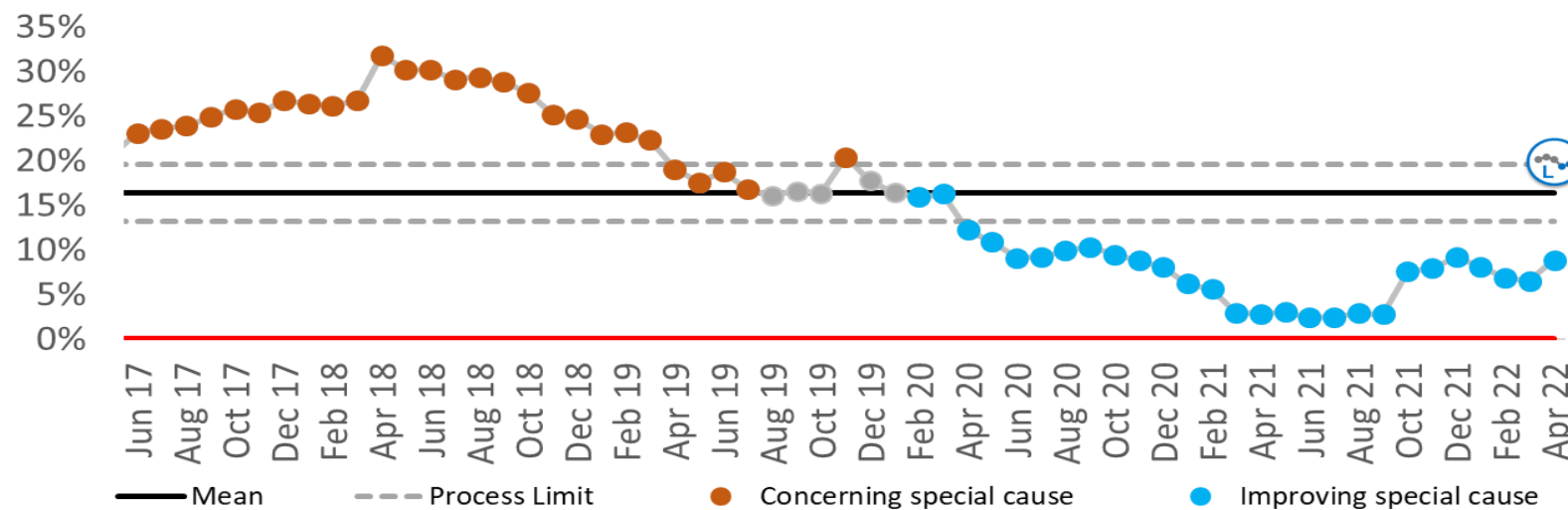
## Nursing and Midwifery Vacancy Rate Rate



**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 Nurses remained below the average rate at 8.8% and 7.0% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCA.

## Healthcare Assistant (incl. MCA) Vacancy Rate



\*Please note ESR reported data has replaced self reported vacancy data for this report. The establishment is based on the ledger and may not reflect all Covid related increases. Work is ongoing to review both reports and further changes to this report will follow. \*\*Nurses preparing for their OSCE exams were previously included in the data as filled HCA posts but are now included as filled Nursing posts instead.



# C19 - Individual Health Risk Assessment & Annual Leave Update

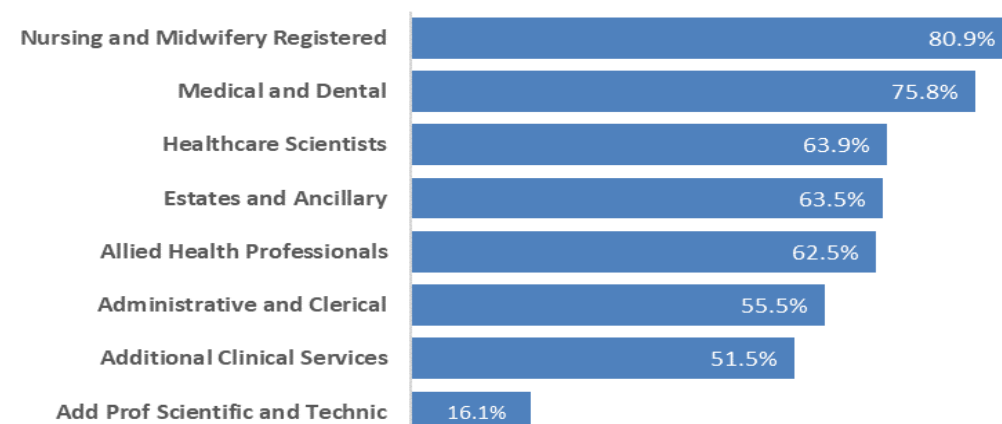
## C19 – New V7 Individual Health Risk Assessment Compliance

Risk compliance rate	Apr 22
Overall C19 Risk Assessment Compliance	55.6%
BAME Staff - C19 Risk Assessment Compliance	50.4%
White Staff - C19 Risk Assessment Compliance	58.0%

Risk group	% of Staff within each Risk group
<b>Risk Group 1</b> – highest risk levels including Clinically Extremely	0.5%
<b>Risk Group 2</b> – heightened risk level including some CEV / red risk	2.4%
<b>Risk Group 3</b> – increased risk	7.6%
<b>Risk Group 4</b> – no increased risk	45.1%

