Board of Directors

Wed 11 May 2022, 11:00 - 13:45

Agenda

11:00 - 11:00
0 min

Agenda

Item 0 - 20220511 Part 1 Board Agenda iw.pdf (3 pages)

General business

11:00 - 11:00
0 min

1. Welcome and apologies for absence

11:00 - 11:00
0 min

2. Declarations of interest

To receive any declarations of interest from Board members in relation to items on the agenda and to note any changes to their register of interest entries

A full list of interests is available from the Director of Corporate Affairs on request

11:00 - 11:00
0 min

3. Minutes of the previous Board meeting

To approve the Minutes of the Board meeting held in public on 9 March 2022

Item 3 - BoD Part 1 minutes - 9 March 2022 iw.pdf (11 pages)

11:00 - 11:05
5 min

4. Board action tracker and matters arising not covered by other items on the agenda

Item 4 - BoD Part 1 BoD action tracker iw.pdf (1 pages)

11:05 - 11:20
15 min

5. Patient story

To hear a patient story

11:20 - 11:25
5 min

6. Chair's report

To receive the report of the Chair

Item 6 - Chair report May 2022 iw.pdf (5 pages)

11:25 - 11:30
5 min

7. Report from the Council of Governors

To receive the report of the Lead Governor

Item 7 - Lead Governor report iw.pdf (3 pages)

11:30 - 11:40
10 min

8. Chief Executive's report

To receive the report of the Chief Executive

Item 8 - Chief Executive report iw.pdf (15 pages)

Performance, strategy and assurance

11:40 - 12:25
45 min

9. Performance reports

The items in this section will be discussed with reference to the Integrated Report and other specific reports

Item 9.0.1 - Integrated Report cover sheet iw.pdf (1 pages)
Item 9.0.2 - Integrated Report to end Mar 2022 iw.pdf (49 pages)

9.1. Quality (including nurse staffing report)

Item 9.1.1 - Nurse staffing cover sheet iw.pdf (2 pages)
Item 9.1.2 - Nurse staffing BoD Report iw.pdf (15 pages)

9.2. Access

9.3. Workforce

9.4. Finance

Item 9.4.1 - Finance report cover sheet iw.pdf (1 pages)
Item 9.4.2 - Finance report iw.pdf (24 pages)

9.5. Improvement

12:25 - 12:35
10 min

10. Strategy update

To receive the report of the Director of Strategy and Major Projects

Item 10 - Strategy update iw.pdf (14 pages)

12:35 - 12:50
15 min

11. Ockenden report

To receive the report of the Chief Nurse

Item 11 - Ockenden report iw.pdf (13 pages)

12:50 - 13:05
15 min

12. Annual staff survey results

To receive the report of the Director of Workforce

Item 12.1 - Annual Staff Survey cover sheet iw.pdf (1 pages)
Item 12.2 - Annual Staff Survey results iw.pdf (33 pages)

13:05 - 13:15
10 min

13. Education, learning and development

To receive the report of the Director of Workforce

Item 13 - Education and learning iw.pdf (20 pages)

13:15 - 13:30
15 min

14. Research and development

Item 14 - Research and development iw.pdf (6 pages)

Items for information/approval – not scheduled for discussion unless notified in advance

13:30 - 13:30
0 min

15. Learning from deaths

To receive the report of the Medical Director

Item 15 - Learning from deaths iw.pdf (14 pages)

13:30 - 13:30
0 min

16. Board Assurance Framework and Corporate Risk Register

To receive the report of the Director of Corporate Affairs and Chief Nurse

Item 16.1 - BAF and CRR cover sheet iw.pdf (9 pages)
Item 16.2 - BAF April 2022 iw.pdf (28 pages)

13:30 - 13:35
5 min

17. Board assurance committees – Chairs' reports

17.1. Quality Committee: 4 May 2022

Item 17.1 - Quality Committee CKI - May 2022 iw.pdf (4 pages)

17.2. Performance Committee: 4 May 2022 - To follow

Other items

13:35 - 13:35
0 min

18. Any other business

13:35 - 13:45
10 min

19. Questions from members of the public

13:45 - 13:45
0 min

20. Date of next meeting

The next meeting of the Board of Directors will be held on Wednesday 13 July 2022 at 11.00.

13:45 - 13:45
0 min

21. Resolution

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

13:45 - 13:45
0 min

22. Close

Board of Directors

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

There will be a meeting of the Board of Directors in public on Wednesday 11 May 2022 at 11.00

This meeting will be held by videoconference.
Members of the public wishing to attend the virtual meeting should contact the Trust Secretariat for further details (see further information on the Trust website)

(*) = paper enclosed
(+) = to follow

AGENDA

General business			Purpose
11.00	**1**	**Welcome and apologies for absence**	For note
	2	**Declarations of interest** To receive any declarations of interest from Board members in relation to items on the agenda and to note any changes to their register of interest entries A full list of interests is available from the Director of Corporate Affairs on request	For note
	3*	**Minutes of the previous Board meeting** To approve the Minutes of the Board meeting held in public on 9 March 2022	For approval
	4*	**Board action tracker and matters arising not covered by other items on the agenda**	For review
11.05	**5**	**Patient story** To hear a patient story	For receipt

11.20	**6***	**Chair's report** To receive the report of the Chair	For receipt
11.25	**7***	**Report from the Council of Governors** To receive the report of the Lead Governor	For receipt
11.30	**8***	**Chief Executive's report** To receive the report of the Chief Executive	For receipt
Performance, strategy and assurance			**Purpose**
11.40	**9***	**Performance reports** *The items in this section will be discussed with reference to the Integrated Report and other specific reports* 9.1* Quality (including nurse staffing report) 9.2 Access 9.3 Workforce 9.4* Finance 9.5 Improvement	For receipt
12.25	**10***	**Strategy update** To receive the report of the Director of Strategy and Major Projects	For receipt
12.35	**11***	**Ockenden Report** To receive the report of the Chief Nurse	For receipt
12.50	**12***	**Annual staff survey results** To receive the report of the Director of Workforce	For receipt
13.05	**13***	**Education, learning and development** To receive the report of the Director of Workforce	For receipt
13.15	**14***	**Research and development** To receive the report of the Medical Director	For receipt
Items for information/approval – not scheduled for discussion unless notified in advance			
13.30	**15***	**Learning from deaths** To receive the report of the Medical Director	For receipt
	16*	**Board Assurance Framework and Corporate Risk Register** To receive the report of the Director of Corporate Affairs and Chief Nurse	For receipt

	17*	**Board assurance committees – Chairs' reports** 17.1* Quality Committee: 4 May 2022 17.2* Performance Committee: 4 May 2022	For receipt

Other items			**Purpose**
	18	**Any other business**	
13.35	**19**	**Questions from members of the public**	
	20	**Date of next meeting** The next meeting of the Board of Directors will be held on Wednesday 13 July 2022 at 11.00.	For note
	21	**Resolution** That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (NHS Act 2006 as amended by the Health and Social Care Act 2012).	
13.45	**22**	**Close**	

NHS
Cambridge
University Hospitals
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Minutes of the meeting of the Board of Directors held in public on Wednesday 9 March 2022 at 11.00 via videoconference

Member	Position	Present	Apologies
Dr M More	Trust Chair	X	
Mr D Abrams	Non-Executive Director	X	
Dr S Broster	Interim Director of Improvement and Transformation	X	
Dr E Cameron	Interim Chief Operating Officer	X	
Mr A Chamberlain	Non-Executive Director	X	
Dr A Doherty	Non-Executive Director	X	
Mr M Keech	Chief Finance Officer	X	
Dr M Knapton	Non-Executive Director	X	
Ms A Layne-Smith	Non-Executive Director	X	
Prof P Maxwell	Non-Executive Director	X	
Prof S Peacock	Non-Executive Director	X	
Dr A Shaw	Medical Director	X	
Mr R Sinker	Chief Executive	X	
Mr R Sivanandan	Non-Executive Director		X
Ms L Szeremeta	Chief Nurse	X	
Ms C Stoneham	Director of Strategy and Major Projects	X	
Mr I Walker	Director of Corporate Affairs *	X	
Mr D Wherrett	Director of Workforce		X

** Non-voting member*

In attendance	Position
Ms N Ayton	Chief Operating Officer (on secondment from CUH)
Ms A Donald	Deputy Director of Workforce
Ms C Granville-George	Teenage and Young Adult Clinical Nurse Specialist (Item 25/22 only)
Prof I Jacobs	Non-Executive Director (Designate)
Ms R Johnson	Clinical Nurse Specialist (Item 25/22 only)
Ms A Rowley	Head of Midwifery (Item 30/22 only)
Dr N Stutchbury	Lead Governor
Mr M Whelan	Deputy Trust Secretary (minutes)

21/22 Welcome and apologies for absence

Apologies for absence were received from Rohan Sivanandan and David Wherrett.

The Chair welcomed Ian Jacobs, who was attending in an observer capacity ahead of taking up his role as a Non-Executive Director on 6 April 2022.

The Chair also welcomed Nicola Ayton, who was observing the meeting ahead of returning to the role of Chief Operating Officer on 14 March 2022. Ewen Cameron and Sue Broster were thanked for their service to the Board over the past 12 months in their roles as Interim Chief Operating Officer and Interim Director of Improvement and Transformation respectively.

The Board of Directors extended its thanks and appreciation to Mike Knapton for his dedicated service to the Trust and its patients, both as a Non-Executive Director since April 2013 and in previous capacities since 1977. This would be Mike's final Board meeting before stepping down from the role of Non-Executive Director on 31 March 2022 and Board members wished him all the very best for the future.

22/22 Declarations of interest

Standing declarations of interest of Board members were noted.

23/22 Minutes of the previous meeting

The minutes of the Board of Directors' meeting held on 20 January 2022 were approved as a true and accurate record.

24/22 Board action tracker and matters arising not covered under other agenda items

Received and noted: the action tracker.

25/22 Patient story

Lorraine Szeremeta, Chief Nurse, Charlotte Granville-George, Teenage and Young Adult Clinical Nurse Specialist, and Rosie Johnson, Clinical Nurse Specialist, introduced the patient story.

The Board watched a video in which Barney, who was diagnosed with acute myeloid leukaemia in April 2021, told his story and explained the support he had received from the Trust's specialist Teenage and Young Adults (TYA) team.

After hearing the story, the following points were made in discussion:

1. Board members thanked Barney for sharing his story.

2. The high level of demand for mental health and counselling services for teenage and young adult patients was noted. The Board was advised that, while there was a dedicated resource to support 16-24 year old patients, demand frequently exceeded the availability. This placed additional pressures on other members of the team.
3. The story referenced the fact that the response to the pandemic had required many staff, including specialist nurses, to be redeployed to other areas of the Trust. The Board acknowledged the significant impact this had on both staff and patients, and assurance was provided that specialist nursing resources were only redeployed where this was essential to maintain patient safety.
4. Board members recognised the additional stress and anxiety experienced by patients during the pandemic as a result of the need to restrict visitor access. This had also had a significant impact on staff.
5. The importance of peer support for staff was emphasised. Assurance was provided that support mechanisms were in place, although some of the more informal channels such as opportunities for staff social events were still affected by Covid restrictions.

Agreed:
1. To receive the patient story.

26/22 Chair's report

Mike More, Chair, presented the report.

Agreed:
1. To note the report of the Chair.

27/22 Report from the Council of Governors

Neil Stutchbury, Lead Governor, presented the report.

Noted:
1. On behalf of the Council of Governors, the Lead Governor thanked Mike Knapton for his service to the Trust and its patients.
2. The value of co-production with the public, patients and staff across a range of service developments was highlighted. Governors were offered as a potential source of support for co-production activities.

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

28/22 Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:

1. As of 9 March 2022, there were 37 Covid-19 positive inpatients in the hospital, of whom seven were receiving treatment in critical care.
2. The organisation was working collaboratively with system partners. Enhanced levels of system working had facilitated a significant reduction in the number of delayed transfers of care.
3. Additional bed capacity was due to become available on the site over the next 12 months which would place the Trust in a stronger position to respond to operational pressures.
4. The Trust and the Cambridgeshire and Peterborough system had received details of financial allocations for 2022/23.
5. There remained significant pressures on staff recruitment and the Trust was working with system partners to identify further steps to improve recruitment pipelines.
6. Work continued on the development of the South Integrated Care Partnership (ICP). Addressing health inequalities would be one of the key priorities for the South ICP.
7. Significant progress was being made on the Cancer Research Hospital and the Cambridge Children's programmes.

The following points were made in discussion:

1. Clarification was sought on the priority for the virtual ward programme. It was explained that the aim was to free up physical acute capacity by caring for acutely unwell patients remotely in their own homes.
2. Information was requested on the proposed clinical governance arrangements for virtual wards and specifically the ability to review adverse events. Assurance was provided that patient safety was a key priority for the programme and use of Epic provided visibility of patients outside of the traditional ward environment. The same performance management and governance arrangements which applied to in-hospital services would apply for virtual wards, including oversight from the Quality Committee.
3. The intention was to build up virtual ward capacity over time, initially focusing on lower acuity patients.
4. Potential risks associated with patient anxiety, particularly where patients lived alone, were acknowledged. Patient involvement in the development of virtual ward pathways would be essential.
5. Other providers already used virtual capacity more extensively and the development of the South ICP would provide a focus for a more co-ordinated approach to provision of care across the system.

Agreed:

1. To note the Chief Executive's report.

29/22 Performance reports

Workforce

Annesley Donald, Deputy Director of Workforce, presented the update.

Noted:

1. Staff sickness levels were increasing, including due to mental health related issues.
2. There was continued focus on increasing the recruitment pipeline and reducing the vacancy rate. The staff turnover rate had now returned to pre-pandemic levels.
3. The Trust had actively supported the recent LGBT+ History Month and the range of events which were organised had been well received.

Quality (including nurse staffing report)

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

Noted:

1. The Trust had achieved the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme standards for year three. The year four standards had now been published.
2. The Care Quality Commission (CQC) had confirmed that appropriate actions had been taken to address the Improvement Notice relating to compliance with the Ionising Radiation (Medical Exposure) Regulations. This followed submission of evidence by the Trust.
3. The Quality Committee had undertaken a detailed review at its meeting in March 2022 of the quality assurance arrangements in urgent and emergency care, including the Emergency Department.
4. The number of patients presenting to the Trust who required complex mental health support had continued to increase.
5. Following a change in processes, the completion rate for serious incident investigations had improved.
6. A quality improvement methodology had been used to review the increase in the number of falls reported. Increased frailty of patients had been identified as a theme.
7. Within maternity services, resources to deliver the Continuity of Carer pathway continued to be focused on areas of high deprivation.
8. The Hospital Standardised Mortality Ratio (HSMR) remained within normal variance.
9. Following the identification of a Trust patient with Lassa Fever in early February 2022, a full staff contact tracing programme had been undertaken. No cases had been identified in staff but, due to the precautionary requirement for a large number of staff to self-isolate, it had been necessary to temporarily reduce the number of critical care beds from 54 to 40. Following the conclusion of the incident, the Trust had re-opened 10 of the closed critical care beds, with the re-opening of further beds conditional on staffing levels.

10. Covid-19 national testing arrangements were expected to change at the end of March 2022 and national guidance was awaited.

Access

Ewen Cameron, Interim Chief Operating Officer, presented the report.

Noted:
1. The number of inpatients with Covid-19 had started to rise again, placing additional pressure on bed capacity.
2. A number of changes intended to support capacity and flow had been implemented, including the relocation of the discharge lounge, the repurposing of EAU4 as an assessment area and opening G2 as a frailty unit.
3. The CQC was currently undertaking a Cambridgeshire and Peterborough system review of Urgent and Emergency. The inspection team was expected to visit Addenbrooke's Hospital in the near future.
4. The operational plan had projected that there would be around 300 patients waiting in excess of 104 weeks at the end of March 2022. It was now anticipated that this number would fall to below 100 by the end of the financial year.

Improvement

Sue Broster, Interim Director of Improvement and Transformation, presented the update.

Noted:
1. There were several projects underway focused on enhancing the utilisation of data.
2. The Improvement and Transformation team was actively supporting a number of workstreams, including on staff wellbeing and urgent and emergency care.

Finance

Mike Keech, Chief Finance Officer, presented the report.

Noted:
1. The Trust was continuing to forecast a break even position for 2021/22.
2. A potential upside to the in-year position had been identified and opportunities to utilise this to support the Trust's strategic objectives were being explored.
3. The capital programme remained within the normal range of variance.
4. Significant progress had been made in reaching a common understanding of the system's underlying financial position with the regional and national teams.

The following points were made in discussion:

1. Board members welcomed the progress made on financial planning for 2022/23.
2. Confirmation was provided that the Trust was seeking to recruit midwives internationally.
3. At its March 2022 meeting, the Quality Committee had identified patient experience and complaints as areas for particular focus at forthcoming meetings.
4. External modelling indicated that a sharp increase in Covid-19 cases could be expected over the next few weeks, and it was questioned whether this was also reflected in local modelling. In response it was noted that the Trust had experienced an increase in Covid-19 positive inpatients during the previous seven days, and assurance was provided that the local modelling was being kept under close and regular review.
5. The Trust had recently participated in a review of Learning Disability care undertaken by the CQC using the Independent Voice methodology. A number of colleagues had been interviewed as part of the review, including the Chief Nurse and the Chair of the Quality Committee.
6. Changes to the national reporting arrangements for Caesarean Section rates were noted, and it was highlighted that the revised approach more accurately reflected the complexity of the Trust's caseload and demographics.
7. Clarification was sought on the underlying reasons for the increase in patient falls. It was noted that each reported fall was subject to root cause analysis and increased frailty of patients on admission had been identified as a theme.
8. Information was requested on the Trust's energy supply arrangements in the context of the current events in Ukraine. It was confirmed that the Trust did not use Russian or Belarusian suppliers.
9. In relation to energy costs, it was noted that the Trust was currently in a fixed-term arrangement which had reduced its exposure to recent price increases. It was also highlighted that the Trust's on-site clinical waste incineration facilities included heat recovery.
10. The importance of effective due diligence in relation to potential changes to contracting arrangements within the South ICP was emphasised.

Agreed:
1. To note the January 2022 Integrated Performance Report.
2. To note the January 2022 Nurse Safe Staffing Report.
3. To note the Finance Report for 2021/22 Month 10.

30/22 Maternity services – Ockenden report update

Lorraine Szeremeta, Chief Nurse, and Amanda Rowley, Head of Midwifery, presented the report.

Noted:
1. The report provided an update to the Board on progress with implementation of the Ockenden report recommendations.

2. Progress had most recently been reviewed by the Quality Committee in March 2022.
3. Co-production was at the core of the service's improvement work.
4. The support of Dr Mike Knapton as the Board-level Maternity Safety Champion was welcomed.

The following points were made in discussion:

1. Board members welcomed the progress made by the Trust in relation to the Ockenden recommendations and noted the further work underway to ensure full compliance.
2. The important role of the Rosie Maternity and Neonatal Voices Partnership in championing patient experience was highlighted. The wide range of feedback received through this route was invaluable for learning and improving services.
3. Assurance was provided that the Trust was seeking to protect the most vulnerable service users by focusing the available Continuity of Carer resources in the most deprived communities.
4. The Trust was working collaboratively with partners across the Local Maternity and Neonatal System (LMNS) and Integrated Care System to improve the quality of care provided.

Agreed:

1. To note the progress with implementation of the 7 Immediate and Essential Actions outlined in the Ockenden report, and the next steps to ensure full compliance.
2. To note the progress with the Trust's maternity service workforce plans.
3. To share the progress and support discussion in relation to the above with the LMNS, ICS and regional teams by 15 March 2022.

31/22 Guardian Safe Working quarterly report

Ashley Shaw, Medical Director, presented the report.

Noted:

1. Junior doctors continued to be actively engaged in the work of the Junior Doctors' Forum.
2. The Trust remained committed to addressing the rota compliance issues identified in the report.
3. Due to its proximity to London, the Trust was negatively impacted by the higher pay rates available to those working in the capital.

The following points were made in discussion:

1. The continued progress on addressing the rota compliance issues was welcomed.
2. Clarification was requested on the increased number of exception reports submitted during December 2021 and January 2022. Outside of the meeting, it was confirmed that an increase was normally

experienced at this time of the year due to winter pressures. This was likely to have been exacerbated by the impact of the pandemic.

3. The discrepancy between the number of reported and closed exception reports was questioned. Outside of the meeting, it was clarified that this reflected a timing issue.
4. The absence of fines being levied during the reporting period was questioned. Outside of the meeting, it was confirmed that fines could only be levied in limited nationally-defined circumstances. If it was necessary to apply fines, this would indicate that local controls were not working effectively.
5. Further work was required to understand the implications of increased virtual clinical working on the relationship between the Trust and junior doctors. It was highlighted that pressures continued to be experienced by trainees who were unable to progress training at the rate expected due to the impact of the pandemic. Assurance was provided that Health Education England recognised these issues.

Agreed:

1. To note the Q3 2021/22 report from the Guardian of Safe Working.

32/22 Learning from deaths

Ashley Shaw, Medical Director, presented the report.

Noted:

1. The number of structured judgement reviews were within the expected range.
2. HSMR performance data had remained stable.

The following points were made in discussion:

1. It was noted that graph 4b in the report was the same as graph 4a. This was an administrative error and it was agreed that the report would be corrected and updated on the Trust website.
2. Assurance was provided that any patient care issues arising from structured judgement reviews were escalated in a timely way.