% Covid Risk Assessments Completed -Apr 22  
By Staff Group



## Percentage of Annual Leave (AL) Taken – Apr 22 Breakdown

	Staff Group	Total Entitlement (Hrs)	Total AL Taken (Hrs)	% AL Taken	% of staff with Entitlement recorded on Healthroster
Annual Leave taken by Staff Group	Add Prof Scientific and Technic	50,099	2,683	5%	97%
	Additional Clinical Services	373,322	30,964	8%	97%
	Administrative and Clerical	475,530	30,763	6%	96%
	Allied Health Professionals	145,693	10,648	7%	99%
	Estates and Ancillary	78,800	5,991	8%	99%
	Healthcare Scientists	134,884	9,381	7%	97%
	Medical and Dental	138,025	8,815	6%	37%
	Nursing and Midwifery Registered	765,566	58,395	8%	98%
	Trust	2,161,920	157,641	7%	89%
Annual Leave taken by Division	Division				
	Corporate	297,916	19695	7%	95%
	Division A	410,855	31654	8%	87%
	Division B	601,114	45495	8%	94%
	Division C	275,070	17821	6%	81%
	Division D	259,728	18106	7%	86%
	Division E	228,181	18725	8%	85%
	R&D	89,056	6145	7%	90%

**What the information tells us:** The Trust's Covid-19 Risk assessment (version 7 - launched in Sep 21) compliance rate is at 56% including 50% of BAME staff and 58% of White staff. Overall, 0.5% of staff are within Group 1 (the highest risk levels).

The Trust's annual leave usage is 88% of the expected usage after 1 month of the financial year. Overall usage is 7% after 1 month of the financial year compared to the expected 8%. The highest rate of use of annual leave is within Additional clinical staff followed by Estates and Nursing staff at 8.3%, 7.6% and 7.6% respectively.

# Mandatory Training by Division and Staff Group

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

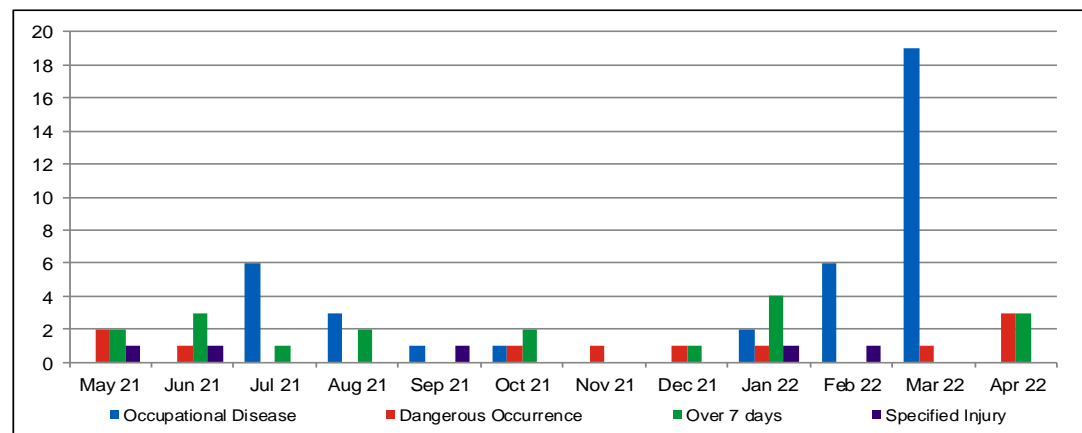
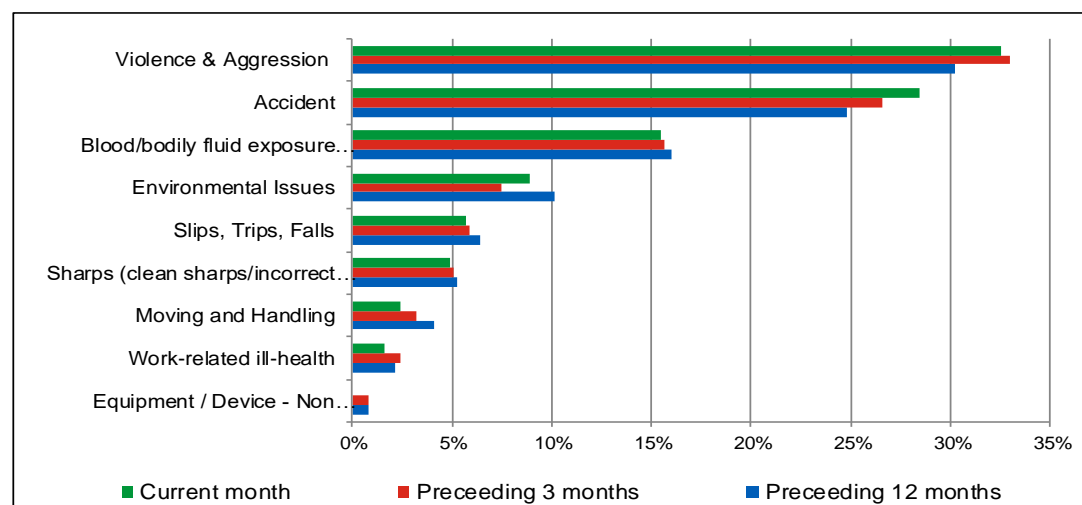
## Workforce: Mandatory Training