Agreed:

1. To note the learning from deaths report for 2021/22 Q3.

33/22 Board Assurance Framework and Corporate Risk Register

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

Noted:

1. There were 13 risks on the Board Assurance Framework (BAF), of which nine were rated as 15 or above.

2. The risks on the BAF and the Corporate Risk Register (CRR) were reviewed on a monthly basis by the Risk Oversight Committee and were received and reviewed by the respective Board assurance committees at each meeting.
3. The highest rated risks on the BAF related to capacity and patient flow, fire safety, estate infrastructure backlog and staffing availability.
4. Internal Audit had recently completed its annual review of the BAF and the risk management system and had provided a rating of significant assurance with minor improvement opportunities. The audit report had been received by the Audit Committee in February 2022.
5. Work continued on developing forward risk trajectories and an update had been provided to the Audit Committee in February 2022.

The following points were made in discussion:

1. It was confirmed that work continued on developing forward risk trajectories, alongside the current strategy refresh, and an update had been provided to the Audit Committee in February 2022.

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

34/22 Modern Slavery Act compliance statement

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

The following points were made in discussion:

1. In response to a question, it was confirmed that all staff were required to undertake mandatory Safeguarding Children and Vulnerable Adults training and that modern slavery and human trafficking was reflected in the Trust's safeguarding policies and work plans. The Safeguarding Annual Report was received by the Quality Committee and the Board of Directors.

Agreed:
1. To approve the slavery and human trafficking statement for publication on the Trust website.

35/22 Board committee membership

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

Agreed:
1. To approve the membership of Board committees with effect from 1 April 2022 as set out in the paper.

2. To note that Ian Jacobs would be the Board-level Maternity Safety Champion with effect from April 2022.

36/22 Board assurance committees – Chairs' reports

Received: the following Chairs reports:

- Quality Committee: 2 March 2022
- Performance Committee: 2 March 2022

37/22 Any other business

There was no other business.

38/22 Questions from members of the public

No questions had been received from members of the public.

39/22 Date of next meeting

The next meeting of the Board of Directors would be held on Wednesday 11 May 2022 at 11.00.

40/22 Resolution

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

Meeting closed: 13.16

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Board of Directors (Part 1): Action Tracker

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

Key to RAG rating:

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

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 11 May 2022

Agenda item	6
Title	Chair's Report
Sponsoring director	Mike More, Trust Chair
Author(s)	As above
Purpose	To receive the Chair's report.
Previously considered by	n/a

Executive Summary

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

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

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

Board of Directors
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
Council of Governors
Governors' Nomination and Remuneration Committee
End of Life Committee
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 Board of Directors is asked to note the contents of the report.

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 11 May 2022

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

Executive Summary

The report summarises the activities of the Council of Governors.

Related Trust objectives	All
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

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

1. Recent Governor meetings

1.1 A **Governor Strategy** meeting was held on 14 March. We received an update on the strategy work. The group was also asked by Kaleidoscope, an IT consultancy, for its views on what aspects of the broader strategy would benefit the digital strategy. Ideas included: improve clinical productivity, operational effectiveness and patient experience, integrate information across care providers and mine the growing clinical data. A key requirement is to avoid excluding groups of staff and patients.

1.2 A **Council of Governors** (CoG) meeting was held on 23 March. The Council paid tribute to Mike Knapton for his service as a Non-Executive Director (NED) of CUH and thanked him for his honest and helpful responses to governor questions. Governors asked CoG a range of questions around staff well-being, patient experience, support to Ukraine and quality of care.

1.3 We had a **Governor Seminar**, on 27 April at which David Wherrett 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.

1.4 There was a meeting of the **regional lead governors** on 15 March at which we discussed how new developments were being designed to be sustainable and eco-friendly. There was an update from the East of England Provider Collaborative on mental health and a sharing of best practice across trusts in the process of recruiting NEDs and Chairs.

1.5 The lead governors of the four NHS foundation trusts in the Cambridgeshire and Peterborough Integrated Care System (ICS) – Cambridgeshire and Peterborough NHS Foundation Trust, North West Anglia NHS Foundation Trust, Royal Papworth Hospital NHS Foundation Trust and CUH – met with John O'Brien, Chair of the Integrated Care Board, on 29 April to discuss opportunities for governors to play a role in the ICS. John was positive about the opportunities, especially around community representation and offered to meet on a regular basis. The next meeting will be held in October.

2. Upcoming Governor meetings (at the time of writing)

2.1 The next quarterly meeting with the NEDs is on 4 May.

2.2 The next Governor Strategy Group meeting is scheduled for 10 May.

2.3 The next Governor Forum is scheduled for 17 May, where we have invited Ian Jacobs to join us. This is an opportunity for governors to update each other on recent committee meetings and to discuss emerging issues.

2.4 The next Governor Seminar meeting is scheduled for 7 June. At this meeting, we will receive an update on fundraising for the Children's Hospital from Dame Mary Archer and an update on the major capital projects from the Major Projects Team.

2.5 The next Council of Governors' meeting is on 29 June.

3. Other Governor activities

3.1 Voting commenced in this year's governor elections on 11 April and will close on 10 May, with the results announced on 17 May. There are vacancies for two patient governors, one public governor and one staff governor. All four governors, whose terms have expired, have stood for re-election.

4. Recommendation

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

Cambridge University Hospitals
NHS Foundation Trust

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Report to the Board of Directors: 11 May 2022

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

Executive Summary

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

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

Action required by the Board of Directors
The Board is asked to note the contents of the report.

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

Board of Directors
Chief Executive's Report
Roland Sinker, Chief Executive

1. Introduction / Background

1.1 The Chief Executive's report provides an overview of the five areas of operational performance. The report also focuses on the three parts of the Trust strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives. Further detail on the Trust's operational performance can be found within the Integrated Performance Report.

1.2 As at 6 May 2022 the Trust was caring for 63 patients with Covid, including three 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 Over April 2022, increased Covid admissions, Covid-related bed closures and staff sickness due to Covid within the hospital and wider system put greater pressure on our urgent and emergency care pathway in particular. This led to longer waits in the Emergency Department, increased ambulance handover delays and some elective operations being cancelled. Throughout this period we have focused our combined efforts on actions to tackle these delays including pre-12pm discharges and early supported discharge, same day emergency care that prevents avoidable admissions and work with system partners to prevent delays for patients awaiting social care. We continue to make good progress on reducing the number of patients waiting for elective treatment for more

than 104 weeks and we are on track to eliminate these very long waits this summer.

3.2 **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.

3.3 **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.

3.4 **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.

3.5 **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.

3.6 **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.

3.7 **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.

3.8 **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.

3.9 **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 be 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 Board of Directors is asked to note the contents of the report.

Cambridge University Hospitals
NHS Foundation Trust

Together
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Report to the Board of Directors: 11 May 2022

Agenda item	9
Title	Integrated Report
Sponsoring executive director	Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce, Chief Finance Officer
Author(s)	As above
Purpose	To update the Trust Board on performance during March 2022.
Previously considered by	Performance Committee, 4 May 2022

Executive Summary

The Integrated Performance Report provides details of performance to the end of March 2022 across quality, access standards, workforce and finance. It provides a breakdown where applicable of performance by clinical division and corporate directorate and summarises key actions being taken to recover or improve performance in these areas.

Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on performance during Month 12.
Related Assurance Framework Entries	BAF ref: 001, 002, 004, 007, 011
Legal implications/Regulatory requirements	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors

The Board is asked to note the Integrated Performance Report for March 2022.




Cambridge University Hospitals
NHS Foundation Trust





Integrated Report

Quality, Performance, Finance and Workforce to end March 2022

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 30/04/2022

Key

Cambridge University Hospitals NHS Foundation Trust

Key

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

Owner(s): Ewen Cameron, Ashley Shaw, Ed Smith, Lorraine Szeremeta, David Wherrett

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Quality Account Measures

NHS
Cambridge University Hospitals
NHS Foundation Trust

2021/22 Performance Framework

2021/22 Quality Account Measures

Domain	Indicator	Data to	Target	Jan 22 Previous Month-1	Feb 22 Previous Month	Mar 22 Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Mar-22	85%	54%	58%	58%	⇔	53%	N/A	52.5%
	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%	80%	61%	55%	⇩	71%	N/A	70.6%
	Serious Incidents - Is the evidence uploaded of good quality?	Mar-22	85%	68%	57%	55%	⇩	56%	N/A	56.3%
	Serious Incidents - Was the action completed within the original timeframe?	Mar-22	85%	88%	57%	60%	⇧	56%	N/A	56.3%
Effective / Responsive	% of Early Discharges (00:00-12:00)	Mar-22	20%	16.2%	19.7%	19.8%	⇧	17.9%	14.9%	17.9%
	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)	Mar-22	80%	71.6%	67.4%	63.3%	⇩	68.4%	69.6%	68.4%
	Same day emergency care (SDEC)	Mar-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	Mar-22	90%	94.3%	97.9%	86.0%	⇩	94.2%	85.0%	94.2%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Mar-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%	36.6%	41.5%	⇧	18.9%	N/A	18.9%
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%	
				Jan 22	Feb 22	Mar 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 in the inpatient setting for March, as there is a vacancy in the Consultant Lead position - this will be retrospectively updated following appointment.
SAFE: Moderate harm incidents are above the target of 2%; a reflection on the reporting of harm being based on the impact to the patient as opposed to acts or omissions by the Trust.

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Jan 22	Feb 22	Mar 22				
Domain	**Indicator**	**Data to**	**Target**	**Previous Month-1**	**Previous Month**	**Current status**	**Trend**	**FYtD**	**Previous FYR**	**LTM**
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Mar-22	0	0	0	0	⇔	4	5	4
	E.Coli Bacteraemias (Total Cases)	Mar-22	50% over 3 years	35	22	41	⇩	384	362	384
	C. difficile Infection (hospital onset and COHA* avoidable)	Mar-22	TBC	5	11	14	⇩	123	70	123
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Mar-22	100%	50.0%	60.0%	28.6%	⇩	33.8%	41.7%	33.8%
	% of external visits where expected deadline was met (cumulative for current financial year)	Mar-22	80%	50.0%	50.0%	60.0%	⇧	46.7%	-	46.7%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Mar-22	-	0.0%	0.0%	50.0%	⇧	17.2%	-	17.2%
	No national audit negative outlier alert triggered	Mar-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	Mar-22	85%	85.7%	80.0%	N/A	⇧	-	-	84.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	Mar-22	90%	99.9%	100.0%	99.8%	⇩	99.1%	98.9%	99.1%
	Care Plan Notes	Mar-22	90%	95.4%	96.1%	96.4%	⇧	95.8%	95.9%	95.8%
	Care Plan Presence	Mar-22	90%	99.8%	99.9%	99.9%	⇧	99.6%	99.3%	99.6%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Mar-22	90%	64.7%	60.9%	63.9%	⇧	63.1%	70.4%	63.1%
	Nurse Rounding	Mar-22	90%	95.4%	97.0%	97.2%	⇧	96.6%	96.6%	96.6%
	Nutrition Screening	Mar-22	90%	99.4%	99.6%	99.6%	⇩	99.6%	99.7%	99.6%
	Pain Score	Mar-22	90%	73.4%	74.4%	75.8%	⇧	77.4%	81.3%	77.4%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Mar-22	90%	63.6%	51.5%	59.0%	⇧	63.9%	69.4%	63.9%
	PEWS Score Recording	Mar-22	90%	86.3%	85.5%	86.2%	⇧	86.6%	87.8%	86.6%
	NEWS Score Recording	Mar-22	90%	72.3%	71.8%	74.6%	⇧	74.4%	77.1%	74.4%
	VIP									
	VIP Score Recording (1 per day)	Mar-22	90%	90.4%	89.7%	89.1%	⇩	91.3%	94.4%	91.3%
	PIP Score Recording (1 per day)	Mar-22	90%	99.2%	99.2%	99.2%	⇧	99.2%	98.8%	99.2%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	0	2	0
	Number of overdue complaints	Mar-22	0	3	1	5	⇩	29	9	29
	Re-opened complaints (non PHSO)	Mar-22	N/A	4	12	6	⇩	74	68	74
	Re-opened complaints (PHSO)	Mar-22	N/A	0	0	1	⇩	4	5	4
				Jan 22	Feb 22	Mar 22				
	Number of medium/high level complaints	Mar-22	N/A	13	20	31	⇩	244		244

Operational Performance

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NHS Foundation Trust

Operational Performance

Urgent & Emergency Care

Mean time in ED (non-admitted patients)	H	Mar: 265 ↑56%
Mean time in ED (admitted patients)	H	Mar: 836 ↑211%
Time to initial medical assessment	H	Mar: 152 ↑55%
12hr waits in ED (type 1)	H	Mar: 1,540 ↑17011%
Ambulance handovers >30mins	H	Mar: 27% ↑644 %
ED attendances (types 1 ,3 & 5)		Mar: 12,046 ↑10%
Non-elective admissions	L	Mar: 3,250 ↓25%

Productivity / efficiency

Average theatre turnaround time (mins)		Mar: 25 ↑47%
Elective LoS (days, excl 0 LoS)		Mar: 5.0 ↑6%
Discharges before noon (07:00-00:00)		Mar: 17% ↑8 % points
Long stay patients (>21 LoS)		Mar: 178 ↑6%
Non-elective LoS (days, excl 0 LoS)	H	Mar: 8.8 ↑11%

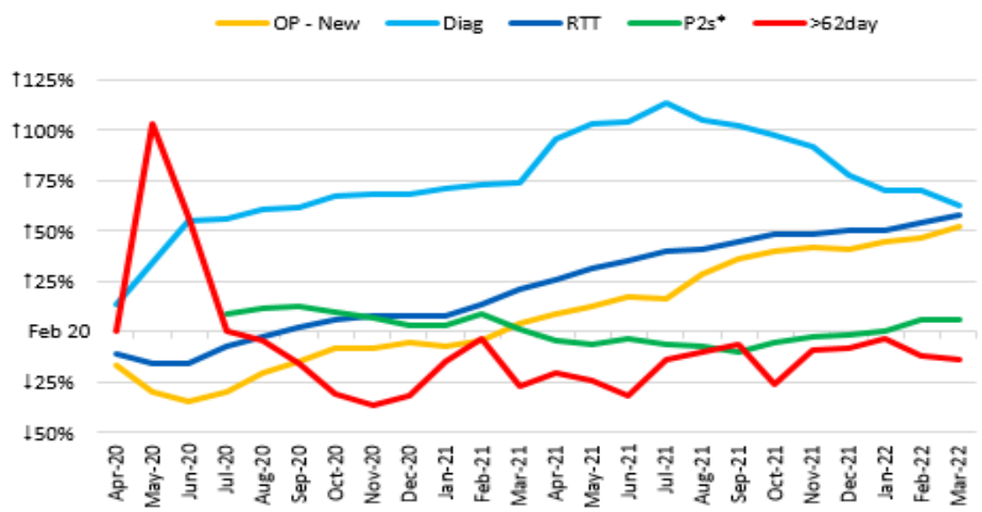
Key / notes

% change shown indicates movement from 2019/20

Bar charts show data over the past 12 months, curent month is highlighted grey

SPC variances calculated from Jan 19-Feb 20, Negative variances indicated by shading

Waiting list measures as a percentage change from pre-pandemic levels (Feb 2020)



Waiting list (WL) measures

	Mar-22	Feb-22	% change	Mar-19	% change
Outpatients - New	38,599	37,143	↑4%	16,962	↑128%
Diagnostics - Total WL	14,083	14,809	↓5%	7,936	↑77%
RTT pathways - Total WL	53,942	52,561	↑3%	31,856	↑69%
Cancer (62d pathway) >62d	92	94	↓2%	38	↑145%

Surgical Prioritisation - WL	Mar-22	Feb-22	% change
P2 (4 weeks)	1,641	1,631	↑1%
P3 (3 months)	4,494	4,404	↑2%
P4	3,451	3,570	↓3%

adoption

2021/22 - H2 monitoring

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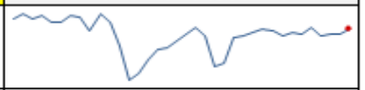
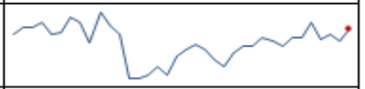
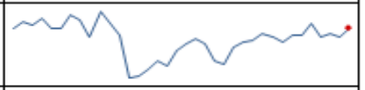
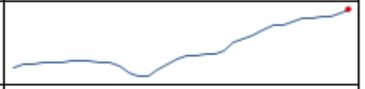
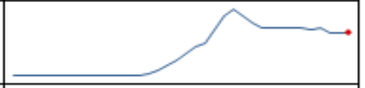
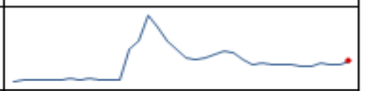
2021/22 Performance Framework

2021/22 - H2 monitoring			Actuals vs. planned levels			Actuals vs. national ambition			
Domain	Indicator	Data to	Current status	Plan	Variance from plan	Ambition	Current delivery	Variance from national ambition	TREND (Apr-19 to present) Marker shows latest month
RTT	Admitted stops	Mar-22	2,503	2,642	-139	89.0%	76.6%	-12.4%	
	Non-admitted stops	Mar-22	9,487	10,178	-691	89.0%	93.1%	4.1%	
	Total RTT stops	Mar-22	11,990	12,821	-831	89.0%	89.1%	0.1%	
	RTT waiting list	Mar-22	53,942	56,930	-2,988	49,281	53,942	4,661	
	52-week waits	Mar-22	3,097	3,459	-362	3,449	3,097	-352	
	104-week waits	Mar-22	95	300	-205	0 by Mar-22	95	-	
Outpatients	PIFU %	Mar-22	2.1%	2.0%	0.1%	1.5% by Dec-21 2.0% by Mar-22	2.1%	-	
	A&G %	Mar-22	10.8%	10.2%	0.6%	12% by Mar-22 (System target)	10.8%	-	
	Virtual outpatients	Mar-22	23.4%	28.9%	-5.5%	25%	23.4%	-1.6%	

Note that performance is judged on the weighted monetary value of activity and therefore performance above is indicative only
Percentage delivery compares March 2022 with March 2019

KEY:

Meets national ambition
Does not meet national ambition
Does not meet national ambition BUT meets planned levels
No national ambition specified / not yet due

Phase 4 Measures

NHS
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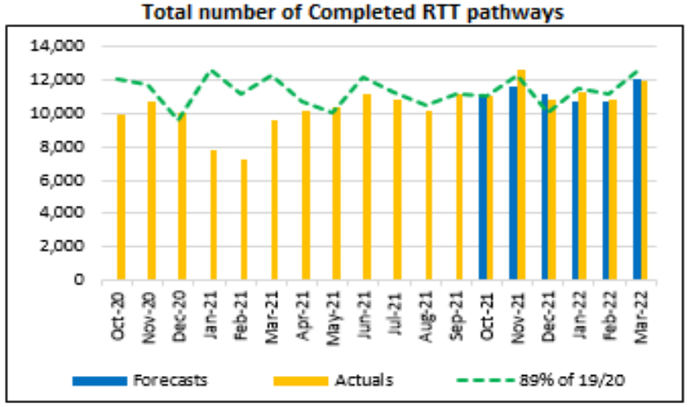
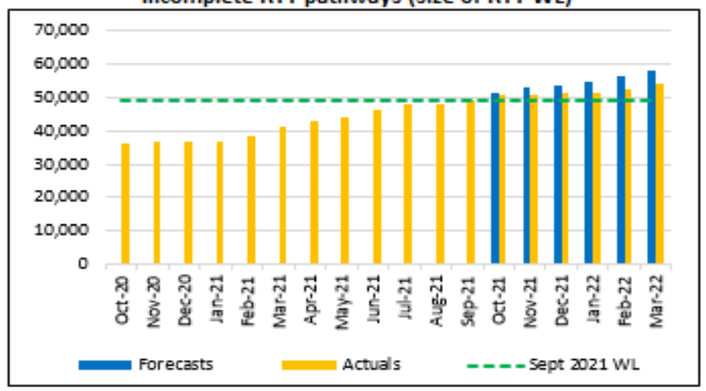
NHS Foundation Trust

Operational Performance

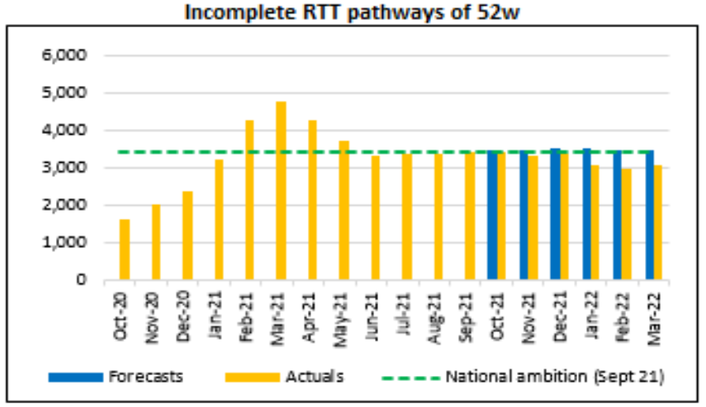
Total number of Completed RTT pathways



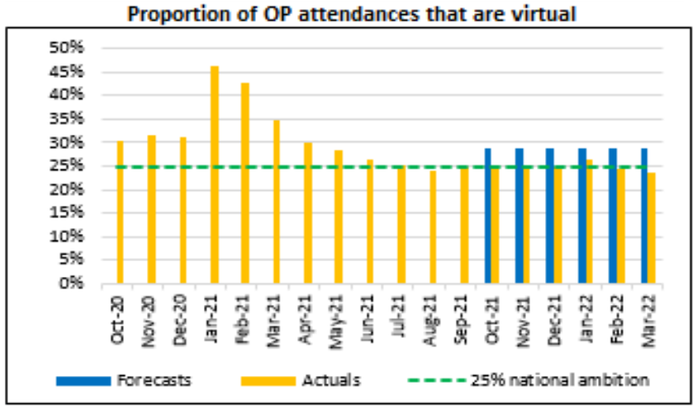
Incomplete RTT pathways (size of RTT WL)



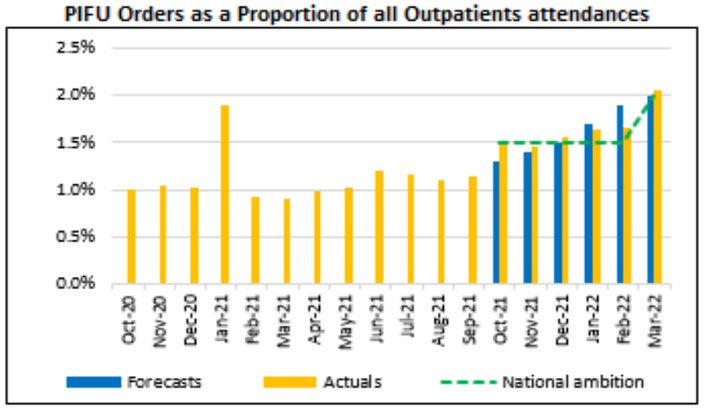
Incomplete RTT pathways of 52w



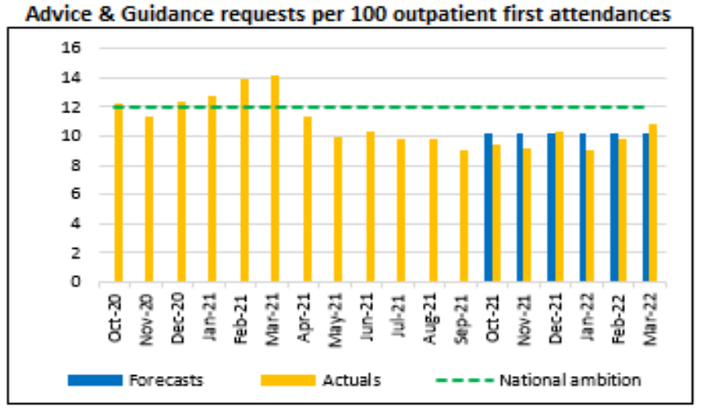
Proportion of OP attendances that are virtual



PIFU Orders as a Proportion of all Outpatients attendances



Advice & Guidance requests per 100 outpatient first attendances



In March the Trust:

- Achieved 89.1% of RTT stops compared to the target of 89.0%. Percentage performance was reduced by the relatively lower achievement for admitted stops (76.6%) compared to non-admitted stops (93.1%)
- Ended the month with an overall RTT waiting list of 53,942. This is above February's closing position of 52,561 and the national ambition of 49,281, but an improvement on the planned value of 56,930 (-2,988)
- Reduced 52-week waits to 3,097. This is a significant improvement on planned levels of 3,459 (-362) and the national ambition of 3,449. At the same time, 104-week waits reduced to 95 in March compared to planned levels of 300 for the month
- Saw a decrease in virtual outpatients to 23.4%, below the national ambition of 25.0% and below the planned level of 28.9%
- Achieved 2.1% of patients discharged to a patient-initiated follow-up pathway (PIFU). This is above the national ambition of reaching 2.0% by March 2022

*ERF thresholds set by the Operational Planning Guidance are based on the £ value of activity, a % included here in activity terms is for reference only

Author(s): James Hennessey

Owner(s): Nicola Ayton

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Serious Incidents

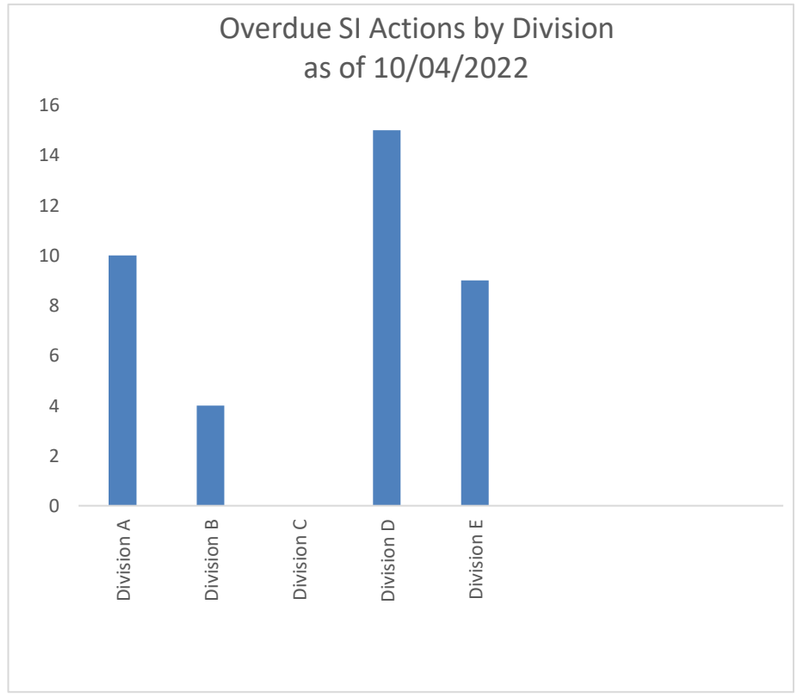
Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Apr 18 - Mar 22	month	-	1324	1401			-	The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Aug 19 - Mar 22	month	2%	2.5%	1.5%			?	There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Apr 18 - Mar 22	month	-	4				-	Four Serious Incidents were declared with the CCG in March 2022, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Mar 18 - Mar 22	month	100%	100%	60%	H		?	1 Serious Incident was submitted to the CCG in March 2022 within 60 working days. This is consistent improvement where Trust has delivered on target.

	STEIS SI Sub-category	Title	Actual Impact	Div.	Ward / Dept.
SLR132028	Pressure ulcer	HAPU	Severe / Major	D	Dermatology, Clinic 7
SLR135022	Treatment delay	Delayed diagnosis of Glaucoma	Severe / Major	D	Clinic 3
SLR135358	Slips/trips/falls	Patient Fall	Severe / Major	C	Ward G6
SLR135195	Surgical/invasive procedure incident	Never Event -Wrong Site Biopsy	Moderate	D	Dermatology, Clinic 7

Summary: The number of patient safety incidents remains in normal variance. Moderate harm incidents are above the target of 2%, however this is a reflection on the reporting of harm being based on the impact to the patient as opposed to acts or omissions by the Trust. Two SI investigation reports were due to the CCG, one was submitted to the CCG within 60 days and the second had an extension to submission date agreed. Four SI investigations were commissioned at SIERP, one of which was a Never Event where wrong site biopsy was taken. This occurred within the outpatient setting. SI Action plan closures continue to be supported by the monthly SIERP Action Assurance Meeting and collaboration with the CCG.

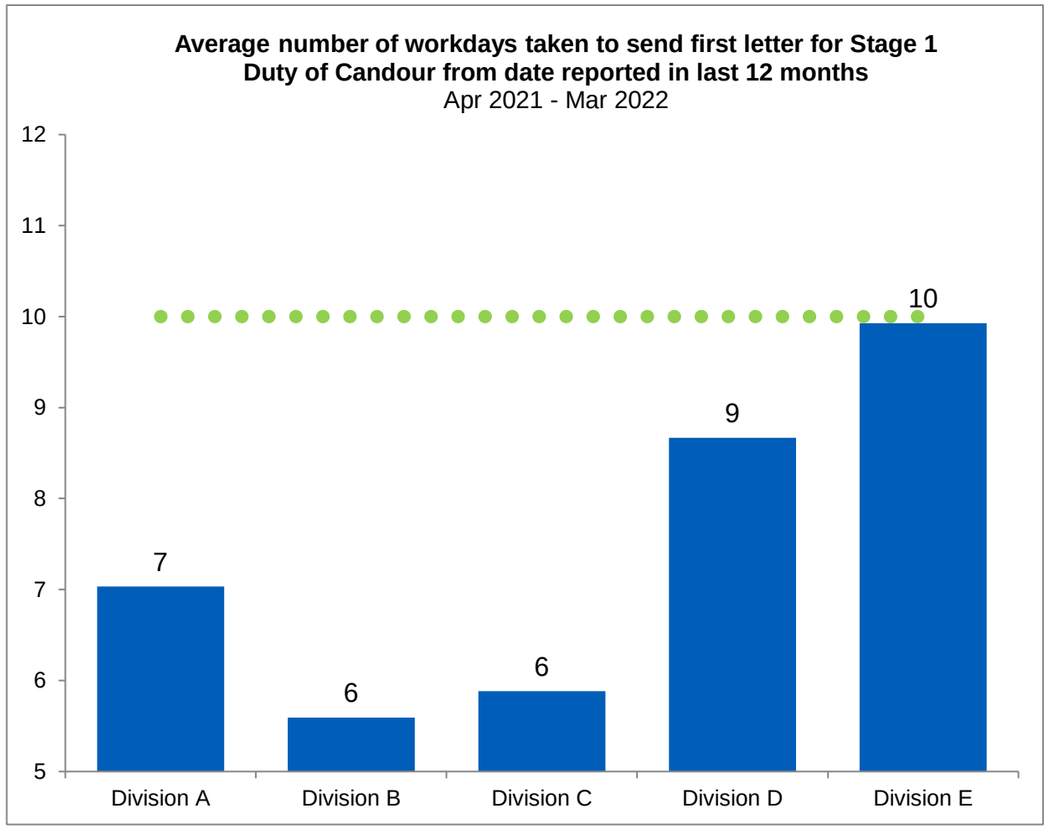


Duty of Candour

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Feb 19 - Mar 22	month	100%	72%	66%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Feb 19 - Mar 22	month	100%	63%	68%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 76% for all confirmed cases of moderate harm or above in March 2022. 72% of DOC Stage 1 was completed within the required timeframe of 10 working days in March 2022. The average number of days taken to send a first letter for stage 1 DOC in March 2022 was 4 working days.

Trust wide stage 2** DOC is compliant at 100% for all completed investigations into moderate or above harm in March 2021 and 63% 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

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Apr 19 - Mar 22	month	-	162	136..81		-	-	There were a total of 173 falls (inpatient, outpatient and day case) in March 2022. The Trust has returned to normal variance after breaching its upper control limit in January 2022
Inpatient falls per 1000 bed days	Apr 19 - Mar 22	month	-	5.37	4.19			-	There were 167 inpatient falls in March 2022. The Trust has returned to normal variance after breaching its upper control limit in January 2022
Moderate and above inpatient falls per 1000 bed days	Apr 19 - Mar 22	month	-	0.10	0.06			-	There were 0 falls categorised as Moderate or above harm in March 2022. There have been 3 points above the upper control limit: May, October and November 2021. Changes to reporting were introduced in April so that level of harm is classed according to injury and not lapses in care
Falls risk assessment compliance within 12 hours of admission	Apr 19 - Mar 22	month	90.00%	82.80%	84.90%			?	The goal of ≥90% was reached in May and 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 - Mar 22	month	90.00%	13.40%	6.00%	L			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 - Mar 22	month	90.00%	19.60%	12.00%	L			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 - Mar 22	month	90.00%	72.90%	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 being submitted in relation to this.
The role of the falls advocate has been rolled out across the Trust; focusing on ward level improvement and introducing a post falls hot debrief. Study days are planned for April and 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.
The Falls project that has been underway with the support of the IHI has now been put on hold while an EPIC change request is formulated. Changes to EPIC will be required prior to the next stage of the project.
There has been a 1.54% increase in the number of falls per 1000 bed days in 2021-2022 compared to the previous year. It is expected that with the introduction of the Falls Advocates this will reduce in the financial year 2022-23.
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.
The Lead Falls Prevention Specialist continues to provide education across the Trust on Falls prevention and management.
The Lead Falls Prevention Specialist continues to provide expert advice and assistance to Coroners, the medico -legal department and PALs as required.

Hospital Acquired Pressure Ulcers (HAPUs)

NHS Cambridge University Hospitals NHS Foundation Trust

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 - Mar 22	month	-	23	22		-	-	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 - Mar 22	month	-	10	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 - Mar 22	month	-	13	10		-	-	Category 2 and above HAPU is within normal variance. There were 13 x Category 2 , 1 x Unstageable HAPU in March 2022.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Mar 22	month	90%	80%	80%		-	F	PU screening risk assessment compliance remains below the target of 90%, with a slight increase to 80% in March. 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 - Mar 22	month	9	13	9		-	P	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 three months, but is not achieving the downward trend as yet.

Tissue Viability QI Plan Update
PU Prevention-
KPI to reduce heel HAPU category 2 and above by 5% by March 2022
17% (4/23) HAPUs that occurred in March 2022 were on heels or feet. We are currently not on track to reach 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 immobility and tissue perfusion.

KPI to increase compliance with risk assessments to 90% by March 2022
Compliance has improved slightly in March when compared to February 2022 at 80%. Ward based teaching is currently paused again due to TVN team staff shortage with the aim to restart with the arrival of the new Tissue Viability Lead.

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. Previous shortages with supply chain for skin care products seem to be resolving and no further problems have been reported.

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.

TV Service
The TVN team now have data to demonstrate the early intervention pathway is increasing referrals from ED and assessment areas. A review of equipment in ED has taken place and an audit of trolley mattresses took place in February, 60% of trolley mattresses were identified for replacement and the trust is working with our current mattress supplier to obtain made to measure trolley mattress replacements of the same standard as bed mattresses.

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - Mar 22	Monthly	95%	47%	55%		-		Elements of the sepsis 6 bundle that have significantly impacted on the overall compliance this month are: Monitoring in line with policy [67%] and IV antibiotic administration [67%]
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - Mar 22	Monthly	95%	67%	72%		-		The average door to needle time in the ED this month was 126 minutes, which is an increase on the last three months.
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 March 2022, as there is a vacancy in the Inpatient Sepsis Lead role. The time taken between NEWS2 trigger and antibiotics prescribed fell this month [to 39 minutes], as did antibiotic administration following prescription [to 27 minutes] these are both marked improvements on last month.
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 March 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%		-		Administration of Antibiotics within 60 mins of diagnosis of Sepsis has been maintained at 93% since Dec 21
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 March 2022, as there is a vacancy in the Inpatient Sepsis Lead role.

Executive Summary

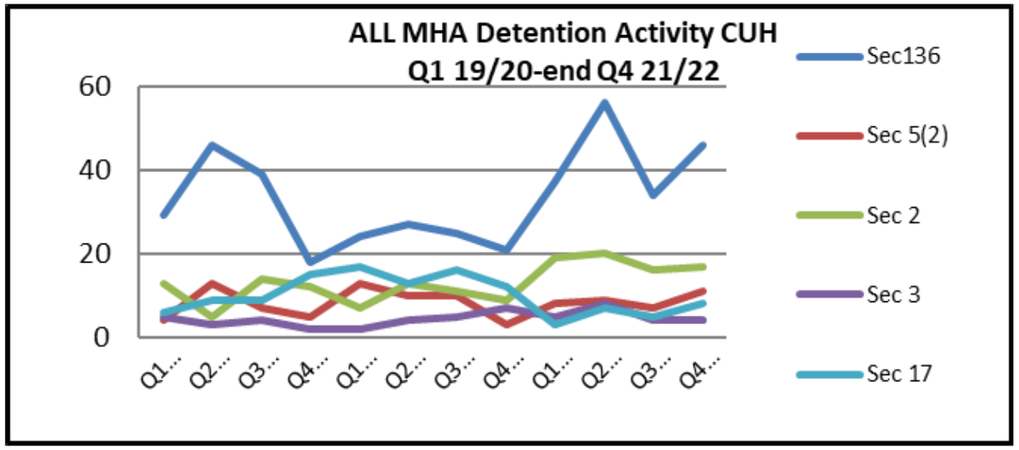
There is no data for sepsis inpatient Sepsis compliance for March 2022, as there is a vacancy in the Inpatient Sepsis Lead role.
This data will be retrospectively collated when the post is appointed to; this process is underway.

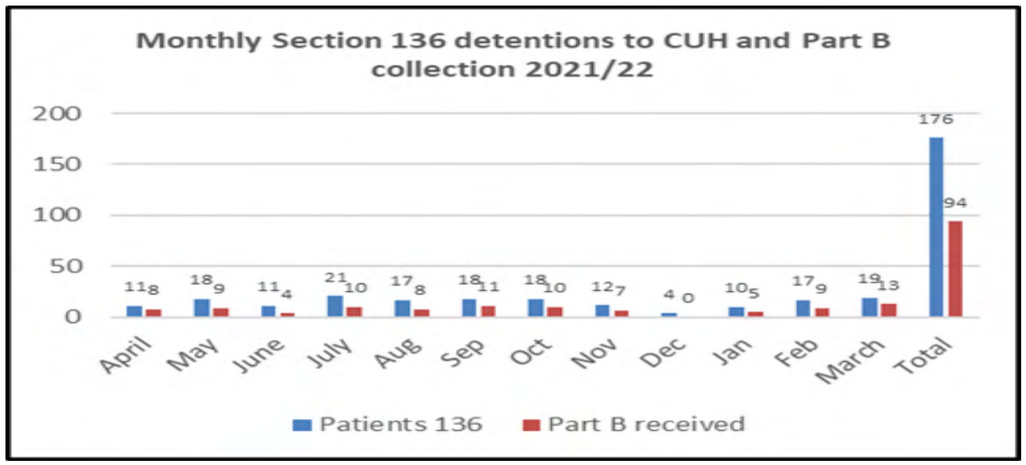
Compliance with the overall bundle completion within 60 mins is vastly impacted by one element per audit being delayed/omitted.

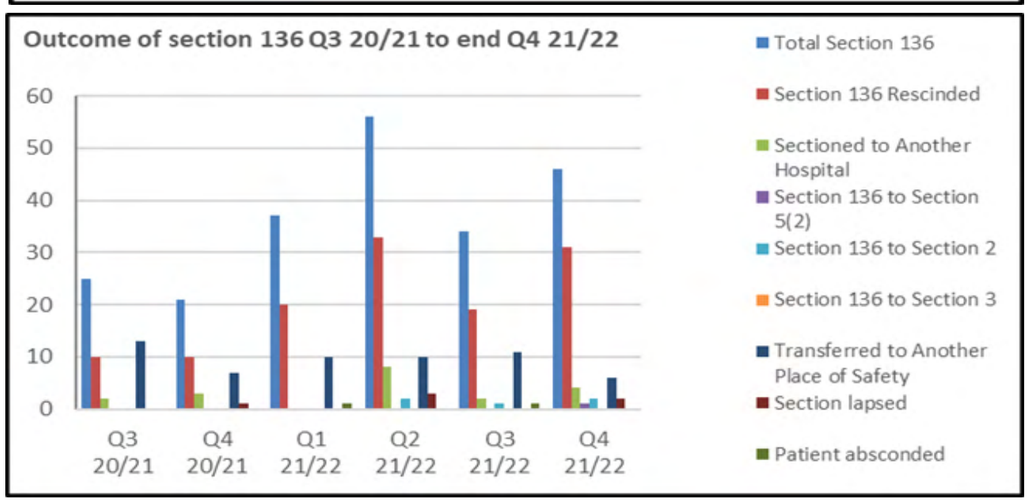
Mental Health - Q4 2021/22

NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health







Narrative

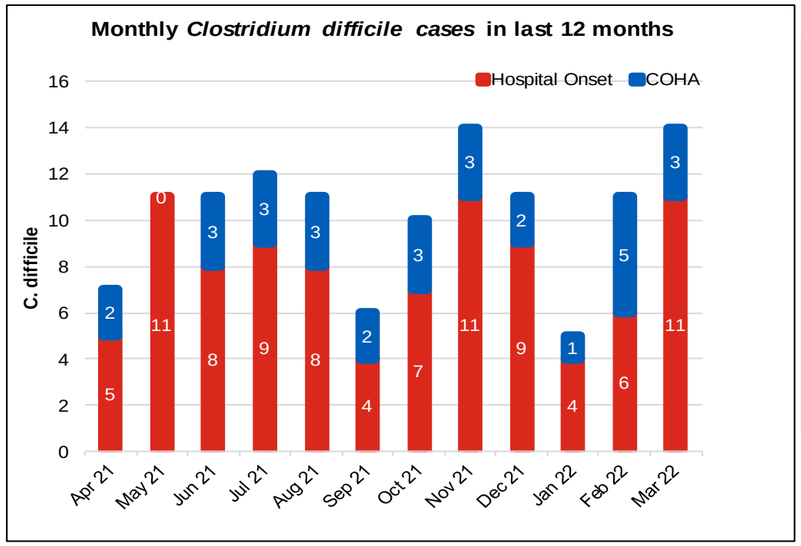
- The overall number of detentions under the MHA at CUH has remained broadly stable during Q4 however the number of Section 136 presentations being conveyed to the Emergency Department rose to 46 in the quarter in comparison to 34 in Q3. These figures are a still a reduction on the first half of the year. (93)
- The CCG are putting together plans for a '136 follow up support service' . 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 with an aim to start in May
- As can be seen in table 3 the majority of 136 detentions do not result in further detention following a Mental Health Act assessment at CUH.. The conversion rate for admission in the two quarters fell from 17% in 2021 to 11% this year. The increased mirrors the increase in all attends to the ED
- 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 average for the county is 6/7 per month. The rise is not reflected in either national or regional figures and examination of the data has so far failed to establish any themes. A system wide working group has been established to look more closely at what actions may need to be taken.
- A joint development with NHS England sees an increase in the provision of the alcohol care team at CUH. The funding which is initially for 3 years will allow for nursing support for patients seven days a week.