		Induction				Mandatory Training Competency (as defined by Skills for Health)												Greater than 89%		Less than 75%		Between 74% and 89%		Total Compliance
		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)					
		Corporate Induction	Local Induction	Corporate Induction	Local Induction																			
		Frequency	Delivery Method	Frequency	Delivery Method																			
Staff Requiring Competency		1,106	1,106	460	460	3 yrs d/e/	3 yrs d/e/	2 yrs/1yr d/e/	3yrs d/e/	2 yrs d/e/	1 yr d/e/	2 yrs/1yrs d/e/	2 yrs/1yrs d/el	3 yrs d/e/	3 yrs d/el	3 yrs d/el	3 yrs d/el	3 yrs d/el	3 yrs d					
Compliance by Division		1,106	1,106	460	460	10,530	10,530	10,696	10,530	10,530	10,530	10,697	7,194	10,530	7,604	10,530	7,616	1,711	1,711					
Compliance by Division	Division A	(5)97.5%	(28)86.0%	(25)78.3%	(20)82.6%	(67)96.7%	(76)96.2%	(434)78.7%	(86)95.7%	(122)93.9%	(247)87.7%	(409)79.9%	(507)72.2%	(115)94.3%	(284)84.8%	(86)95.7%	(232)87.6%	(28)82.9%	(14)91.5%	88.7%				
	Division B	(18)94.2%	(50)84.0%	(11)83.8%	(7)89.7%	(81)97.1%	(89)96.8%	(304)89.1%	(92)96.7%	(164)94.1%	(317)88.5%	(435)84.4%	(373)73.8%	(123)95.5%	(259)84.8%	(98)96.5%	(194)88.6%	(20)84.3%	(14)89.0%	91.4%				
	Division C	(9)94.4%	(28)82.5%	(19)84.2%	(10)91.7%	(63)95.5%	(62)95.6%	(281)80.8%	(63)95.5%	(91)93.6%	(204)85.6%	(373)74.6%	(402)70.5%	(92)93.5%	(204)85.2%	(70)95.0%	(153)88.9%	(60)75.6%	(33)86.6%	87.7%				
	Division D	(6)95.3%	(31)75.6%	(18)76.9%	(14)82.1%	(53)96.1%	(57)95.8%	(222)83.9%	(64)95.3%	(104)92.3%	(215)84.1%	(358)74.1%	(378)67.2%	(74)94.5%	(143)87.9%	(57)95.8%	(122)89.7%	(25)80.8%	(16)87.7%	88.1%				
	Division E	(8)93.8%	(43)66.4%	(16)76.8%	(7)89.9%	(44)96.4%	(43)96.5%	(246)80.3%	(51)95.9%	(75)93.9%	(148)88.0%	(358)71.4%	(263)76.2%	(82)93.3%	(161)85.6%	(55)95.5%	(120)89.3%	(160)84.4%	(125)87.8%	88.1%				
	Corporate	(23)83.6%	(32)77.1%	(4)50.0%	(1)87.5%	(40)97.0%	(49)96.4%	(90)93.3%	(49)96.4%	(68)94.9%	(112)91.7%	(92)93.2%	(37)76.9%	(58)95.7%	(22)86.7%	(52)96.1%	(19)88.8%	(5)64.3%	(3)78.6%	94.1%				
	R & D	(1)97.4%	(3)92.1%			(11)97.4%	(12)97.2%	(24)94.3%	(13)96.9%	(17)96.0%	(35)91.7%	(59)86.1%	(22)86.0%	(12)97.2%	(13)93.0%	(9)97.9%	(13)93.0%	(1)80.0%	(1)80.0%	94.4%				
Breakdown of Medical staff compliance																								
Consultant				(12)78.9%	(11)80.7%	(29)95.9%	(32)95.4%	(37)94.7%	(32)95.4%	(38)94.6%	(115)83.6%	(50)92.9%	(199)72.0%	(30)95.7%	(113)84.0%	(20)97.1%	(58)91.8%	(24)88.5%	(18)91.4%	90.9%				
Non Consultant				(82)79.7%	(49)87.8%	(115)84.7%	(118)84.4%	(171)77.3%	(139)81.6%	(168)77.7%	(263)65.1%	(201)73.3%	(485)43.1%	(167)77.9%	(203)75.9%	(145)80.8%	(201)76.3%	(73)57.8%	(65)62.4%	74.8%				
Compliance by Staff group																								
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(0)100.0%			(2)99.1%	(2)99.1%	(7)96.9%	(3)98.7%	(11)95.1%	(26)88.5%	(19)91.6%	(10)67.7%	(6)97.3%	(22)88.8%	(5)97.8%	(26)86.8%	(0)100.0%	(0)100.0%	94.4%				
	Additional Clinical Services	(11)95.7%	(48)81.3%			(35)98.0%	(41)97.6%	(337)81.0%	(36)97.9%	(78)95.5%	(165)90.4%	(426)76.0%	(412)70.1%	(59)96.6%	(207)86.5%	(41)97.6%	(166)89.2%	(22)85.8%	(15)90.3%	89.9%				
	Administrative and Clerical	(15)92.6%	(37)81.8%			(72)96.7%	(81)96.3%	(105)95.2%	(87)96.0%	(114)94.8%	(218)90.1%	(136)93.8%	(11)42.1%	(104)95.3%	(17)86.1%	(85)96.1%	(19)84.7%	(4)42.9%	(3)57.1%	94.6%				
	Allied Health Professionals	(4)94.4%	(12)83.3%			(15)97.7%	(14)97.8%	(117)82.1%	(17)97.3%	(26)95.9%	(67)89.5%	(177)72.9%	(152)76.5%	(29)95.5%	(82)87.3%	(19)97.0%	(48)92.6%	(9)84.7%	(7)88.1%	90.0%				
	Estates and Ancillary	(13)80.0%	(12)81.5%			(5)98.6%	(8)97.7%	(19)94.6%	(8)97.7%	(10)97.1%	(25)92.8%	(11)96.8%	(11)96.8%	(11)96.8%	(11)96.8%	(9)97.4%				96.0%				
	Healthcare Scientists	(3)95.2%	(15)76.2%			(16)97.3%	(20)96.7%	(27)95.5%	(19)96.8%	(26)95.7%	(44)92.6%	(80)86.6%	(31)71.8%	(18)97.0%	(31)81.3%	(16)97.3%	(27)83.7%	(9)60.9%	(6)73.9%	93.5%				
	Medical and Dental			(94)79.6%	(60)87.0%	(144)90.1%	(150)89.7%	(208)85.7%	(171)88.2%	(206)85.8%	(378)74.0%	(251)82.7%	(684)56.3%	(197)86.5%	(316)79.6%	(165)88.7%	(259)83.3%	(97)74.6%	(83)78.3%	82.2%				
	Nursing and Midwifery Registered	(24)94.5%	(91)79.0%			(70)97.9%	(72)97.9%	(781)77.4%	(77)97.7%	(170)94.9%	(355)89.4%	(984)71.5%	(682)80.2%	(132)96.1%	(411)87.9%	(87)97.4%	(308)90.9%	(158)85.4%	(92)91.5%	89.7%				
Trust Total		(70)93.7%	(215)80.6%	(94)79.6%	(60)87.0%	(359)96.6%	(388)96.3%	(1601)85.0%	(418)96.0%	(641)93.9%	(1278)87.9%	(2084)80.5%	(1982)72.4%	(556)94.7%	(1086)85.7%	(427)95.9%	(853)88.8%	(299)82.5%	(206)88.0%	89.83%				

# Health and Safety Incidents

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	CEFM
No. of health and safety incidents reported in a rolling 12 month period:	1520	315	217	471	271	141	35	70
Accident	377	82	70	100	64	38	6	17
Blood/bodily fluid exposure (dirty sharps/splashes)	244	75	42	55	39	29	3	1
Environmental Issues	154	30	30	23	29	24	5	13
Equipment / Device - Non Medical	13	1	1	5	6	0	0	0
Moving and Handling	63	10	11	16	16	5	1	4
Sharps (clean sharps/incorrect disposal & use)	80	34	10	10	6	12	6	2
Slips, Trips, Falls	97	24	24	13	9	10	5	12
Violence & Aggression	460	46	24	247	97	19	8	19
Work-related ill-health	32	13	5	2	5	4	1	2

## Health and Safety



A total of 1,520 health and safety incidents were reported in the previous 12 months.

760 (50%) incidents resulted in harm. The highest reporting categories were violence and aggression (30%), accidents (25%) and blood/bodily fluid exposure (16%).

1,052 (69%) of incidents affected staff, 421 (28%) affected patients and 47 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (31%), blood/bodily fluid exposure (21%) and accidents (17%).

The highest reported incident categories for patients were: accidents (45%), violence & aggression (26%) and environmental issues (12%).

The highest reported incident categories for others were: violence and aggression (45%), accidents (21%) and slips, trips and falls/environmental issues (15%).

Staff incident rate is 9.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 471 incidents. Of these, 52% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (53%). 49% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In April 2022, 6 incidents were reported to the HSE:

### Over 7 day injuries (3)

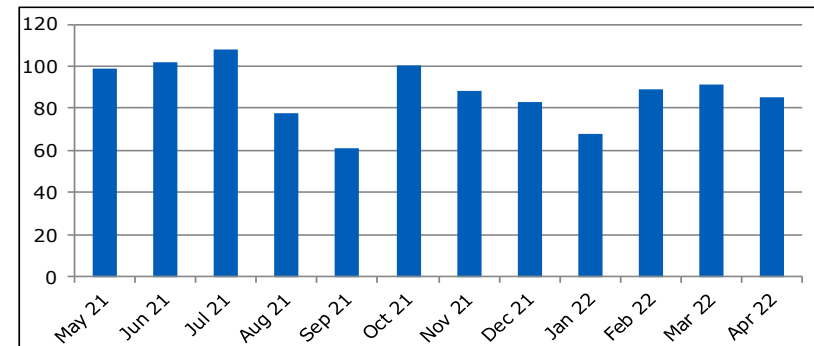
- The Injured Person (IP) slipped on a wet floor in the toilets and sprained their ankle.
- The IP was walking along the corridor and slipped on a grape.
- The IP was retrieving an item from the glove/apron dispenser when the front facing lid fell and struck the IP.

### Dangerous occurrence (3)

- The IP accidentally pricked the palm of their hand with a diathermy needle. The patient was Hep C Positive.
- The IP sustained a splash to the face from soiled swabs. The patient was Hep B Positive.
- A sample was received by pathology labs for processing. The sample was taken from a patient with a suspected Viral Haemorrhagic Fever (VHF). The sample was not labelled as high risk and was therefore not processed in line with high risk sample procedures. There has been no evidence of transmission.