Ongoing work:

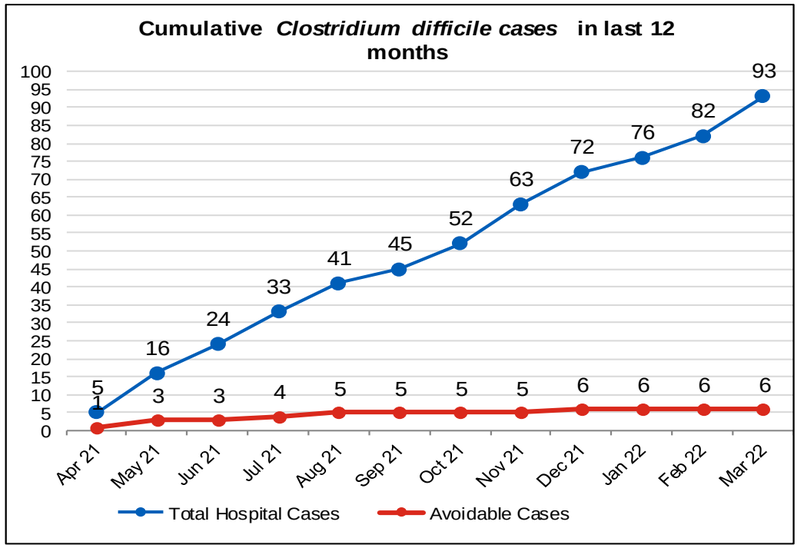
- The ligature point policy and assessment tool has been updated. repeat assessments for all identified high risk areas have been planned for May
- Interface meetings between mental health and CUH for both adult and younger peoples services continue. The plan now is to invite other agencies to the meeting such as Centre 33 who provide support for younger people with M/H needs in the county.
- A collaborative review of CPFT commissioned services is underway alongside the CUH MH Strategy works.

Infection Control

Cambridge University Hospitals NHS Foundation Trust



* 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 unavoidable hospital onset MRSA bacteraemia in March 2022.
- 4 cases (2 avoidable and 2 unavoidable) of hospital onset MRSA bacteraemia in 2021/22.

C. difficile ceiling for 2019/20 was no more than 95 hospital onset and COHA* avoidable cases. No guidance has been issued for 2021/22.

- 11 cases of hospital onset *C difficile* and 3 cases of COHA in March 2022. All cases will be discussed with the CCG.
- In 2021/22, 93 cases of hospital onset cases and 29 cases of COHA (100 cases are unavoidable, 6 cases are avoidable and 16 cases are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 94.7% in March 2022 (97.2% in February 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to February 2022) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 88.9% in March 2022 (95.2% in February 2022).
- The latest *C. difficile* rate comparative data (12 months to February 2022) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

NHS
Cambridge University Hospitals
NHS Foundation Trust

Hygiene Code

The infection prevention & control code of practice of the Health & Social Care Act 2008

Criterion 1 Have systems to manage and monitor the prevention and control of infection.

Criterion 2 Provide and maintain a clean environment

Criterion 3 Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance

Criterion 4 Provide accurate information on infections to service users and their visitors in a timely fashion

Criterion 5 Ensure that people with an infection are identified promptly and receive appropriate treatment to reduce the risk of transmission

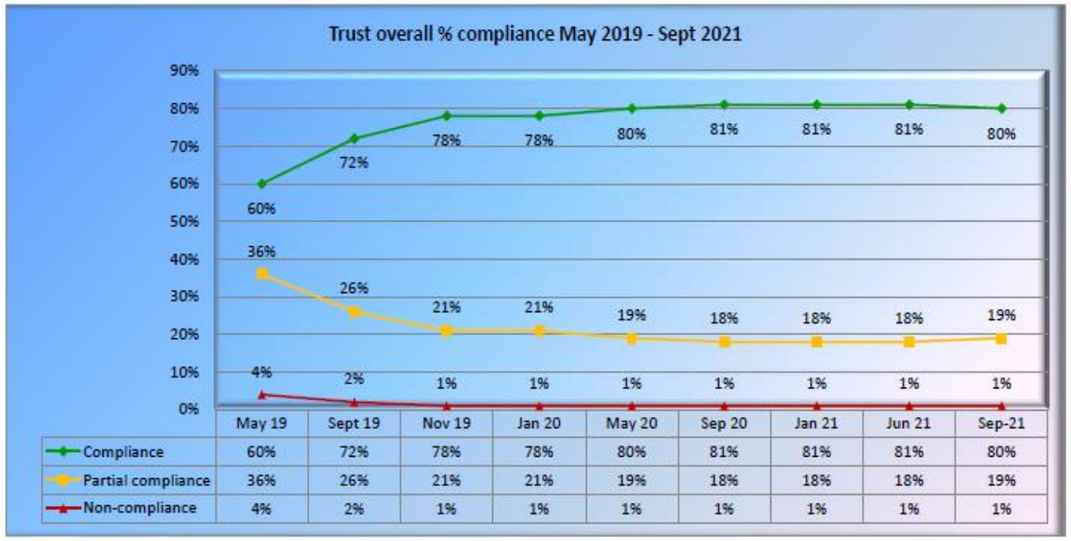
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

Criterion 7 Provide adequate isolation facilities

Criterion 8 Access to adequate laboratory support

Criterion 9 Have and adhere to infection prevention & control policies

Criterion 10 Ensure that staff are free of and protected from exposure to infections that can be caught at work and that they are educated in the prevention and control of infection associated with the provision of health and social care.



	May 19	Sept 19	Nov 19	Jan 20	May 20	Sep 20	Jan 21	Jun 21	Sep-21
Compliance	60%	72%	78%	78%	80%	81%	81%	81%	80%
Partial compliance	36%	26%	21%	21%	19%	18%	18%	18%	19%
Non-compliance	4%	2%	1%	1%	1%	1%	1%	1%	1%

Concerns and actions

All criterions have been reviewed in September 2021. Overall compliance remains the same. Few changes have been made for Criterion 2 and Criterion 10. Criterion 5 and Criterion 8 are fully compliant. The key areas of partial or non-compliance for each criterion are:

- Criterion 1 and 2 governance reporting issues, poor condition of estate impacting on cleaning, need to increase knowledge and practice regarding cleaning and tagging of equipment. Ward/environmental visits walkabouts will continue to monitor and address these issues.
- Criterion 3 antimicrobial teaching and dissemination of local data.
- Criterion 4 information boards in clinical areas not always compliant with current local data.
- Criterion 6 need assurance regarding infection control competencies.
- Criterion 7 50% compliance due to lack of adequate isolation facilities.
- Criterion 9 non-compliance due to some aspects of infection control not currently covered in specific policies.
- Criterion 10 gaps in availability of immunisation records and screening of new starters.

Fit Testing compliance for substantive staff

Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

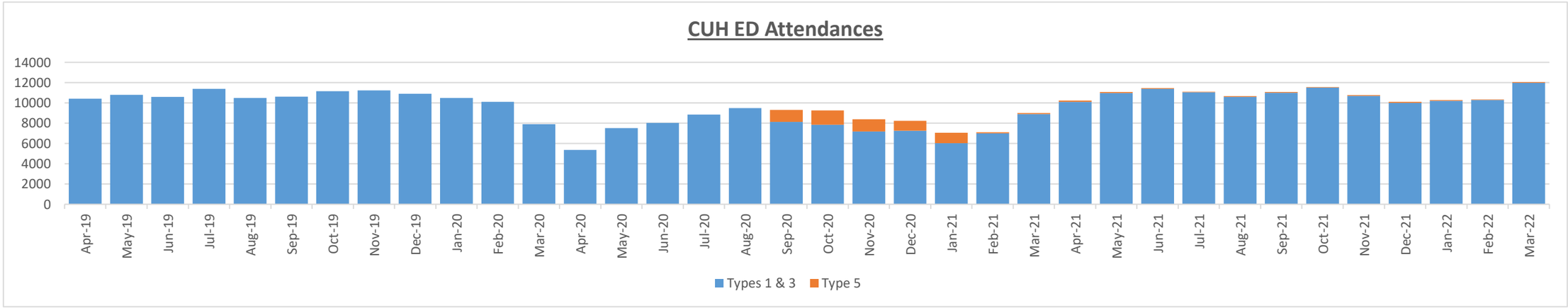
Fit Test Compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	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	524	457	87%	26	22	85%	248	220	89%	140	123	88%	278	237	85%	-	-	-	1,216	1,059	87%
Additional Clinical Services	192	157	82%	64	51	80%	110	99	90%	77	54	70%	62	44	71%	-	-	-	505	405	80%
Medical and Dental	158	118	75%	86	73	85%	167	132	79%	120	104	87%	138	100	72%	-	-	-	669	527	79%
Additional Professional Scientific and Technical	-	-	-	85	83	98%	1	1	100%	-	-	-	-	-	-	-	-	-	86	84	98%
Allied Health Professionals	57	53	93%	118	97	82%	1	1	100%	-	-	-	-	-	-	-	-	-	176	151	86%
Estates and Ancillary	5	2	40%	1	1	100%	-	-	-	-	-	-	-	-	-	65	62	95%	71	65	92%
Total	**936**	**787**	**84%**	**380**	**327**	**86%**	**527**	**453**	**86%**	**337**	**281**	**83%**	**478**	**381**	**80%**	**65**	**62**	**95%**	**2,723**	**2,291**	**84%**

The data displayed is at 19/04/22. 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.

Emergency Department

NHS
Cambridge University Hospitals
NHS Foundation Trust

National Targets



CUH Emergency Department attendances March 2022

Total attendances in March were 12,046. This is 1,050 (9.5%) higher than March 2019
Daily attendances (types 1 & 3) across both adults and children were 386 compared to 355 in March 2019
Paediatric attendances were 2,568 (age 0-15), an increase of 13.6% (308) from March 2019
Mental Health attendances were 333, a decrease of 15.9% (63) compared to March 2019
1,543 patients had an ED journey time in excess of 12 hours compared to 9 in March 2019
514 patients waited more than 12 hours from their decision to admit compared to 0 in March 2019
Our conversion rate for type 1 & 3 attendances decreased to 21.6% compared to 33.2 % in March 2019.
Additionally during March:
980 patients were streamed from ED to our medical assessment units on wards N2 and EAU4
3,945 patients were streamed to the Urgent Treatment Centre (UTC), representing 32.9% of all attendances
1,714 patients were seen by a GP or ECP
411 patients were streamed to SAU.

April month to date

In April month to date there has been an average of 350 attendances per day (all types) compared to 345 by the same point in April 2019 (+5, +1.4%). 549 patients have had an ED journey time in excess of 12hrs compared to 28 by the same point in April 2019. We have had 220 x 12hr DTA breaches in the month to date, higher than the 0 seen by the same point in April 2019.

Ambulance handover

In March 2022 we saw 2,310 conveyances to CUH which was a decrease of 18.9%, (-540) in March 2019. Of these:
29.3% of handovers were clear within 15mins vs. 62.6 % in March 2019.
71.9% of handovers were clear within 30mins vs. 96.4 % in March 2019.
87.7% of handovers were clear within 60mins vs. 99.8 % in March 2019.

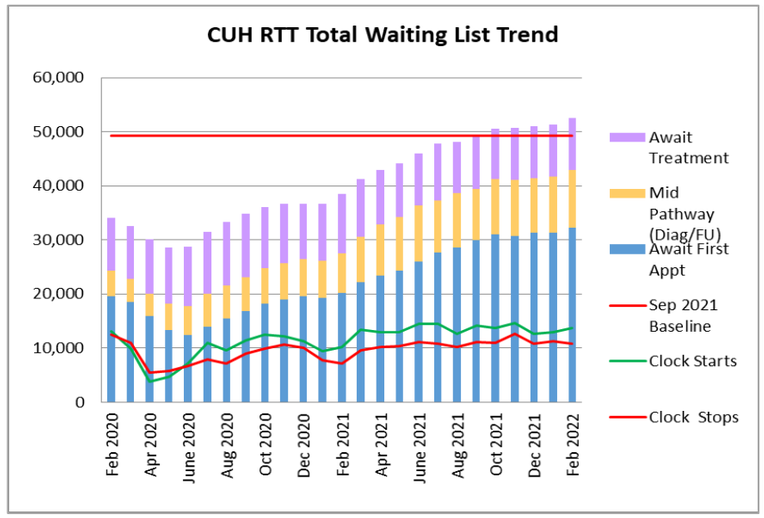
Actions being undertaken by the Emergency Department:

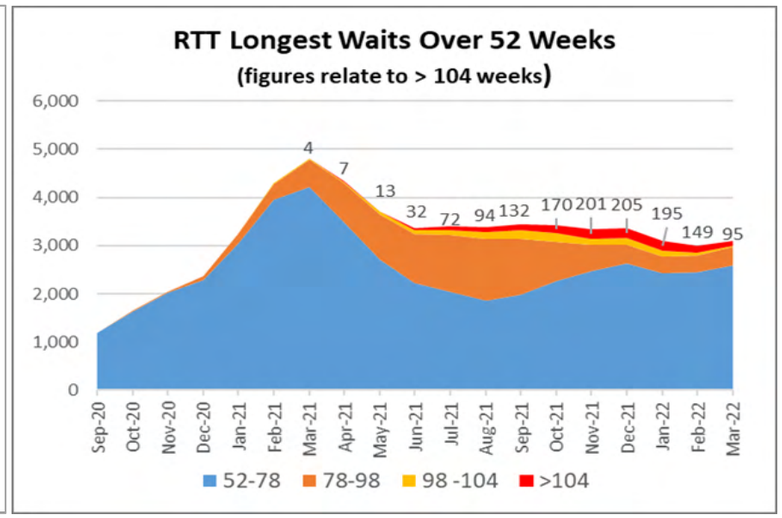
Development of ED co-ordination Hub. To facilitate, swift, accurate management of the department, co-ordinate escalation and avoid duplication of effort
Trial of EDEL (Emergency Department escalation level) calculator to identify areas of demand and support management of resources
Mitigation of high sickness levels : Proactive review of rotas to maintain key roles despite sickness , ED consultants acting down, dynamic movement of staff across areas including paeds and UTC
PFN role out to advert

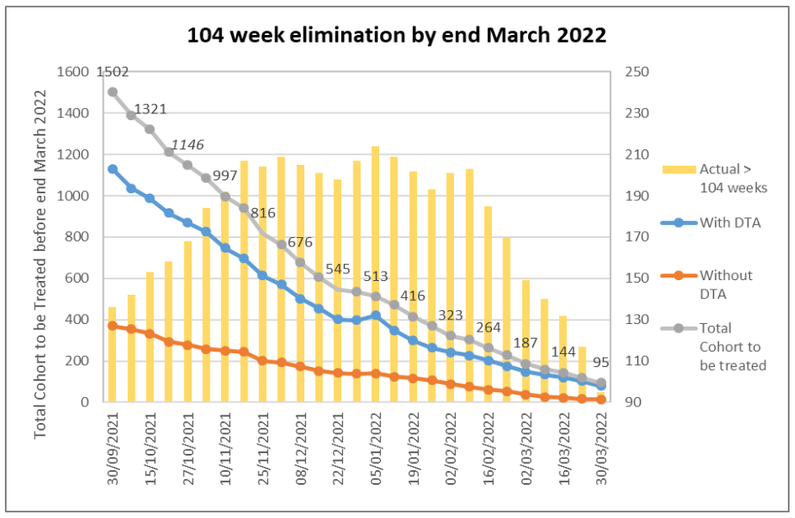
Referral To Treatment - (RTT)

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Total RTT waiting list size increased by 1,381 in March to 53,942. This represents a growth of 9.5% compared to the September 2021 baseline which was the stated ambition for H2 planning nationally. Our H2 plan forecasted a growth to 56,930 by year end, so we are below the trajectory we submitted for H2 planning by 2,988.
Compared to pre-pandemic the waiting list has grown by 58%.

The number of patients joining the RTT waiting list (clock starts) were 2.6% lower than last month, but 1.8% higher than the adjusted March 2020 baseline. We had forecast continued referral growth of 2% above baseline, and for March our forecast was within 18 of the actual volume seen. Clock starts (referrals) increased to 28% of the total waiting list size in the month, and patients waiting to commence their first pathway step accounted for 62% of the total.

The number of RTT treatments delivered in March dropped to 83.4% compared to the March 2020 baseline which is adjusted for the part month COVID impact. Admitted stops reduced to 78.3% of baseline, with non-admitted stops at 84.9%. The total treatments were 3.4% lower than February, and the clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* increased to 20.7 weeks. To recover to a clearance time equivalent to our pre-Covid performance (11.5 weeks) would require delivery of RTT activity at 160% of average 19/20 levels.

The 92nd percentile total waiting time increased to 47 weeks. For admitted patients only we saw a further reduction to 66 weeks from a peak of 85 at the end of H1.
The volume of patients waiting over 52 weeks increased this month by 103 to 3,097. 742 patients in total were treated who had waited over a year. Nationally, the aim to further reduce long waits originally required the elimination of waits over 104 weeks by March 2022. In our H2 planning submission we committed to manage this volume to a maximum of 300. By year end we had 95 patients waiting over 104 weeks which exceeded the forecast in our H2 planning submission. 24% of those remaining were for ENT, with 16% for OMFS and 15% for Orthopaedics. The NHSE requirement for zero tolerance of 104 week waits has been extended to end of Q1 2022/23. We forecast to reduce further to 56 by the end of April, of which 29 are either patient choice to delay, or delayed having had a recent COVID infection and therefore deferred on clinical grounds. The requirement communicated through the EoE Regional team is that all patients who would reach a two year wait by the end of July should be treated in Quarter 1 to allow for a buffer against the 104 maximum to be achieved. We had already been tracking this cohort for the past five weeks and have achieved a reduction from 251 to 151 in that time. 56% of those remaining already have a planned treatment date.

Nationally the RTT waiting list continues to rise, reaching 6.18 million in February 2022 with a 43.9 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, and 3rd highest amongst the Shelford Group. With 13% over 52 weeks, Norfolk and Norwich has the greatest challenge in the Region for long waiting patients, and Birmingham at 18% is the highest in the Shelford Group. The EoE Region is considering how a mutual aid process might be configured to support a reduction in the inequity across the Region. This would obviously we reliant on patients willingness to transfer care to other providers.

Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

Cancer Standards 21/22	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Qtr 3 - 21/22	Jan-22	Feb-22
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	81.0%	79.3%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	53.2%	29.8%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	90.6%	97.5%
31 Day Subs (Anti Cancer) (98%)	98%	98.8%	99.7%	100.0%	100.0%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	94.9%	99.1%	98.3%	99.1%	97.1%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	87.5%	90.7%
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	76.1%	83.7%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	93.4%	96.6%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	51.4%	71.8%
62 Day from Urgent Referral with reallocations (85%)	85%	**75.4%**	**75.1%**	**73.2%**	**68.0%**	**70.6%**
62 Day from Screening Referral with reallocations (90%)	90%	**68.6%**	**55.0%**	**68.9%**	**56.7%**	**57.1%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	51.2%	46.2%	77.8%

To February 2022 by site

	62 Day from Urgent Referral		62 Day from Screening Referral		31 Day FDT		31 Day Subs (Surgery)		2Wk Wait		2WW FDS		>104 day
	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches
Breast	5.5	80%	8.5	54%	3	94%	1	94%	325	29%	18	96%	
Lung	2.5	67%				100%		100%	3	96%	5	93%	1
Upper GI	0.5	80%			2	87%		100%	4	83%	7	68%	1
Lower GI	6	60%	3	50%	1	97%		100%	16	95%	72	76%	3
Skin	4	84%				100%	2	92%	23	95%	9	97%	2
Gynaecological	5.5			100%		100%		100%	17	91%	75	56%	
Central Nervous						100%			1	93%		100%	
Urological	15	54%				100%	2	83%	6	96%	47	68%	6
Head & Neck	2.5	29%			1	91%	2	60%	4	98%	29	83%	
Sarcomas	1.5					100%		100%		100%	2	85%	
Other Haem Malignancies	1.5	80%				100%		100%	1	91%	9	57%	2
Other suspected cancers	1	50%				100%		100%					

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

The Breast service continues to drive the under performance against the 2WW standards. Breaches in Breast increased again in February to 325 so there was a deterioration to 79.3%. This average wait of those exceeding 2 weeks did drop to 17 days from 19 in the month. The Faster Diagnosis Standard in Breast is being maintained despite this and actually improved in February to 96% within 28 days. Recruitment is progressing for the substantive increase to the Breast Unit staffing. CUH performance this month was lower than National which was 80.6% for 2ww and 56.5% for 2ww SBR.

The 62 day Urgent standard performance in February improved to 70.6%. This was ahead of performance nationally of 62.1%. There were 45.5 accountable breaches of which 32 were CUH only pathways. 23 of these delays were provider initiated delays, with the notable issue being that 16 were impacted by delays in histology turnaround as a consequence of the staffing challenges previously reported. 12.5 were due to late ITT referrals of which 9.5 were treated within 24 days of transfer. Breaches spanned 11 cancer sites, with the highest volume by site being Urology with 15 (7 related to histology), then Lower GI 6, and Breast and Gynaeoncology both with 5.5.

The 62 day screening standard incurred 11.5 breaches this month resulting in performance of 57.1%. 8.5 of these were in Breast with three due to lack of surgical capacity and three due to outpatient capacity. National performance was 64.5%.

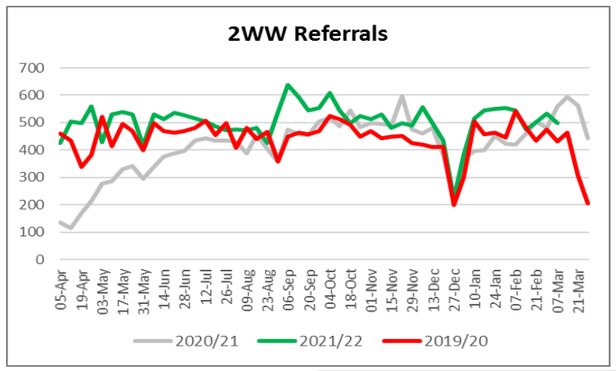
The 31 day FDT standard recovered to 97.5%, and was ahead of National performance which also improved to 93.7% this month. The subsequent surgery standard showed improvement up to 90.7% compared to National at 84.3%. 50% of breaches were attributable to surgical capacity. There were also three cancellations due to the surgeon having COVID and 2 due to bed capacity.

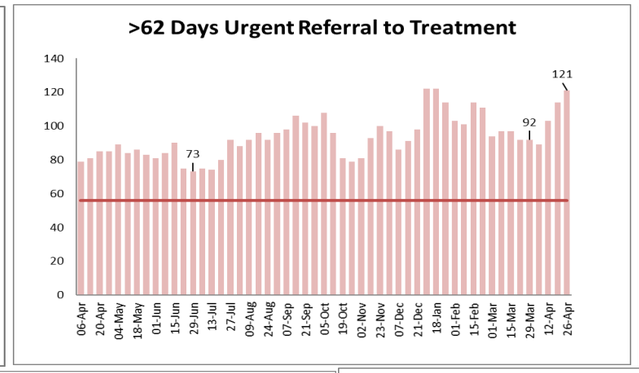
14 pathways waited >104 days for treatment in February. 11 were shared pathways referred between day 49 and 167, of which seven were treated within 24 days. Six of the 11 were shared pathways with NWAFT. Three CUH pathways exceeded 104 days, and all three had extensive histology delays between 23-43 days to report. 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.

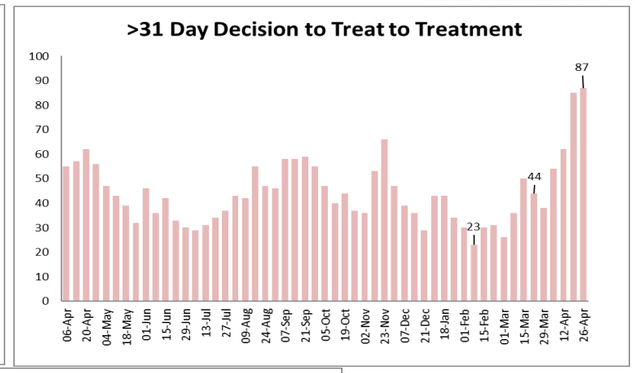
Cancer

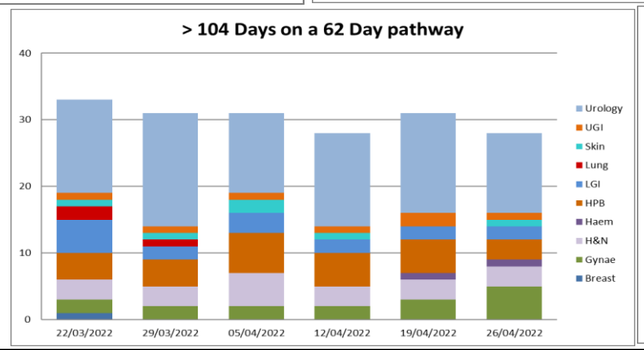
NHS Cambridge University Hospitals NHS Foundation Trust

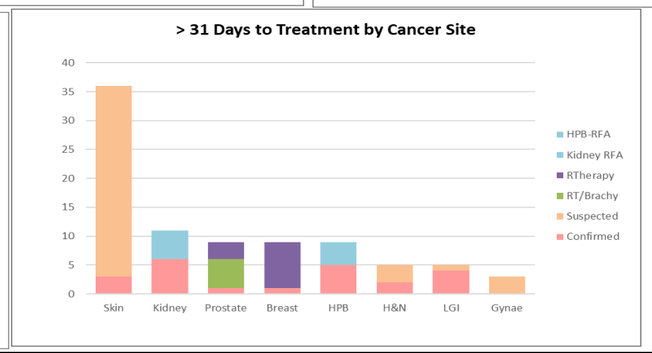
National Targets











Current position

In March 2WW suspected cancer referral demand continued at 111% across the four weeks compared to the baseline period in 2020. The number of breaches in the Breast service are continuing through March and April at over 300, the current average wait being 16 days. Nine posts in total are being recruited to sustainably support the Breast demand , and all have been advertised. Interviews for the Breast Radiologist is crucially on 12th May with a good field. Skin 2ww breaches have doubled through March and increased again by a third through April. Patient choice has been the dominant factor, but capacity has also been impacted by staff absence due to COVID. Lower GI 2ww performance has also seen high breaches due to patient choice across the Easter period.

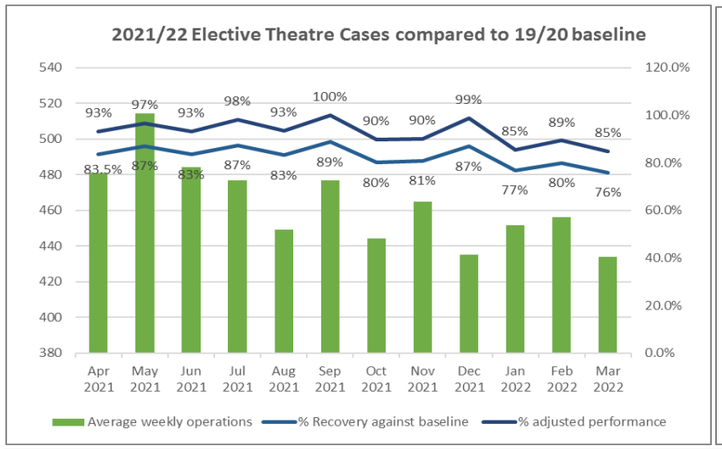
The number of patients waiting >62 days on an Urgent pathway has risen sharply since last month and is now 121. 34% of the breaches are Inter Trust Referrals which means 80 are CUH only pathways. 66% of the CUH patients do not yet have a confirmed cancer diagnosis. 28% of the total have treatment scheduled. Urology, LGI , and Skin have the highest backlog for CUH only pathways. with 16, 15 and 11 respectively. Histopathology delays have risen again through March. We aim for a 7 day TAT and had seen progress within a 10 day TAT up to 69% but that has deteriorated back to 36% in the most recent week.

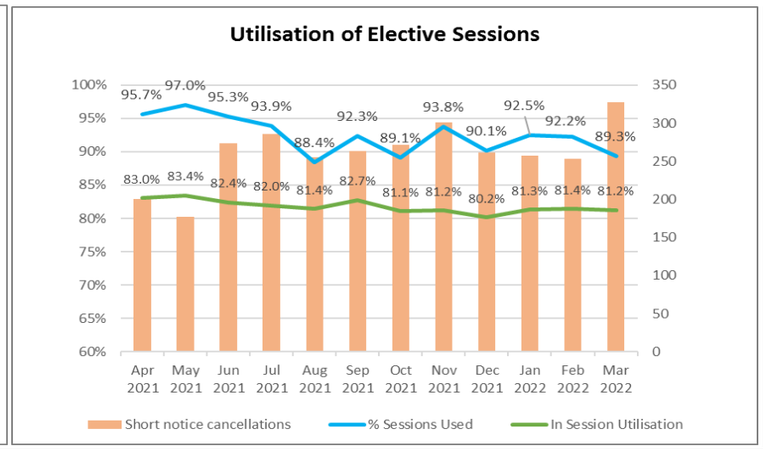
The number of patients waiting over 31 days has doubled in the past month from 44 to 87, the highest backlog for the past year. 77% are scheduled for treatment. 46% (40) are still suspected of which 33 are in Skin. Skin only had eight backlog last month and have risen to 36. There will be a clinical review undertaken in skin to ensure that patients with an expected benign diagnosis are not being kept on a suspected cancer pathway , crowding the available capacity which would ultimately delay those with high suspicion from being treated sooner. The staff that support the Dermatology procedures were impacted in the last month by COVID absence. In the next month the team have two new locum Consultants that will commence doing surgical excisions to strengthen the service. Prostate and Breast are being impacted with delays on Radiotherapy (12%) and Brachytherapy. As reported last month the CT replacement in radiotherapy has impacted capacity, and staff vacancies (50% Band 5) is limiting the mitigation plan of extended hours. 5 B 5 staff have been recruited and are in the pipeline to commence. With Easter and ongoing absences the capacity did not improve through April as much as had been anticipated. HPB and Kidney pathways are experiencing delays with Radio Frequency Ablation (10%) and the demand and capacity for this within Interventional Radiology is being reviewed.

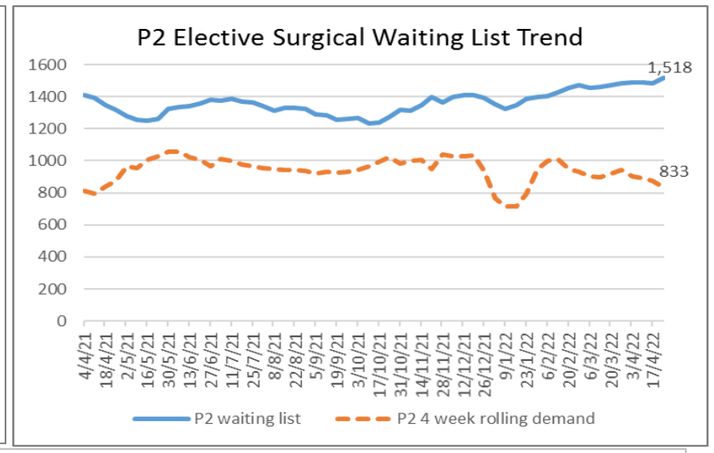
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in March delivered 76% of the March 2020 adjusted baseline. Taking account of the loss of the three A Block theatres from our capacity, this would bring the performance up to 85%. Across the full year we delivered 83% of the 19/20 baseline, increasing to 94% with the adjustment for reduced theatres. The average elective operation length was 4% longer across 2021/22 than in 2019/20.

- Short notice cancellations in elective sessions were at the highest all year in March 22 at 327 which equated to 650 hours. This was a 32% increase in time lost compared to February. 20% of cancellations were directly attributed to COVID due to either staff or patients testing positive, and an additional 7% for staff unavailability /sickness. A further 20% were cancelled for other clinical reasons. 16% were due to bed availability and 14% due to emergency/trauma cases taking priority. The impact was highest across Ophthalmology with 50 cancellations. The proportion of elective theatre capacity being used for emergency cases compared to baseline is an area we are further investigating.
- Elective sessions used in March dropped to 89.3%. 32% of unused sessions were due to surgeon on leave, of which a third were in Orthopaedics. A further 32% due to staff sickness. 28% of all unused sessions were at Ely.
- 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 and Ely saw a small improvement in month. 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.
- The weekend elective activity in March was 53 cases. Super Saturday initiatives in the ATC supported 104 week activity in Urology , ENT and Paediatric Surgery ; as well as cataract initiatives for Ophthalmology. Willingness of theatre staff to undertake weekend sessions has diminished in April with the requirement to cross cover in week sessions.

The number of P2 patients awaiting surgery has increased to over 1500. The rolling four weekly demand has continued to decline and therefore the increase also reflects a growth in the volume of overdue P2 cases up to 895 at the end of April. The increases in P2 waiting lists are being seen in Orthopaedics, Urology and ,Plastic surgery and to a lesser extent Colorectal / General Surgery. Neurosurgery still have the third highest volume of P2 cases but this is showing a declining trend in recent weeks. The Surgical Prioritisation group continues to allocate theatre capacity based on meeting the demand for the highest clinical priority and supporting the reduction of P2 backlogs. Together with lower priority cancer, this prioritisation accounts for 70% of the theatre days allocated.

The Surgical Taskforce has received updates from the High Volume Low Complexity focus in General Surgery and Gynaecology:-

General Surgery HVLC aims to deliver more efficient pathways for Hernia repair and Laparoscopic cholecystectomy. These procedures are performed by surgical teams in both Division A and Division C with variation in practice. They are often used as list fillers with more complex cases, with the exception of hernia cases that are suitable for Ely where the opportunity is greatest for low complexity cases. The first PDSA cycle is focused on establishing one generic referral CAS for hernia referrals in order that compliance with surgical thresholds can be more effectively monitored. The CAS service went live on 28th March and a protocol for non-clinical triage is being evaluated and tested.

Gynaecology has assessed their compliance with the GIRFT HVLC Hysterectomy pathway. EoE data shows CUH is already in top quartile for day case rates for Hysterectomy. The opportunity to increase the volume of minimally invasive cases that can be undertaken in the outpatient setting is being reviewed . Oxford has been identified as the best performing Shelford Group peer in this

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:

Deteriorated

Improved

		Mar-22						
		Waiting List					Scheduled Activity	
		Total Waiting List	Variance from Feb 2020		% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Mar-19 Baseline
Imaging	Magnetic Resonance Imaging	2564	1962	31%	38.1%	7	2529	90.5%
	Computed Tomography	2861	1038	176%	58.7%	19	2988	97.4%
	Non-obstetric ultrasound	3093	1876	65%	32.4%	5	3460	101.7%
	Barium Enema	43	31	39%	0.0%	3	31	94.3%
	DEXA Scan	1120	648	73%	37.6%	5	489	84.2%
Physiological Measurement	Audiology	685	338	103%	39.7%	6	399	70.9%
	Echocardiography	2636	967	173%	62.6%	12	1304	95.1%
	Neurophysiology	105	269	-61%	1.9%	2	249	63.3%
	Respiratory physiology	77	24	221%	62.3%	11	27	154.1%
	Urodynamics	223	93	140%	37.7%	7	71	99.7%
Endoscopy	Colonoscopy	505	539	-6%	16.0%	3	570	143.4%
	Flexi sigmoidoscopy	112	106	6%	12.5%	4	89	81.3%
	Cystoscopy	197	236	-17%	22.8%	7	392	95.4%
	Gastroscopy	579	581	0%	19.5%	4	696	107.0%
Total Diagnostic Waiting List		**14800**	**8708**	**70%**	**43.2%**	**9**	**13294**	**95.9%**

Scheduled diagnostic activity in March was down by 2% compared to the prior month, in comparison to baseline in March 2019 we delivered 95.9%.
The total waiting list size remained stable decreasing by just 9 to 14,800. This is still 70% higher than pre-Covid in February 2020. The proportion of patients waiting over 6 weeks increased by 4.8% to 43.2% this month, but mean waiting time reduced to 9 weeks.

Endoscopy is now just 9% of the diagnostic waiting list. The total waiting list size across Endoscopy is now below the February 2020 baseline, and the volume exceeding 6 weeks has reduced to 18.2% with a mean wait of 4 weeks. The Digestive Diseases service should be congratulated for consistently delivering to their trajectory. The forecast for the end of April is for further improvement to ~12% within 6 weeks overall in Endoscopy with the Digestive Diseases tests coming down to 10%. Cystoscopy recovery in Gynaecology is the remaining service with challenges in recovery in this group.

Imaging is 65% of the diagnostic waiting list. Scheduled activity in Imaging was 1% below February in March, although CT delivered 12% more activity in month. The reductions were driven by Ultrasound and Dexa, the latter having had a very strong February. Scheduled activity was 96% of baseline overall. Waiting lists decreased by 154 in month, driven by CT where the reduction was 329. Increases were seen in all other modalities. CT still has the largest waiting list to recover, and the increased rate of activity delivered by the mobile CT is supporting their improvement. Over the past 2 months 23% of our activity has been delivered on that facility now that they have got stable staffing and are fulfilling the contracted activity levels. This continues to be funded by Early Adopter funding for H1 2022/23. The system has Regional funding for a second mobile CT unit to be located at NWAFT and contracts are being negotiated on that currently. Demand for GP Direct Access Ultrasound has significantly increased and this is being further investigated. The ICS is having discussions for additional community ultrasound capacity with an expectation this will increase to 5 days from 3, but a start is yet to be confirmed. Contrast enhanced capacity on the mobile MRI scanner located at NWAFT is still required to enable that to productively support the backlogs of scans required. Achieving this with the appropriate safety precautions is still being reviewed but needs to be accelerated by the system given the funding only remains through H1 of 2022/23. Staffing continues to be the greatest challenge for Imaging in being able to maximise productivity in our core capacity.

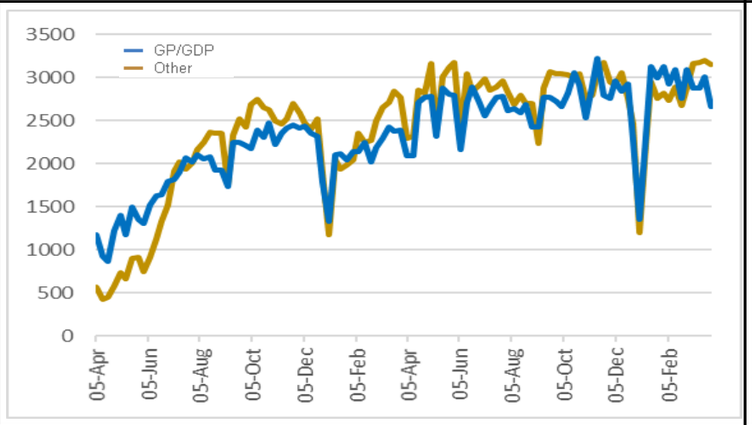
Physiological measurement is 25% of the diagnostic waiting list, with Echocardiography increasing to 18%. Scheduled activity reduced by 5% in March with reductions seen in Audiology and Echo. The proof of concept Insourcing pilot in Echo came to an end at the start of March. The contract has been re-negotiated but will not commence in full until June 2022, with some adhoc support through May. The waiting list across this group increased by 380 in month, driven by Echo +246 and Audiology + 105. The volume >6 weeks reduced to 55.2% across these services. Echo remains the priority with 62.6% over 6 weeks, and the ongoing gap in Insourcing provision through April and May will see this service deteriorate further before it starts to recover again. CUH will further explore what the Regional Groups may have to offer to support Echo recovery.