# Health and Safety Incidents

## No. of health and safety incidents affecting staff:

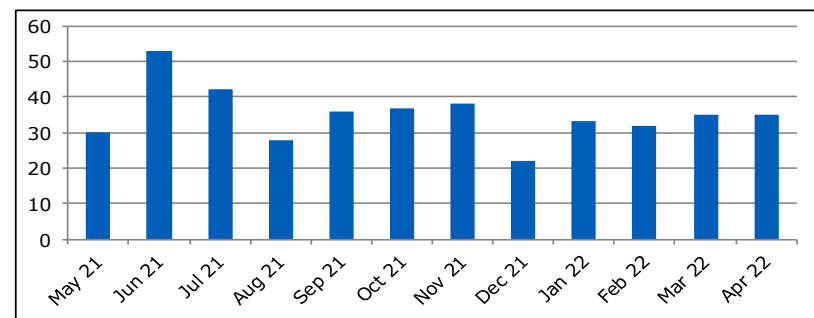


	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
Accident	13	14	16	21	8	15	8	12	17	16	21	16	177
Blood/bodily fluid exposure (dirty sharps/splashes)	22	13	25	19	11	30	26	12	15	17	18	17	225
Environmental Issues	5	23	14	6	4	7	13	4	1	5	4	10	96
Moving and Handling	6	5	2	3	5	1	3	7	5	3	4	3	47
Sharps (clean sharps/incorrect disposal & use)	8	9	5	3	3	2	3	3	2	7	3	6	54
Slips, Trips, Falls	12	4	7	4	9	8	12	9	4	6	8	7	90
Violence & aggression	29	31	36	20	19	32	23	34	22	32	29	24	331
Work-related ill-health	4	3	3	2	2	5		2	2	3	4	2	32
Total	99	102	108	78	61	100	88	83	68	89	91	85	1052

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

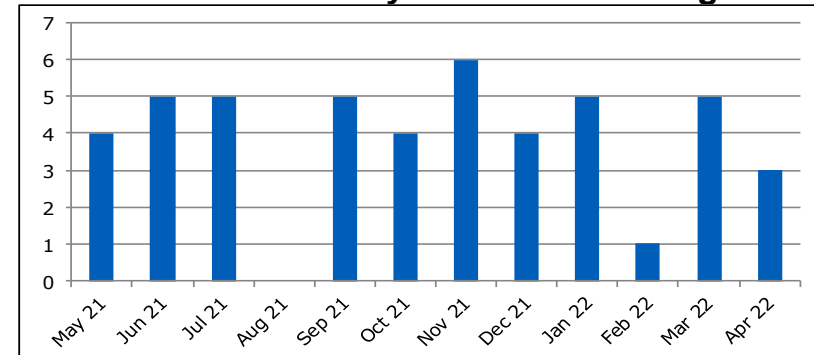
	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
No. of health & safety incidents	99	102	108	78	61	100	88	83	68	89	91	85	1052
Staff incident rate per month/year	0.9	0.9	1.0	0.7	0.6	0.9	0.8	0.8	0.6	0.8	0.8	0.8	9.7

## No. of health and safety incidents affecting patients:



	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
Accident	12	24	24	16	18	17	13	7	12	11	17	19	190
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	2	1	2	2		3	0	1	4	2	19
Environmental Issues	4	12	9	4	3	3	4	4	0	4	3	1	51
Equipment / Device - Non Medical	1	3	0	1	0	2	2	0	1	2	1	0	13
Moving and Handling	2	5	1	0	1	2	0	0	3	1	1	0	16
Sharps (clean sharps/incorrect disposal & use)	1	3	1	0	5	2	3	3	3	2	1	0	24
Violence & aggression	9	5	5	6	7	9	16	5	14	11	8	13	108
Total	30	53	42	28	36	37	38	22	33	32	35	35	421

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



	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
Accident	1	0	1	0	3	2	1	1	1	0	0	0	10
Environmental Issues	1	0	0	0	1	0	0	1	3	0	1	0	7
Sharps (clean sharps/incorrect disposal & use)	1	1	0	0	0	0	0	0	0	0	0	0	2
Slips, Trips, Falls	0	1	1	0	0	0	3	1	0	0	1	0	7
Violence & aggression	1	3	3	0	1	2	2	1	1	1	3	3	21
Total	4	5	5	0	5	4	6	4	5	1	5	3	47

## Report to the Council of Governors: 29 June 2022

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

### Executive Summary

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

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

### Action required by the Council of Governors

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

**Council of Governors**  
**Report from the Lead Governor**  
**Neil Stutchbury**

## **1. Recent Governor meetings**

- 1.1 We have had two **Governor Seminars** since the last Council of Governors' meeting. The first on 27 April was presented by David Wherrett. He covered the main findings from the annual NHS staff survey. Like other trusts, responses showed a downward trend in line with the pressures associated with Covid-19; however, in all categories CUH had better than average scores and retained its ranking relative to other trusts.

The second on 7 June covered the Children's Hospital and an overview of other major projects. Shelly Thake, Chief Executive of Addenbrooke's Charitable Trust, gave an overview of how the hospital will look and Dame Mary Archer described the strategy for raising the required funds from philanthropists and the public. Claire Stoneham then gave an overview of the other major projects, including the Cancer Research Hospital, the new surge wards and plans for the Emergency Department.

- 1.2 A **Governor Strategy** meeting was held on 10 May. We received an update on the strategy refresh work, in preparation for the June Board meeting. The group discussed some of the priorities and the communications campaign. A full report is covered in agenda item 7.2.
- 1.3 Governors met the NEDs at the **quarterly Governor/NED** meeting on 4 May and sought assurance on a range of issues, including the benefits and risks of the Integrated Care System, staff well-being, meeting cancer targets, maternity services and the new digital strategy.
- 1.4 Governors met at the **Governor Forum** on 17 May. We invited one of our two new Non-Executive Directors (NEDs), Ian Jacobs, to join us to introduce himself and for governors to ask questions. He summarised his background and outlined some of the areas he particularly wants to focus on, then took questions from governors. A key area of Ian's expertise and governors' interest is maternity services; Ian is taking on the NED role of Board maternity Safety Champion and will have a close interest in the Trust's response to the national Ockenden report.

- 1.5 The **regional lead governors** met on 1 June, attended by Jane Biddle, Deputy Lead Governor, where lead governors shared best practice, including on frequency of governor/NED meetings, how trusts consult with patients and the public, and when trusts are moving to face to face meetings. The regional lead governors of trusts in the South Integrated Care Partnership are planning a face-to-face meeting for all governors with the Chair of the Integrated Care Board, John O'Brien. This is planned for October and more details will be issued nearer the time.
- 1.6 The **Governors' Nomination and Remuneration Committee** and the **Trust Constitution Committee** met on 27 April to review the consultation process held by Neil Stutchbury and Julia Loudon on the options of whether to recruit a new Chair or re-appoint Mike More as Chair. Details of the reasons for considering these two options are detailed in the paper at item 8 on the agenda for this Council of Governors' meeting. The committees agreed to propose the re-appointment of Mike More for a further term of office from April 2023 to September 2025, bringing his total term as a non-executive director to 12 years. The meeting also discussed amendments to the Trust Constitution to enable Council of Governors to make the change, should it approve it. An additional meeting of the Council of Governors was held on 17 May to discuss the options. The Council agreed unanimously to approve the option to re-appoint Mike More as Chair to September 2025 and approved the change to the Constitution.

## **2. Upcoming Governor meetings**

- 2.1 The next Governor Strategy Group meeting is scheduled for 18 July.
- 2.2 The next quarterly meeting with the NEDs is on 20 July.
- 2.3 The next Governor Forum is scheduled for 6 September.
- 2.4 The next Governor Seminar meeting is scheduled for 20 October.
- 2.5 The next Regional Lead Governor meeting will be held on 26 October.

## **3. Other Governor activities**

- 3.1 The Lead Governor and Trust Secretariat has been discussing when it would be prudent to go back to face-to-face meetings. We are tentatively looking to hold the September Council of Governors' meeting face-to-face, with a social event afterwards, and will be consulting with governors on how they feel about this. We will also consult governors on whether to move other governor meetings to face-to-face or remain virtual.

## **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: 29 June 2022

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

### Executive Summary

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

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

### Action required by the Council of Governors

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



# **Cambridge University Hospitals NHS Foundation Trust**

**29 June 2022**

## **Council of Governors**

### **Governors' Strategy Group**

#### **Julia Loudon, Patient Governor**

1. A meeting of the Governor Strategy Group was held on 10 May 2022. Present were: Mike More (Chair) (MM), Daniel Northam-Jones (DN-J), Maxine Farmer (MF), Neil Stutchbury, David Dean, John Clarkson, Brian Arney, Gill Shelton. Julia Loudon sent her apologies. India Miller, the new Associate Director of Strategy, joined the meeting as part of her induction.
2. DN-J summarised the purpose of the refreshed strategy: to provide a roadmap of commitments and priorities over the next three years. It would comprise three sections: the context in which the strategy is set, a vision and major priorities; objectives against the three main themes ("Improving patient care", "Supporting our staff" and "Building for the future"); and a plan showing how the strategy will be delivered.
3. The strategy will be discussed at the June 2022 Board meeting. With its approval, the strategy will be launched through a communications campaign, including presentations, leaflets and videos. Specifically, videos featuring patient stories will be created covering: waiting lists, integrated care, genomics and staff.
4. Governors commented in a number of areas:
  - Governors felt it was important to emphasise the major strategic priorities, including: clearing the backlog and returning to pre-pandemic performance levels; implementing the new Integrated Care Partnership in the south of the region; and building the Children's and Cancer hospitals and progressing the Addenbrooke's 3 plan. DN-J said it was also important to ensure the strategy is inclusive, such that it covers objectives to which everyone in the hospital could align.
  - It was suggested the strategy could have greater emphasis on teaching and training, linked to the unique benefits offered by the Cambridge Biomedical Campus.
  - We discussed the dilemma in attracting and retaining staff: Cambridge is seen as an attractive and exciting place to build a career in medicine; on the other hand, it is an expensive place to live with complex transport

issues. MM pointed to several successful initiatives to attract international staff, for example with Lebanon, Myanmar and Uganda.

- DN-J suggested updating the vision statement to emphasise the three main purposes of CUH: Improving people's healthcare through excellent care, teaching and research.
  - Governors suggested that an easy-to-read summary of the strategy and a list of "you said, we did" items might help with further staff engagement. This may also help clarify priorities, based on both importance and urgency.
5. MF summarised the extensive consultation with staff. Over 150 colleagues were involved across a variety of roles. The feedback has been used to create ideas and objectives against the three strategic themes in nine enabling areas: recruitment and retention, staff wellbeing, digital, estates, culture, partnership and integration, service development, operational and genomics. This set of draft strategic objectives will form the basis for the strategy paper being presented to the Board in June and will also be made available to this committee at the same time.
6. Governors thanked the Strategy team for the opportunity to comment on the strategy as it is being developed.