Outpatients

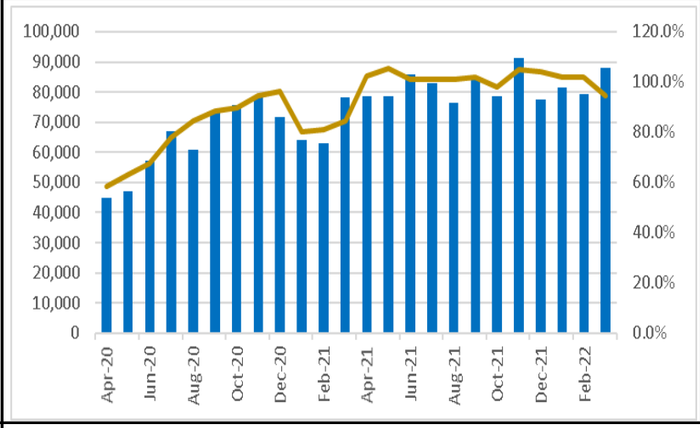
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

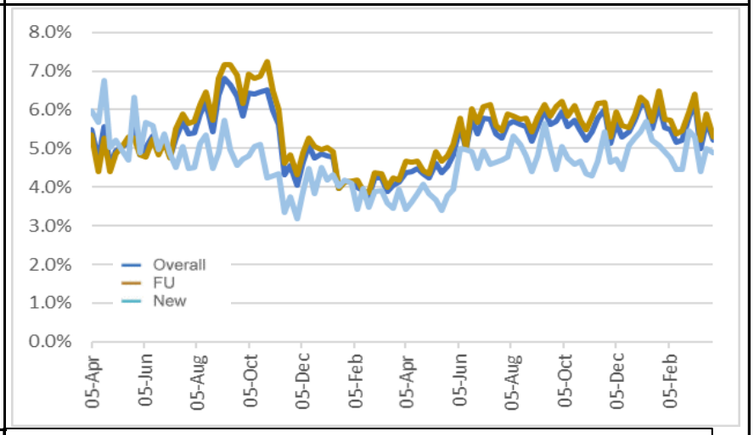
Referrals



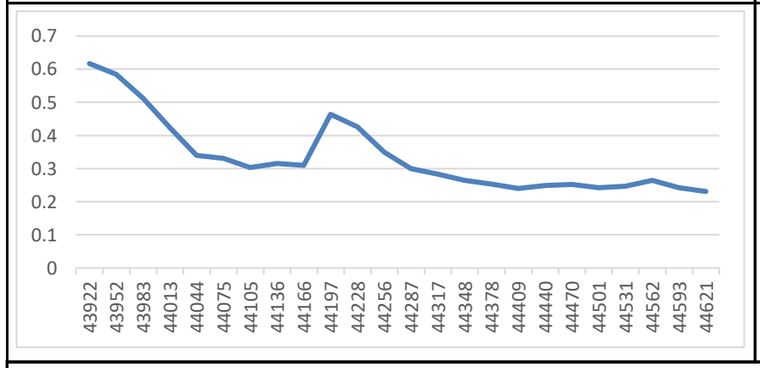
Attendances



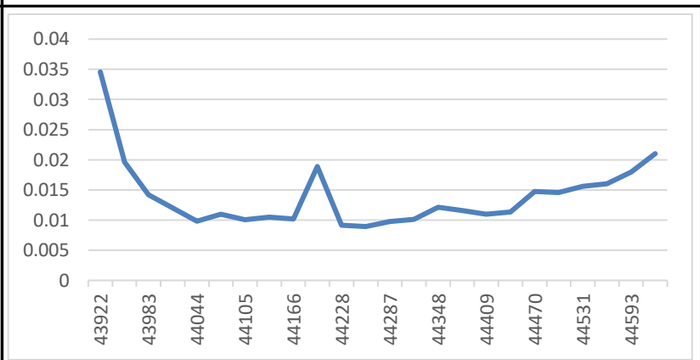
DNA Rate



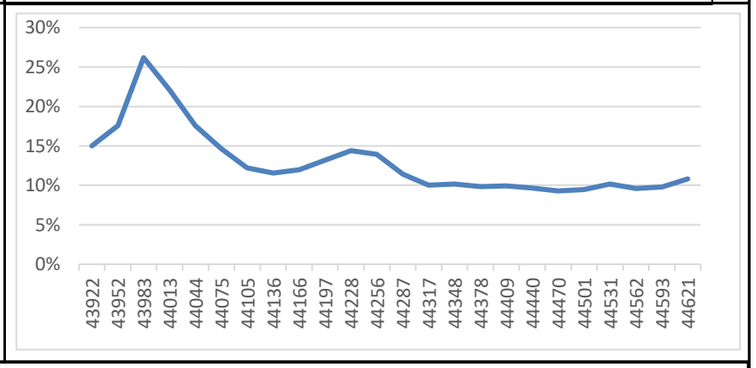
Virtual appointments



PIFU orders placed



Advice & Guidance



Outpatients continues to perform well with attendances at 94.7% compared to the 2019 baseline. In March we performed at 92.8% and 107.5% of baseline for new and follow up appointments respectively.

NHS England key objectives for transformation: In March we carried out 23.1% of all appointments remotely; 11.0% of new and 29.8% of follow-up. This is against an overall target of 25%. We continue to expand the use of Patient Initiated Follow Ups (PIFU) which is now reported at 2.1% of total outpatient appointments against a target of 1.5%, and we are receiving 10.8% of requests through advice and guidance against a system target of 12%.

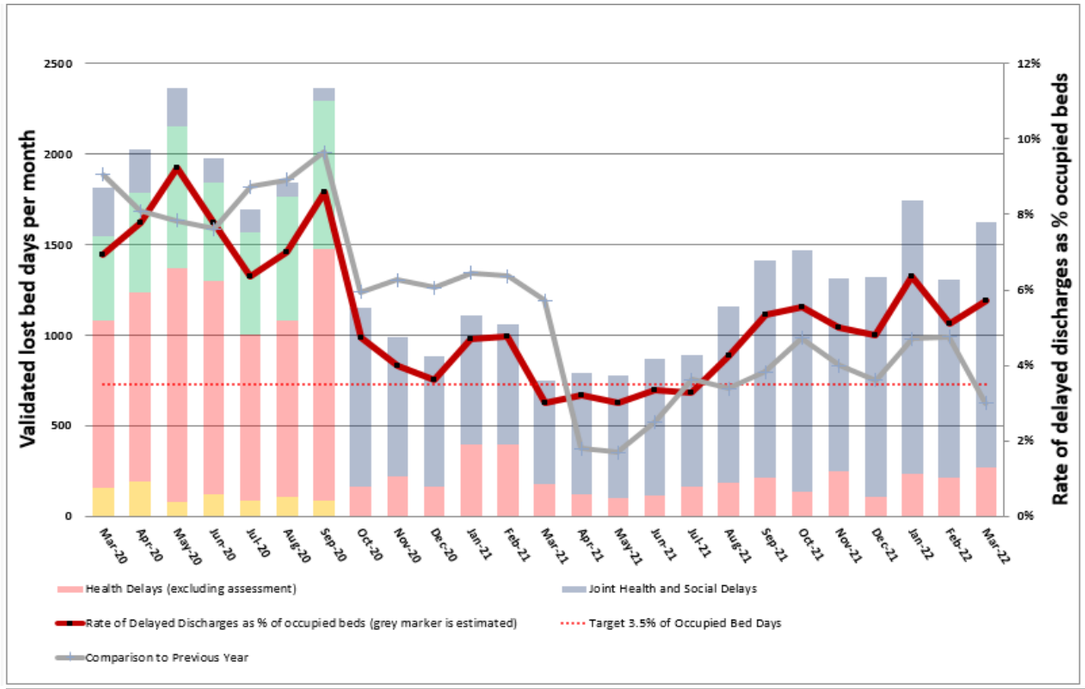
Areas of focus continue to be on increasing the number of first appointments to effectively manage demand, effective room utilisation for face to face appointments, maximising virtual appointments and the use of PIFU and advice & guidance. The outpatient taskforce is working with specialties to set KPIs and to monitor performance to maximise these opportunities. The outpatient taskforce meeting is being reconstituted to help drive improvements across the whole of outpatients in line with the CUH recovery plan.
The drive-through phlebotomy service remains a huge success and we therefore continue to look for a longer term drive-through solution.

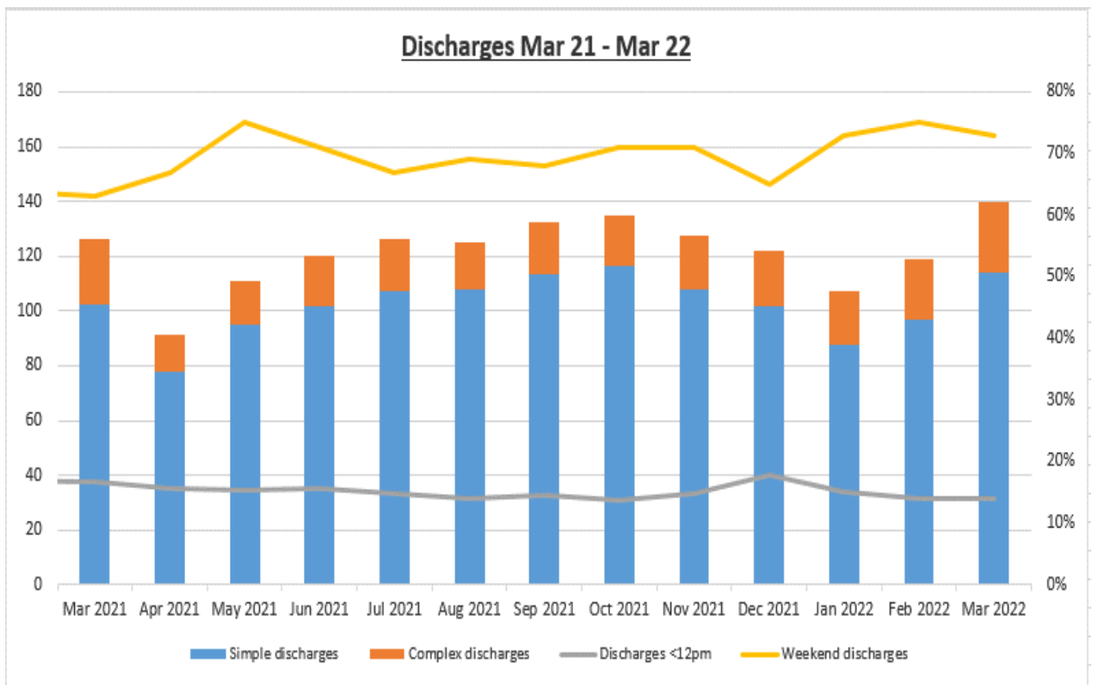
Areas of concern:
Physical and environmental pressures continue in terms of both capacity and ageing infrastructure.
Recruitment to administrative booking and reception roles remains challenging and plans are being worked through with senior workforce colleagues.

Delayed Discharges

NHS
Cambridge University Hospitals
NHS Foundation Trust

Operational Performance





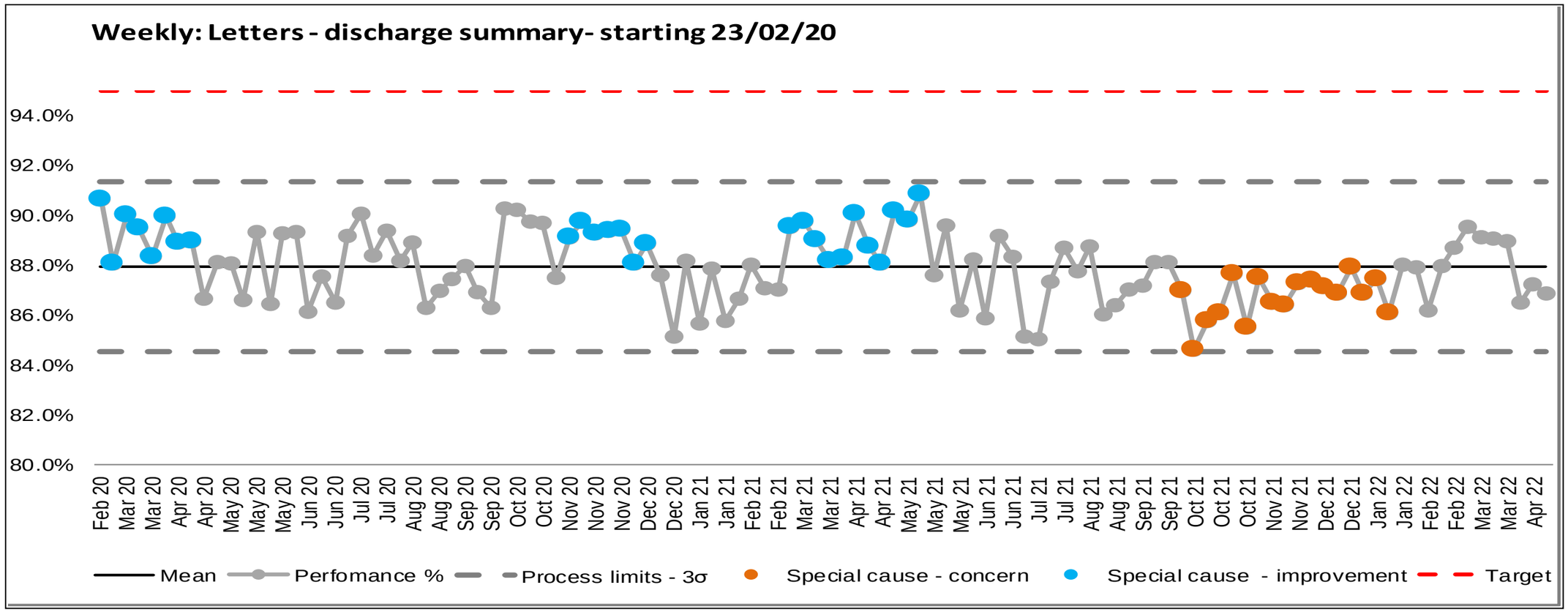
The Hospital Discharge Service Requirements guidance was updated on March 31st 2022. For this March data, you will see above 2 graphs.
The graph on the left looks at the overall lost bed days for the month, spanning back over the previous 12 months (similar to the previous integrated performance reports). 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

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Discharge summaries

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

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

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

Patient Experience - Friends & Family Test (FFT)

Cambridge University Hospitals NHS Foundation Trust

Patient Experience

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 - Mar 22	Month	-	95.2%	95.9%		-	-	For March, there was a slight decline in the Good score from 96% to 95.2%. The Poor score only increased by 0.2%. The year ended with March Good score 1.5% lower compared to April and March Poor score 0.3% lower. The number of responses should be taken into consideration as FFT responses are still low compared to pre-pandemic which was between 850-950. **FOR MAR: there were 589 FFT responses collected from approx. 3,838 patients.**
FFT Inpatient poor experience score	Jul 20 - Mar 22	Month	-	1.5%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - Mar 22	Month	-	94.5%	95.5%	L	SP	-	March outpatient data (adult FFT collected by SMS) had a very slight change with the Good score decreasing by 1.2% from Feb, yet the Poor score only increased by 0.3%. The year ended with March Good score 1.3% lower compared to April and March Poor score 0.5% higher. The SPC icon is showing no concerning changes. Very few comment cards are being collected in paediatric clinics so this data is mainly adult. **FOR MAR: there were 3,638 FFT responses collected from approx. 21,084 patients.**
FFT Outpatients poor experience score	Apr 20 - Mar 22	Month	-	2.4%	2.1%		-	-	
FFT Day Case good experience score	Apr 20 - Mar 22	Month	-	96.2%	97.0%		-	-	Both Good and Poor scores had no change in March. The year ended with March Good score about the same compared to April and March Poor score 0.3% higher. **FOR MAR: there were 581 FFT responses collected from approx. 2,624 patients.**
FFT Day Case poor experience score	Apr 20 - Mar 22	Month	-	1.9%	1.6%		-	-	
FFT Emergency Department good experience score	Apr 20 - Mar 22	Month	-	82.3%	87.6%	L	S7	-	**FOR MAR**: the Good score improved by 5% and the Poor score improved by 3%. This is mainly from improvement in adult FFT as paediatric FFT remained the same. The year ended with March Good score about 7% higher compared to April and March Poor score 5% higher. **FOR MAR: there were 781 FFT responses collected from approx. 4,116 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - Mar 22	Month	-	11.0%	7.5%	H	S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Mar 22	Month	-	96.5%	95.6%		-	-	**FOR MAR:** Antenatal had 4 FFT responses; 75% Good (25% decline compared to Feb). Birth had 43 FFT responses out of 447 patients; 100% Good (3% improvement compared to Feb). Postnatal had 125 FFT responses, the majority from LM (74 FFT with 94.6% Good / 2.7% Poor), Birth Unit (33 FFT with 100% Good) and COU (13 FFT with 100% Good). 0 FFT from Post Community. **MAR** overall Good improved by 2.5% and Poor score improved by 2% compared to Feb.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Mar 22	Month	-	1.7%	1.6%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT as Covid-19 did not impact surveying by SMS. Inpatient and maternity FFT data starts with July 2020 as FFT collection resumed using iPads, comment card and QR codes after FFT was not collected in Q1 due to Covid-19.
For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In March 9 wards did not collect any FFT data, which is an improvement.

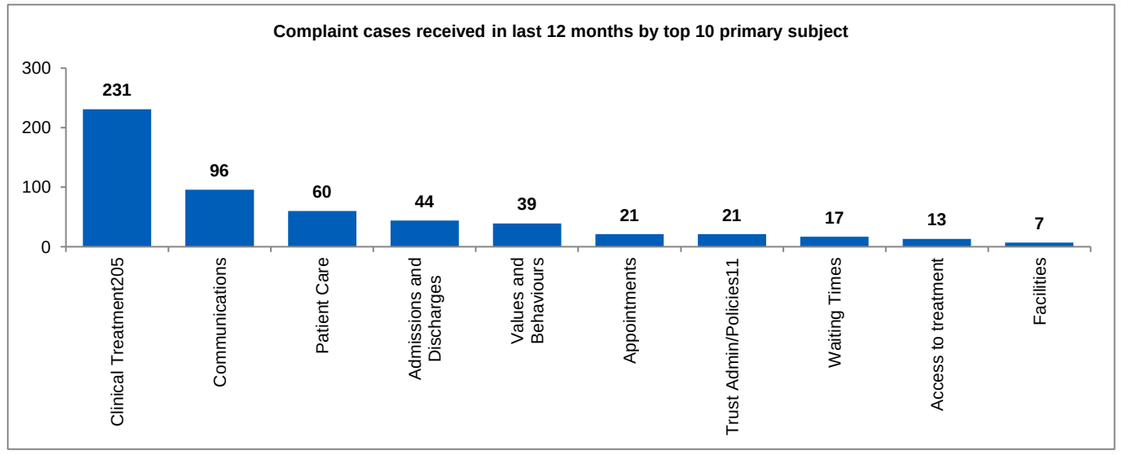
Overall FFT, the scores in March for all FFT touchpoints remained fairly consistent, except for ED. ED FFT scores may have been impacted by an IT/SMS problem that reduced the number of FFT responses collected. There are fewer FFT responses for ED, OP and Day Case due to text messages were only sent to patients from 1-12 March. The adult ED scores show improvement, but 3,718 patients were excluded from SMS.

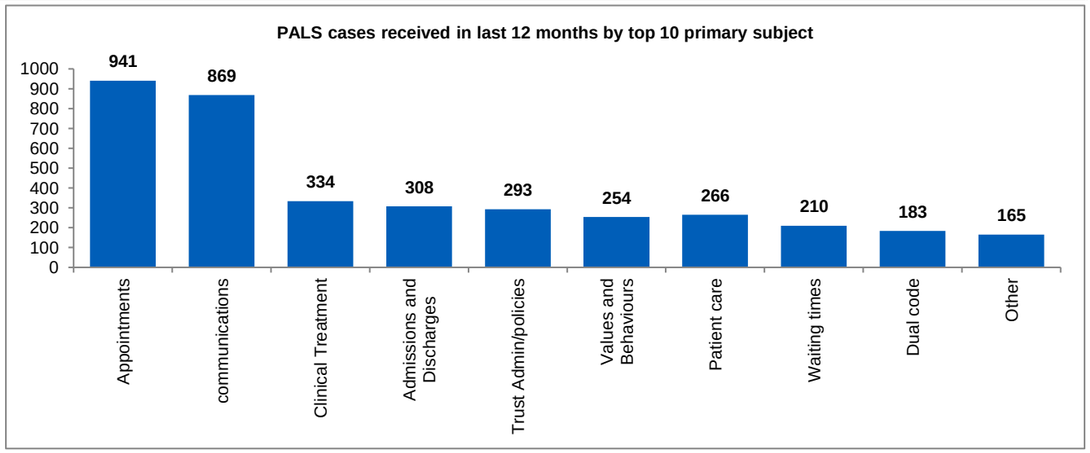
PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Mar 19 - Mar 22	month	-	76	48		-	-	The number of complaints received between Mar 2019 - Mar 2022 is higher than normal variance.
% acknowledged within 3 days	Mar 19 - Mar 22	month	95%	96%	94%		-	?	73 out of 76 complaints received in March were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Mar 19 - Mar 22	month	50%	21%	33%		-	?	43 complaints were responded to in March 22, 8 of the 43 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	Mar 19 - Mar 22	month	80%	86%	92%		-	P	37 out of 43 complaints responded to in March were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19 - Mar 22	month	-	42%	35%		-	-	There were 27 complaints graded 4 severity, and 5 graded 5. These cover a number of specialties and will be subject to detailed investigations. The grade 5 complaint alleged poor care and treatment which affected patient's outcome (patients deceased).
Compliments received	Feb 19 - Mar 22	month	-	7	40		-	-	There were 7 compliments logged for March 22.





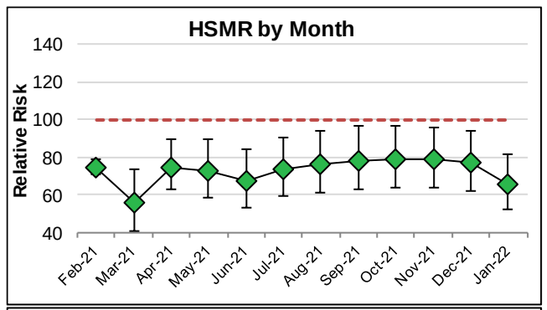
PHSO - There was 1 case accepted by the PHSO for investigation in March 2022. **Completed actions** During March 2022, a total of 18 actions were registered and allocated to the appropriate staff members. These actions were as a result of all complaints closed between 1 and 28 February 2022. Four of 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 eight actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in March 2022, have been completed in time.