**Report to the Council of Governors: 29 June 2022**

<b>Agenda item</b>	8
<b>Title</b>	Appointment of Trust Chair
<b>Sponsoring director</b>	Ian Walker, Director of Corporate Affairs
<b>Author(s)</b>	Ian Walker, Director of Corporate Affairs Martin Whelan, Deputy Trust Secretary
<b>Purpose</b>	To note the re-appointment of the Trust Chair and the process followed.
<b>Previously considered by</b>	Council of Governors, 17 May 2022

**Executive Summary**

On 17 May 2022 the Council of Governors agreed a recommendation from the Governors' Nomination and Remuneration Committee to re-appoint Mike More as Trust Chair from 10 April 2023 until 11 September 2025. At the same time, the Council of Governors agreed an amendment to the Trust Constitution to allow a Chair, in exceptional circumstances, to serve on the Board of Directors for a cumulative maximum period of 12 years. This paper describes the process followed by governors and sets out details of the exceptional circumstances identified by governors in reaching this decision.

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 at this meeting in public:

- The Council's decision to re-appoint Dr Mike More as Trust Chair from 10 April 2023 to 11 September 2025.
- The Council's decision to amend the Trust Constitution allow a Chair, in exceptional circumstances, to serve on the Board of Directors for a cumulative maximum period of 12 years.
- The details of the exceptional circumstances identified by governors in reaching this decision.
- The process followed in reaching the decision to re-appoint the Chair.

# **Cambridge University Hospitals NHS Foundation Trust**

**29 June 2022**

## **Council of Governors**

### **Appointment of Trust Chair**

**Ian Walker, Director of Corporate Affairs**

**Martin Whelan, Deputy Trust Secretary**

## **1. Introduction**

- 1.1 The NHS Foundation Trust Code of Governance reserves decisions on the appointment and re-appointment of Non-Executive Directors (including Chairs) to the Council of Governors. At CUH, recommendations are made to the Council of Governors by the Governors' Nomination and Remuneration Committee.
- 1.2 Mike More's current term of office as the Chair of CUH comes to an end on 9 April 2023. On 9 April 2023, Mike More will have served as a substantive Non-Executive Director/Chair at CUH for a total of 9 years 7 months. Within this, he will have served as the Chair at CUH for 6 years 5 months (6 years on a substantive basis).
- 1.3 On 17 May 2022 the Council of Governors agreed a recommendation from the Governors' Nomination and Remuneration Committee to re-appoint Mike More as Trust Chair from 10 April 2023 until 11 September 2025. At the same time, the Council of Governors agreed an amendment to the Trust Constitution to allow a Chair, in exceptional circumstances, to serve on the Board of Directors for a cumulative maximum period of 12 years. This paper describes the process followed by governors and sets out details of the exceptional circumstances identified by governors in reaching this decision.

## **2. Options on Chair appointment**

- 2.1 With Mike More's tenure due to end in less than 12 months' time, and with the agreement of the Council of Governors, the Governors' Nomination and Remuneration Committee embarked earlier this year on a process of evaluating different options regarding the appointment of the Trust Chair.
- 2.2 Given some exceptional circumstances outlined in paragraph 2.5, the Governors' Nomination and Remuneration Committee explored two options:

- Option 1: Commencing the process to recruit a new Chair to replace Mike More from April 2023.
- Option 2: Extending Mike More's term of office beyond 2023.

2.3 Option 1 would be the standard approach under normal circumstances. In terms of good practice, the UK Corporate Governance Code recommends a maximum term of nine years for Non-Executive roles (including Chairs) and the NHS Foundation Trust Code of Governance recommends a normal maximum term of six years with annual re-appointment thereafter. Both codes are recommendations or advice, which can be departed from subject to appropriate justification and governance process being followed and there is therefore no absolute upper limit on maximum terms of appointment. This, however, needs to be carefully balanced against the strong rationale for the fixed-term nature of these appointments, which is to ensure as far as possible that Non-Executive Directors and the Chair remain 'independent', as their independence is a key part of the system of control.

2.4 In 2018, the Council of Governors adopted the NHS foundation trust model Constitution which limits the cumulative maximum service of Non-Executive Directors to nine years. In doing so, the Constitution does not distinguish between the roles of Non-Executive Director and Chair. The current CUH Constitution continues to specify maximum individual terms of three years:

*"Subject to the approval of the Council of Governors, Non-Executive Directors may be re-appointed for maximum individual terms of three years up to a cumulative maximum length of service of nine years." [CUH Constitution, Annex 9a]*

2.5 The Governors' Nomination and Remuneration Committee identified the following exceptional circumstances, and considered the supporting rationale (outlined in paragraphs 2.6-2.9) that warranted consideration of Option 2 above:

- The fundamental changes which are currently taking place in the structure and organisation of the NHS, through the creation of **Integrated Care Systems**, and the significant implications of this for CUH and the Cambridgeshire and Peterborough system.
- The two major capital development programmes in progress at CUH – **the Cancer Research Hospital and the Cambridge Children's Hospital** – which have key milestones over the next two years.

This view was agreed by the Council of Governors.