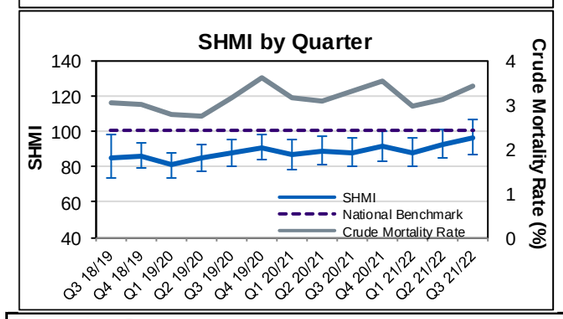
Learning from Deaths

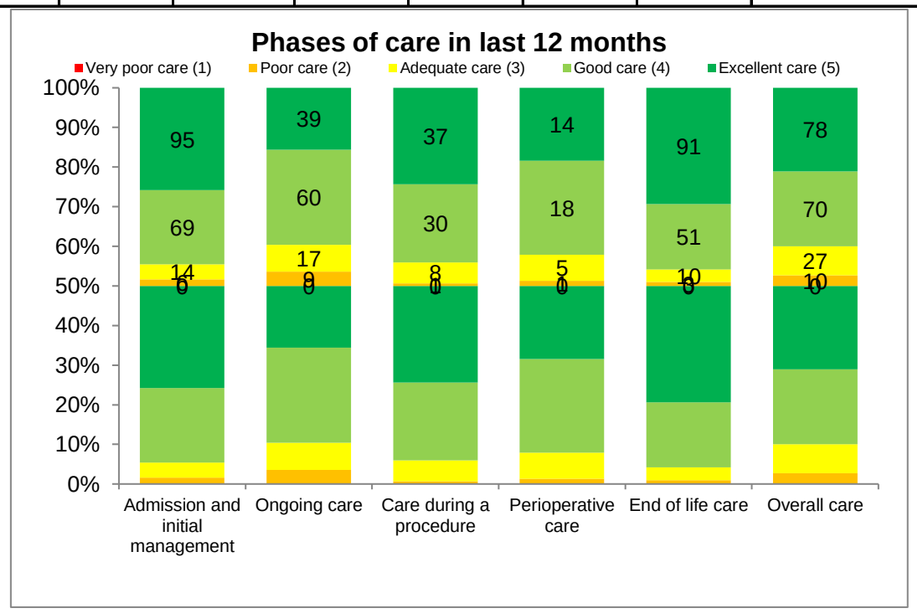
Cambridge University Hospitals NHS Foundation Trust

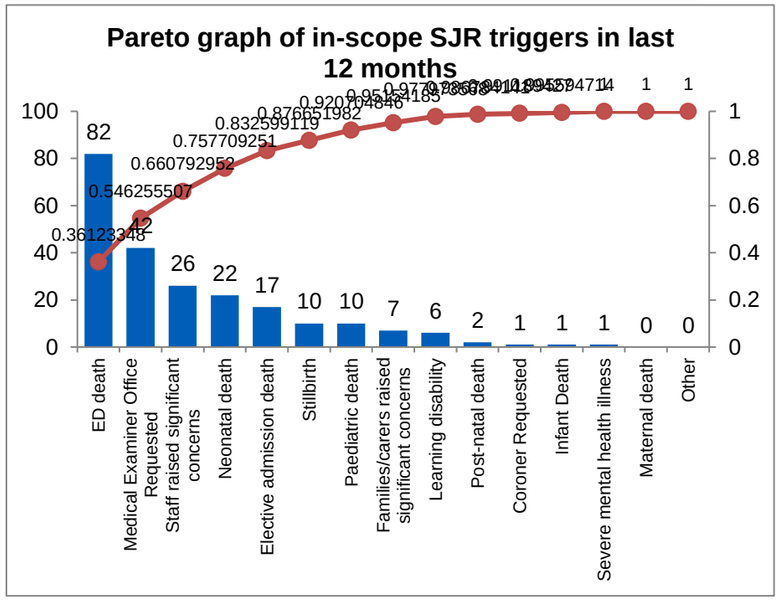
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Mar 22	month	-	8.58	8.29		-	-	There were 148 deaths in March 2022 (Emergency Department (ED) and inpatients), of which 8 were in the ED and 140 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 - Mar 22	month	-	5%	19%		SP	-	In March 2022, 16 SJRs were commissioned and 4 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Mar 22	month	-	0	0.74		S7	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in March 2022.









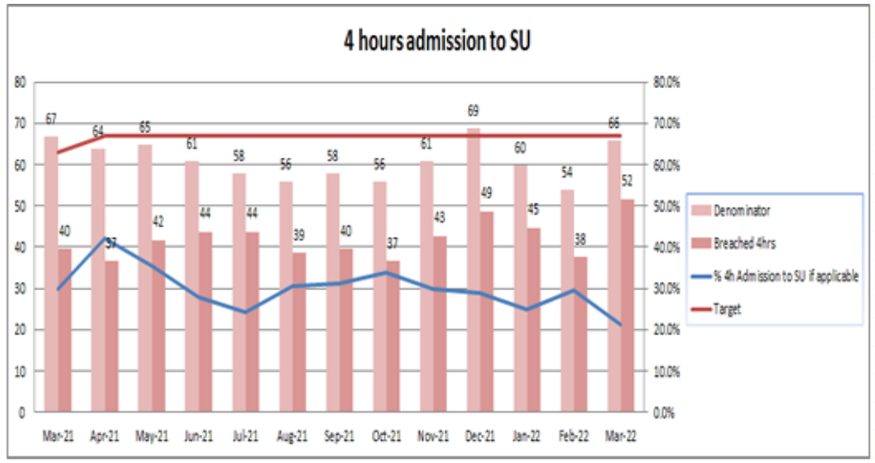
Executive Summary

HSMR - The rolling 12 month February 2021 to January 2022) HSMR for CUH is 72.77, this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 88.76.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.
Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

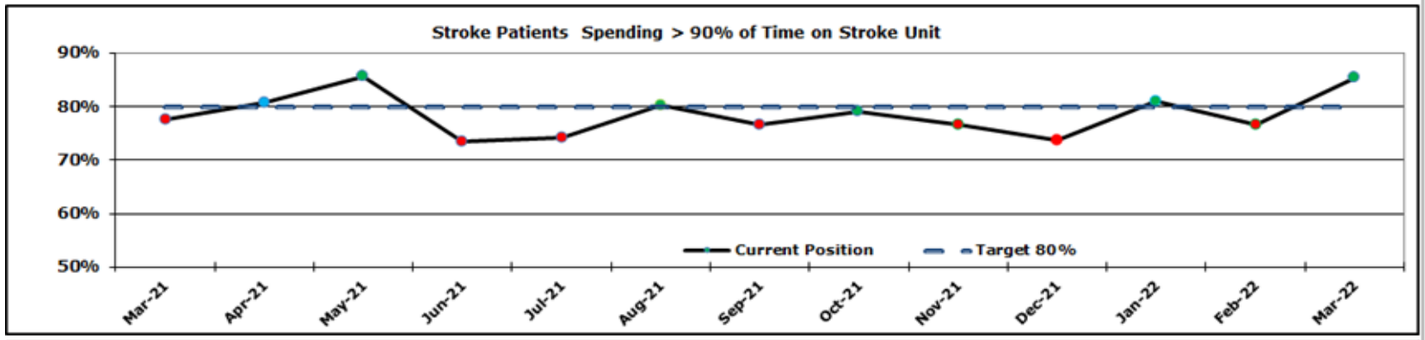
Stroke Care

NHS
Cambridge University Hospitals
NHS Foundation Trust

Stroke Measures



4h breach reasons	Count of MRN
Trust Bed Capacity	27
Not referred on arrival	5
Covid patient	3
Delayed ref to Stroke team	3
ED delays	3
MRI confirmed stroke	2
Palliative patient	2
Atypical presentation	1
AW amber clean in R3	1
Awaiting senior general medicine doctor review and clerking as OOH.	1
Awaiting senior review	1
Delay to Med Reg review	1
No bed spaces in ED for assessment, seen pt in the back of the ambulance	1
SBN busy with other patient	1
Total	52



Breach reasons for not achieving 90% IP stay on Stroke ward 2020/21 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 (DTOC)	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/Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Mar-21		4						1					4	4		1	14	77.6%
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			1			3			1	15	74.1%
Aug-21		4					2	2		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%
Summary	0	77	4	0	0	0	7	24	0	14	5	0	28	7	0	13	179	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for March = **85.3%**

Trust Bed Capacity' (6) was the main factor contributing to breaches last month, with a total of 10 cases in March 2022.

4hrs adm to SU (67%) target compliance was not achieved in February = **21.2%**

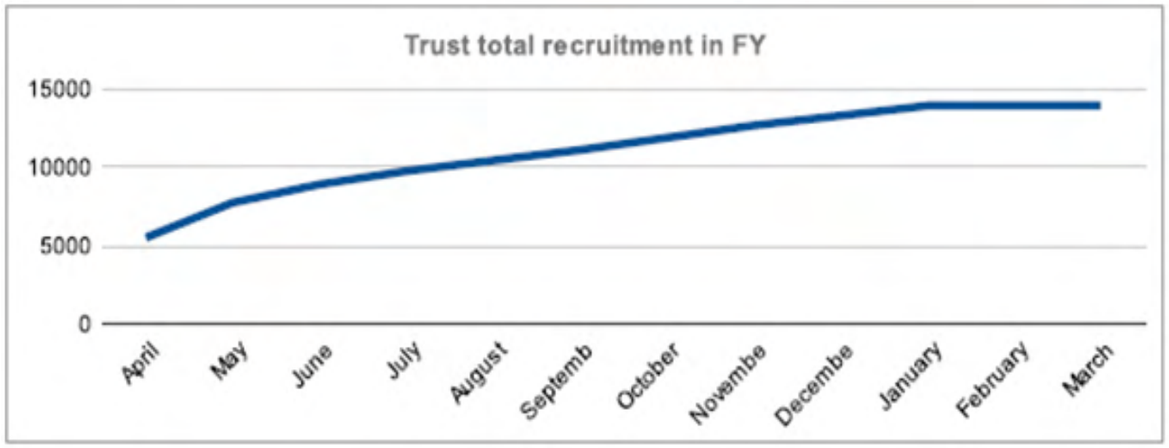
Key Actions

- From Dec 2020 onwardsCOVID 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. This will now be part of the upcoming hyper-acute mixed-sex bay on R2.**
- Mixed sex bay has been approved by Chief Nurse Office and SOP awaiting sign off-implementation date in the coming weeks.
- 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

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures



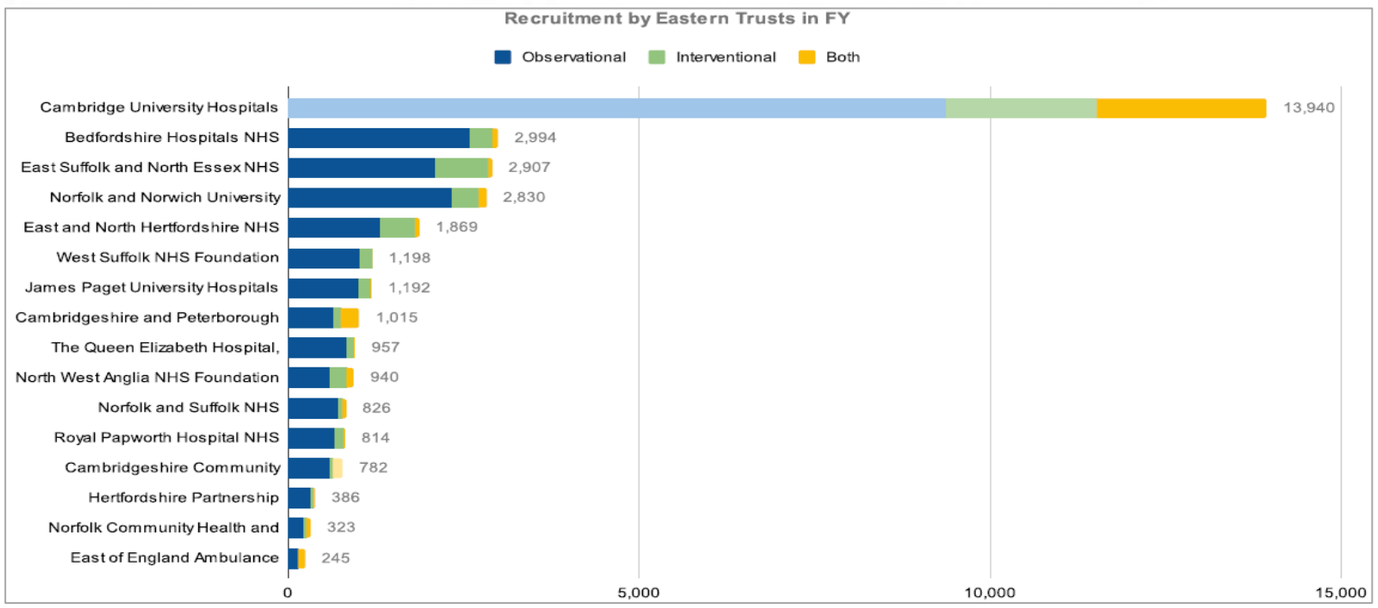
Total Recruitment FY to end of January 2022

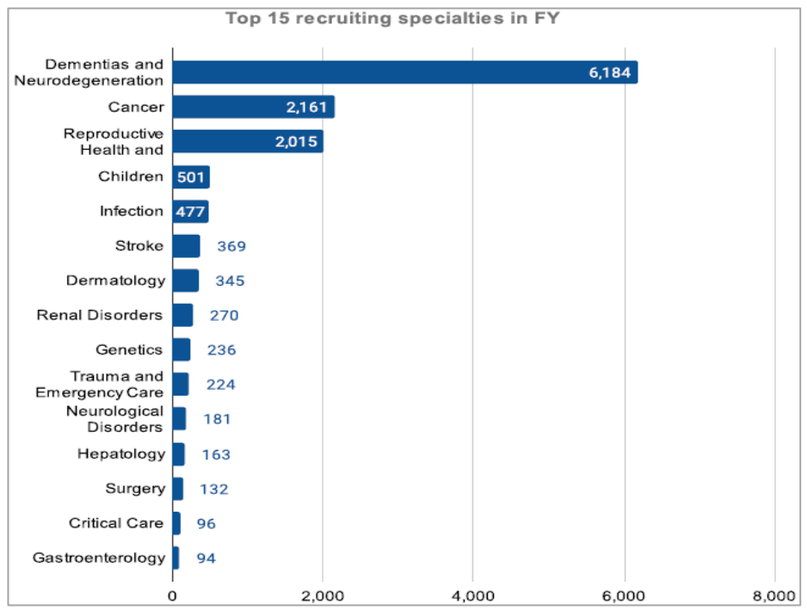
13,940

Recruiting Studies January 2022

Open	279
Closed	35
Suspended	1
Total	**315**

Commercial	250
Non Commercial	65





Situation as at end of January 2022

* Total recruitment in the financial year to date: 13,940 (2 months remaining).
* CUH accounted for 42% 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 45% of all recruitment (6,184). Second was Cancer (2,161), third was Reproductive Health and Childbirth (2,015)
* There were 315 recruiting studies, of which 250 were Commercial, and 65 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

Maternity Measures

East of England Regional Perinatal Quality Oversight Group
Highlight Report (v15)

LMNS: Cambridgeshire and Peterborough | **Reporting period: March 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					
C-caring R-responsive E-effective W-well-led S-safe	S	E	C	R	W	Action Plan Status: To commence Progressing Completed
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)	92.5% (2021)
To receive treatment (entire division): 85% (2020)	

Total Births	Total Bookings	1:1 Care in Labour
455	690	98.65%

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	0.62%
	≤36+6 weeks		7.78%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	2.96%
	Caesarean	4.3%	1.23%
Term admissions to NNU (all levels)		<6%	6.57%
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.8%	1.38%
	Instrumental (assisted)	Assisted 6.8%	6.52%
Right place of birth (born outside a tertiary centre)		Number of births = 0	0
Smoking at time of delivery		≤6%	6.95%
Percentage of women placed on CoC pathway		≥35% (March 21)	24.20%
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	16.95% (Feb)
	Area of deprivation		11% (Feb)

KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)
Outstanding	BR+ Recommended	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's	%age of total staff	
Good									
Requires Improvement	1:23.6	1:30	100 %	89%	81	0	39.3 WTE	18	P
Inadequate									

Incident Reporting					LMNS confirmation of SI oversight (evidenced through governance & safety meetings) Yes X No ☐										
	Datix		Incidents Graded as Moderate and Above	Maternity Serious Incidents	Maternity Never Events	Coroner Reg 28	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
	Unactioned	Open > 30 days						All	Term	Intrapartum		Early	Late	Direct	Indirect
CUH	0	15	1	0	0	0	0	1	0	0	0	0	0	0	0

Maternity Dashboard

NHS
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NHS Foundation Trust

Maternity Measures

Assessed compliance with10 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	
6	SBLCB V2	NHS digital involved in reviewing out of area data inclusion in AN CQIMs (CO monitoring). Fetal monitoring mandatory annual competency assessment 76% 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	Process indicators are 100% compliant
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 (76%)
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 currently 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 to meet 90% compliance in place.
Plan in place to meet **birth rate plus** standard (please include target date for compliance)	
Flowing accurate data to **MSDS**	NHS digital involved in reviewing out of area inclusion in antenatal based out of area data
Maternity SIs shared with trust Board	

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

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	• None received this month
	CUH: Top 3
2. Themes from Datix (to include top 3 reported incidents/ frequently occurring)	• Staffing • Implementation in care – delayed care in particular medication and observations • COVID placement of patients
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	• None received this month
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	• Timely completion of blood samples in fetal medicine unit and PN appointments with consultant for follow up
5. Themes / main areas from complaints	• Communication • Food and drink provision / availability • Pain management • Divert and accessing services
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	• RMNVP Quarterly Meeting – Coproduced actions around Black and Asian service user listening event.
7. Evidence of co-production	• Review of visiting. • Co-production of Ockenden infographic ongoing • Communication regarding complaint / concern
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-abouts	• Listening event and Ockeden Q and A • Matrons listening events – you said / we did
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	• Kaiser / NEWTT Implementation • Cascade and sharing of Ockenden final report

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / Ref	KPI	Goal	Red Flag	Measure	Data	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	459	467	450	518	464	480	502	476	422	447	431	455	
Antenatal Care NICE [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	96.38%	93.83%	94.08%	92.30%	87.74%	78.79%	87.20%	76.47%	70.65%	73.21%	76.89%	73.05%	New bookings data report more effectively captures bookings in entireity, amendments being made to exclude women who transfer care or access maternity service >12+6.
Source - CHEQS	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	433	390	521	474	465	509	492	650	562	612	582	690	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	54.46%	57.39%	52.00%	54.44%	56.25%	52.50%	53.58%	51.47%	50.47%	47.42%	52.43%	51.42%	Expansion of the PD team and consultant midwifery team to support new starters. 2nd stage labour audit on midwifery audit plan for 2022.
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	1.74%	1.71%	0.44%	2.50%	1.50%	2.5%	1.99%	0.84%	1.18%	1.56%	2.08%	1.53%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	14.81%	13.90%	12.66%	14.47%	17.02%	15.41%	12.94%	13.86%	15.16%	14.76%	16.93%	14.5%	Transfers from the RBC all appropriate. Reductions due to impact of SBLCBV2 and impact of cessation of antenatal education.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	34.64%	39.12%	34.09%	34.31%	35.12%	31.56%	31.91%	30.32%	33.73%	34.47%	30.16%	31.61%	Normal variation, valid indications within criteria.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	11.98%	14.35%	16.00%	12.16%	10.77%	12.7%	14.94%	12.18%	10.9%	11.18%	10.67%	10.32%	
Source - EPIC	National CS rate (planned & unscheduled)			C/S rate overall		33.55%	28.48%	32.00%	33.20%	32.97%	34.79%	31.47%	36.34%	38.62%	41.38%	36.89%	38.24%	Service evaluation underway. RAG rating removed as per NHSE&I recommendation. Robson group c-section differentiation being implemented within MSDS dataset to better review outcome data as LSCS is process measure.
Source - EPIC	Smoking at delivery - No of women smoking at the time of delivery	< 6%	> 8%	% of women Identified as smoking at delivery	Rosie KPI's	5.09%	7.91%	2.28%	6.50%	5.47%	3.60%	5.05%	7.31%	6.26%	4.79%	5.89%	6.95%	Funding secured from the ICS to employ a stop smoking practitioner and implement a new model of care for smokers
Workforce																		
	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/ Births (rolling 12 month av)	Finance	1:24:6	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	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	1:23:0	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	Midwife/birth ratio based on the BR+ methodology.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.33%	4.51%	4.80%	5.00%	5.10%	5.46%	5.82%	6.21%	6.41%	6.43%	6.62%	6.87%	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 for psychological support. Priority project for senior leadership team.
Source - CHEQs	Education & Training - mandatory training - overall compliance (obstetrics and gynae)	>92% YTD	<75% YTD	Total Obstetric and Gynaecology 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%	p	Line managers supporting staff with individualised plans to improve compliance
Source - PD	Ed and Training - Training Compliance for all staff groups: **Prompt**	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric 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%	Trajectory for 80% compliance by September 2022.
Source - K2	Education and Training - Training Compliance for all staff groups: **K2**	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff passed competence threshold 80%.	PD				77.70%	77.03%	82.18%	79.50%	70.30%	77.89%	76.39%	76.12%	79.85%	Breakdown presented at governance, non compliance relates to both midwifery and obstetric staff. Follow up process in place.
Source - CHEQS	Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	<75% YTD	Proportion of midwifery compliance with mandatory training	CHEQs	91.00%	90.20%	92.92%	92.80%	92.30%	92.00%	90.80%	90%	90.30%	90%	89.90%	89.40%	Trust cancellation of training until end of January 2022 - e learning compliance mitigation plans in place to increase compliance.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Actions taken for Red/Amber results
Maternity Morbidity																		
Source - QSIS	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	Benchmark to be allocated from dashboard review ETA April 2022.
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	0	1	1	0	0	0	0	0	1	2	1 Transfer from Lister at 26 weeks delivered within 50 mins of arrival
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%		CHEQS	4.79%	3.64%	2.44%	2.12%	3.87%	3.38%	3.58%	1.93%	5.92%	6.48%	7.31%	4.21%	working group continues to meet
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	<5%	>6%		Risk Report	1.60%	2.42%	3.26%	1.37%	3.22%	2.23%	4.46%	4.93%	2.72%	0.38%	2.21%	1.81%	
Source - QSIS	Direct Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
Risk																		
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Clinical	0	>1		Datix	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
Neonatal Morbidality																		
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	3.01%	3.03%	2.31%	1.92%	1.61%	1.59%	2.19%	2.05%	2.72%	2.70%	3.32%	3.24%	Normal variation no cases caused harm
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrrace 2021)	Risk report	1.37/1000	0.93/1000	1.35/1000	1.55/1000	0.93/1000	1.44/1000	1.04/1000	1.89/1000	0.84/1000	0.44/1000	0.86/1000	0.21/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	3.00	2.00	3.00	3.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	1.00	
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	1.74%	0.85%	0.88%	0.57%	2.58%	1.04%	1.40%	0.41%	1.42%	1.11%	0.46%	1.09%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	NHSE/I	Risk Report	6.31%	8.30%	7.10%	5.21%	5.16%	6.04%	6.97%	5.04%	7.34%	5.90%	6.49%	6.57%	ongoing QI work on review no cases were avoidable on review
Quality																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	2	2	5	5	1	6	4	4	0	1	4	3	
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	99.80%	99.78%	99.57%	99.79%	99.78%	99.52%	99.78%	98.83%	98.65%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	80.93%	82.86%	81.46%	81.45%	82.05%	83.05%	84.84%	79.35%	84.09%	83.10%	83.01%	79.59%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	99.30%	97.95%	99.38%	99.37%	99.14%	99.28%	99.87%	99.81%	99.24%	99.13%	99.59%	99.32%	