- 2.6 The regulatory environment is changing with the implementation of the Cambridgeshire and Peterborough Integrated Care System (ICS) in July 2022. This will change the way in which primary, secondary, social and community providers and commissioners work together. In addition, it is proposed that CUH will formally host the South Integrated Care Partnership (ICP), subject to appropriate due diligence. This is a new responsibility for CUH and will bring with it a sizeable budget and a new role in delivering integrated care across the South 'place'. It will require strong collaborative working across organisations.
- 2.7 While interim chair of the ICS, Mike More was integral to the planning of the new integrated way of working. As such, he has considerable knowledge of the various partners in the ICS and has built up a strong network of trusted and valuable relationships, all of which will be important to foster over the next few years. The formation of the South ICP will add a significant set of additional responsibilities to the CUH Board.
- 2.8 At the same time, CUH is developing the business cases and detailed plans for the Cancer and Children's hospitals, with the outline business cases due this year and full business cases in 2023. Both projects are significant capital investments requiring careful steering through the CUH Board, the ICS and with the regional and national teams. The broader Addenbrooke's 3 plans will also be developed during this period.
- 2.9 Mike More has been closely involved at all stages in the planning for the Cancer and Children's Hospitals so has valuable historic and background knowledge of the projects. He also has good relationships with a wide range of stakeholders who will be vital in support and approval of the projects, including regulators, the local authority and local residents' groups.
- 2.10 In order to inform a recommendation to the Council of Governors, the Governors' Nomination and Remuneration Committee decided to consult with a range of interested parties, to gather views on the advantages and disadvantages of the two options. This approach was endorsed by the Council of Governors in March 2022.
- 2.12 On behalf of the Committee, and to seek views via a set of questions, the Lead Governor and the Chair of the Governors' Nomination and Remuneration Committee held meetings during March and April 2022 with representatives of the following stakeholders:
- Cambridgeshire and Peterborough Integrated Care Board (ICB)
  - Cambridge University Health Partners (CUHP)
  - CUH Board members
  - University of Cambridge



- 2.14 Subsequently, the Lead Governor and the Chair of the Governors' Nomination and Remuneration Committee provided feedback from the stakeholder meetings to the Governors' Nomination and Remuneration Committee on 27 April 2022.
- 2.15 After discussing the options and the feedback, the members of the Committee agreed unanimously to recommend to the Council of Governors an extension of Mike More's tenure as CUH Chair to 11 September 2025 (i.e. an additional 2 years 5 months), at which point he would have served 12 years substantively as a Non-Executive Director/Chair of CUH.
- 2.16 The Council of Governors agreed this recommendation at a meeting of the Council on 17 May 2022.
- 2.17 As part of the decision, the Council of Governors agreed that the re-appointment should be accompanied by a clear set of personal objectives and deliverables for the period in question, explicitly linked to the exceptional circumstances used to justify the extension of tenure. These objectives will be agreed with Mike More by governors and the Senior Independent Director ahead of April 2023.
- 2.18 As no further extension beyond 12 years can be considered, the Council of Governors also noted that the process to recruit a new Chair for CUH would need to commence in good time in order to allow an individual to be appointed and have a period of handover with Mike More before September 2025. This would indicate potentially starting the process by mid-2024.

### **3. Constitution**

- 3.1 In parallel with the discussions of the Governors' Nomination and Remuneration Committee, the Trust Constitution Committee considered the potential constitutional options in the event that a re-appointment of the current Chair (rather than the appointment of a new Chair) was agreed by the Council of Governors.
- 3.2 After consideration of options, the Trust Constitution Committee recommended the following amendment to Annex 9a of the Trust Constitution to allow the Chair to serve on the Board for up to twelve years in exceptional circumstances, which was subsequently agreed by the Council of Governors on 17 May 2022:

*Note: the wording in bold italics below reflects additions to the wording of the previous version of the Constitution*

## **Amended wording to Annex 9a of the Trust Constitution:**

Subject to the approval of the Council of Governors, Non-Executive Directors **(excluding the Chair)** may be re-appointed for maximum individual terms of three years up to a cumulative maximum length of service **on the Board** of nine years.

***Subject to the approval of the Council of Governors, the Chair may be re-appointed for maximum individual terms of three years up to a cumulative maximum length of service on the Board of nine years, and in exceptional circumstances up to a cumulative maximum length of service on the Board of twelve years.***

***In the event that the Council of Governors re-appoints the Chair in excess of a cumulative maximum length of service on the Board of nine years, the Council will be required to set out in documentation published on the Trust's website the details of the exceptional circumstances which it has identified, the reasons for them being regarded as exceptional and the process which it has followed to reach this decision. This typically would involve having sought the views of key stakeholders.***

***Exceptional circumstances are likely to be situations or events which would not commonly arise; which have the potential to impact materially on the effective operation of the Trust and/or the achievement of its key strategic objectives: and where the continuity of the Chair is considered to be a material factor in mitigating the potential impact.***

- 3.3 This paper, which is being presented to the meeting in public of the Council of Governors and is available on the Trust website, satisfies the requirement of the amended Constitution to set out the details of the exceptional circumstances which have been identified, the reasons for them being regarded as exceptional and the processes following by the Council in reaching its decision.

## **4. Recommendations**

- 4.1 The Council of Governors is asked to note at this meeting in public:
- The Council's decision to re-appoint Dr Mike More as Trust Chair from 10 April 2023 to 11 September 2025.
  - The Council's decision to amend the Trust Constitution allow a Chair, in exceptional circumstances, to serve on the Board of Directors for a cumulative maximum period of 12 years.

- The details of the exceptional circumstances identified by governors in reaching this decision.
- The process followed in reaching the decision to re-appoint the Chair.