Finance

Cambridge University Hospitals NHS Foundation Trust

Financial Performance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

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

Covid-19 spend and system Covid-19 funding

£1.5m	*Revenue actual*
£45.5m	*Revenue actual YTD*
£4.7m	*Covid funding in month*
£47.6m	*Covid funding YTD*

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

Net current assets

(£51.9m)	
Not Available	

Debtor days

12	*This month*
16	*Previous month*

Payables performance (YTD) *

Actual	83.1%	*Value*
Plan	87.7%	*Quantity*

Cash and EBITDA

Cash

£224.0m	*Actual*
Not Available	*Plan*

EBITDA

£20.0m	*Actual*
£35.3m	*Plan*

Capital expenditure

£24.7m	*Capital - actual spend in month*
£79.2m	*Capital - actual spend YTD*
£79.0m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

ERF values subject to change due to coding updates

£0.0m	*ERF forecast actual in month*
£0.0m	*ERF plan in month*
£17.1m	*ERF forecast actual YTD*
£7.5m	*ERF plan YTD*

Legend *£ in million*

In month *YTD*

* On a control total basis, excluding the effects of impairments and donated assets

** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

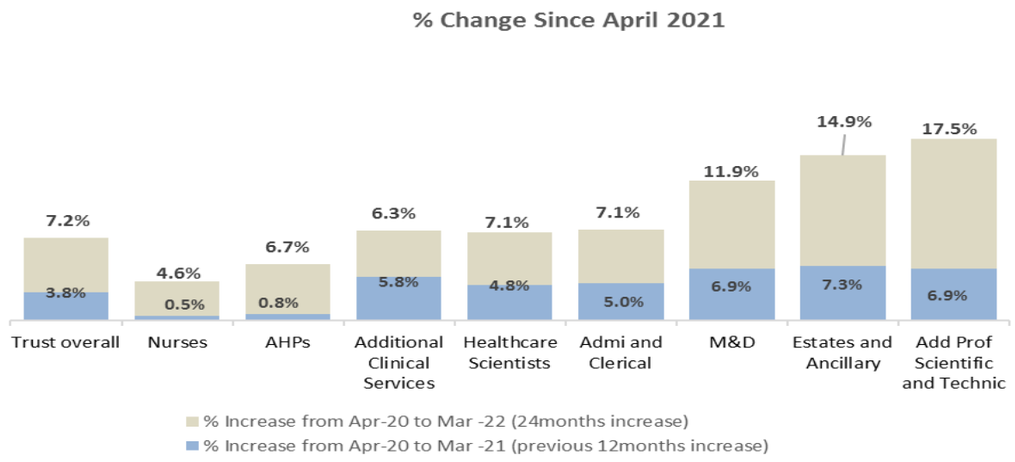
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount Apr-21	Headcount Mar-22	Headcount 12 Month growth	FTE Apr-21	FTE Mar-22	FTE 12 Month growth
Add Prof Scientific and Technic*	232	245	5.6%	212	225	12 5.8%
Additional Clinical Services	1,971	1,992	1.1%	1,811	1,835	23 1.3%
Administrative and Clerical	2,365	2,400	1.5%	2,160	2,198	39 1.8%
Allied Health Professionals*	720	747	3.8%	635	663	28 4.4%
Estates and Ancillary	340	366	7.6%	330	354	24 7.1%
Healthcare Scientists	616	625	1.5%	576	585	10 1.7%
Medical and Dental	1,593	1,683	5.6%	1,508	1,595	86 5.7%
Nursing and Midwifery Registered	3,612	3,741	3.6%	3,306	3,433	127 3.8%
Total	**11,449**	**11,799**	**3.1%**	**10,539**	**10,887**	**349** 3.3%



Admin & Medical Breakdown

Staff Group	Apr-21	Mar-22	FTE 12 Month growth
Administrative and Clerical	2,160	2,198	39 1.8%
of which staff within Clinical Division	1,068	1,090	23 2.1%
of which Band 4 and below	775	764	-11 -1.4%
of which Band 5-7	213	230	17 8.2%
of which Band 8A	38	47	9 23.7%
of which Band 8B	5	7	2 34.6%
of which Band 8C and above	36	41	5 14.3%
of which staff within Corporate Areas	870	880	11 1.2%
of which Band 4 and below	246	255	9 3.6%
of which Band 5-7	414	415	1 0.2%
of which Band 8A	71	75	3 4.8%
of which Band 8B	58	52	-6 -10.1%
of which Band 8C and above	80	84	3 4.2%
of which staff within R&D	222	227	5 2.4%
Medical and Dental	1,508	1,595	86 5.7%
of which Doctors in Training	596	647	51 8.6%
of which Career grade doctors	254	248	-6 -2.5%
of which Consultants	658	700	41 6.3%

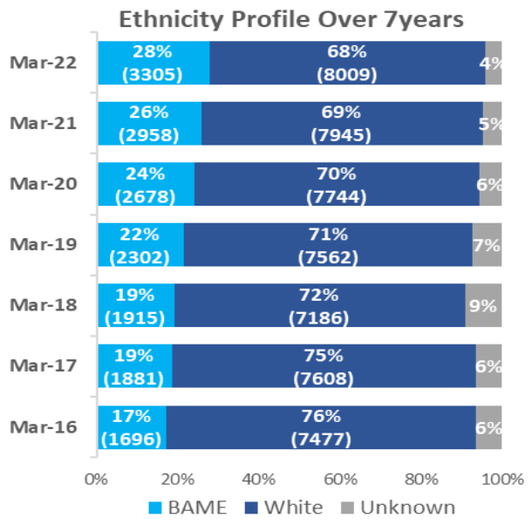
What the information tells us: Overall the Trust saw a 3.3% growth in its substantive workforce over the past 12 months and 7.2% over the past 24 months. Growth over the past 24 months is lowest within the Nursing staff group at 4.6% and highest within Estates at 14.9%. Growth over the past 12months is lowest within Additional clinical services and highest within Estates.

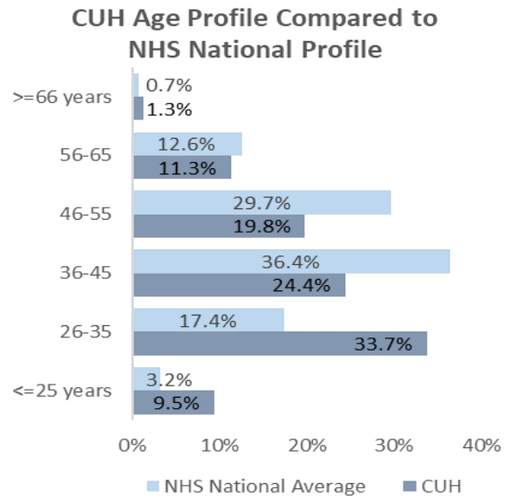
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

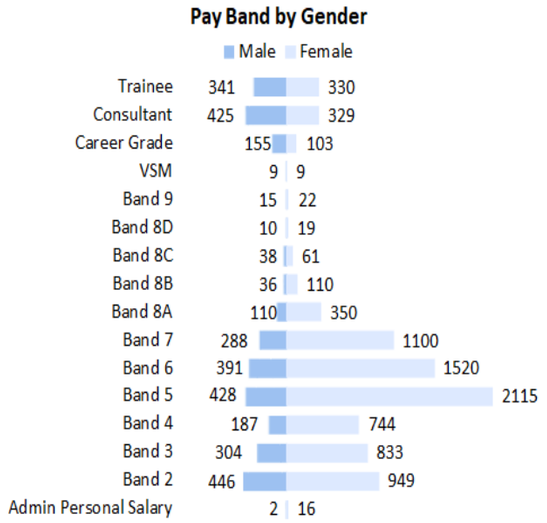
Equality Diversity and Inclusion (EDI)

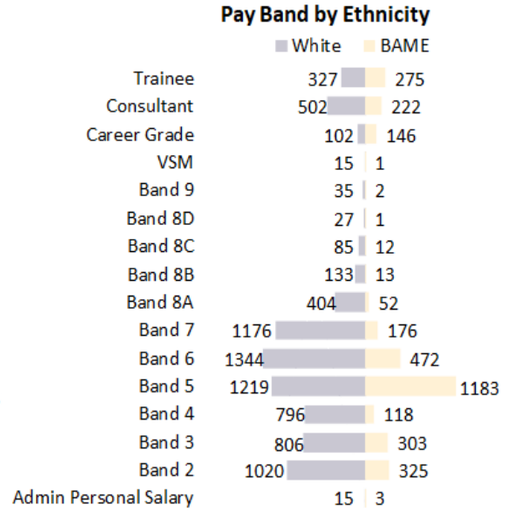
Cambridge University Hospitals NHS Foundation Trust

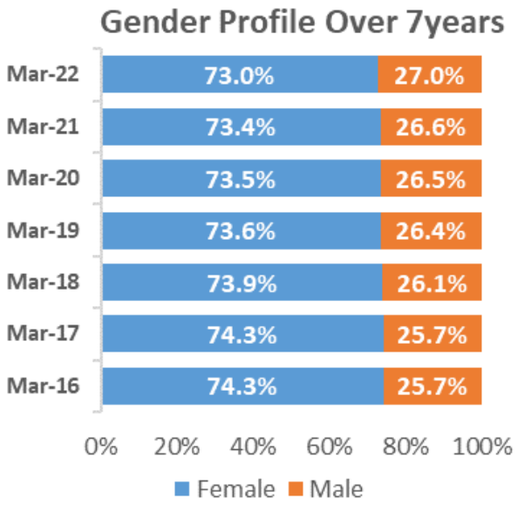
Workforce: Equality Diversity and Inclusion (EDI)

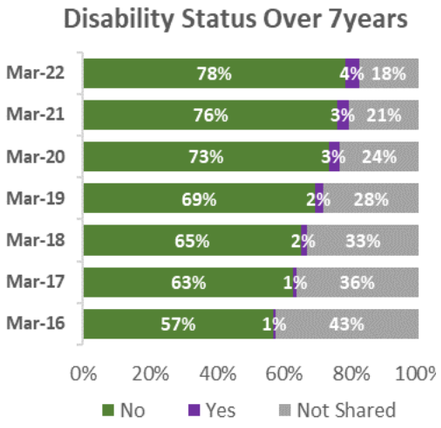


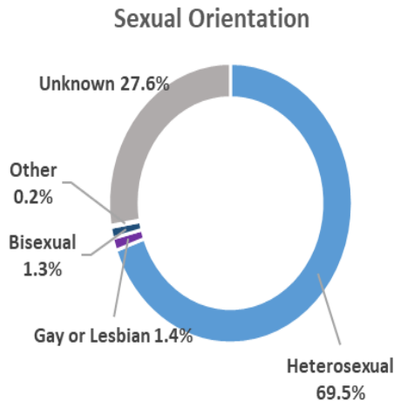












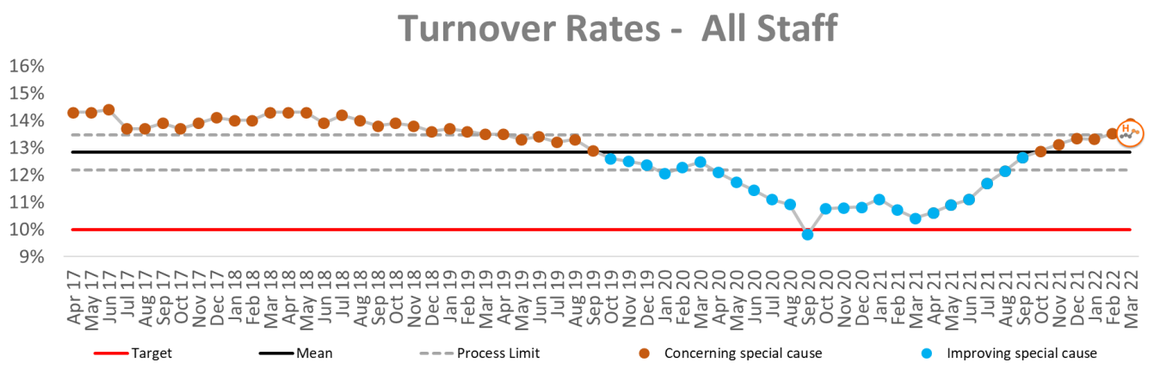
What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BAME workforce increased significantly by 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 1.3% 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

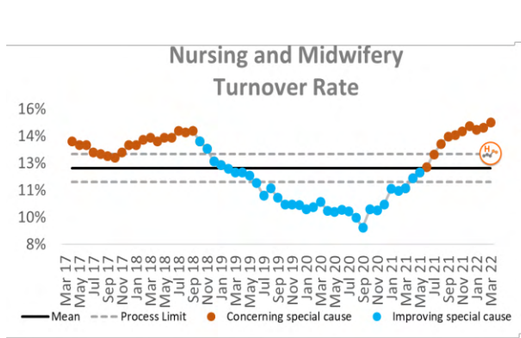
Cambridge University Hospitals NHS Foundation Trust

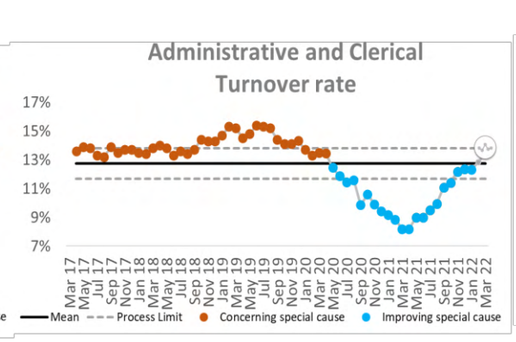
Workforce: Staff Turnover

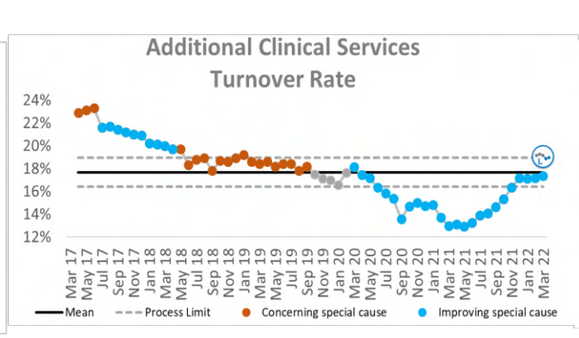


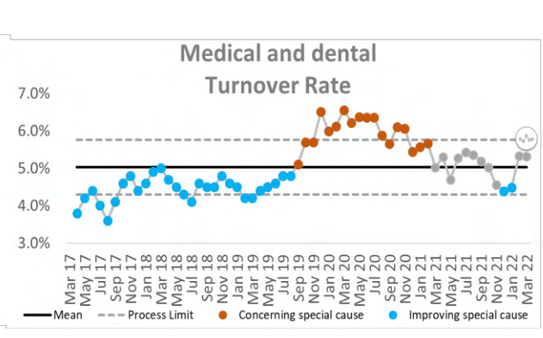
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

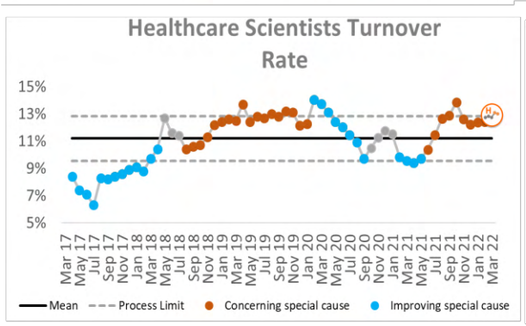
What the information tells us: The Trust's turnover rate remained above average for the sixth consecutive month, with an increase of 3.3% to 13.9% over the past 12 months. Areas of special cause of concern include: Nursing and Midwifery and Healthcare Scientists at 14.8% and 13.4% respectively. Additional clinical services have the highest turnover rate at 17.4%

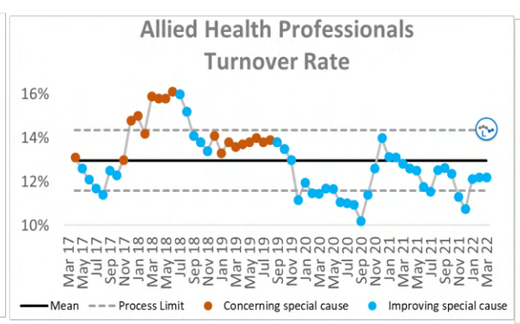


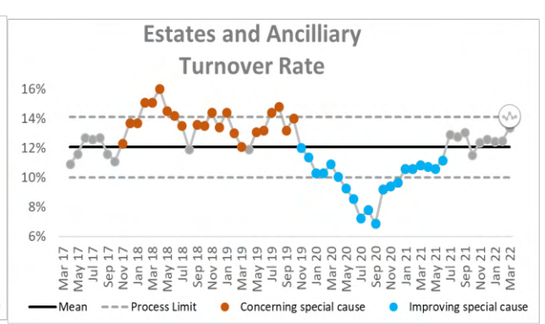


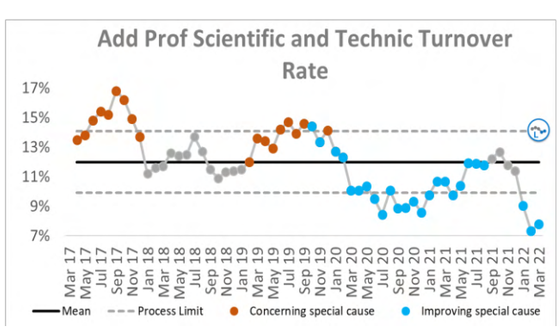








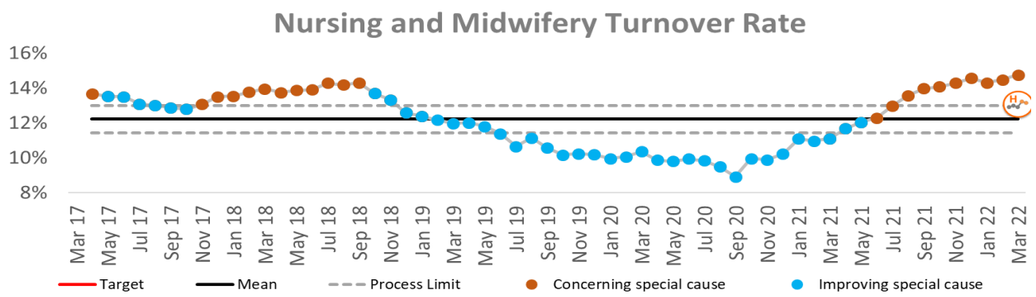


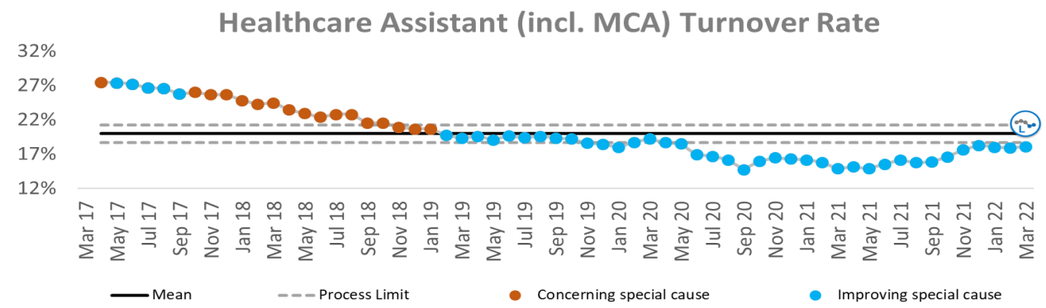


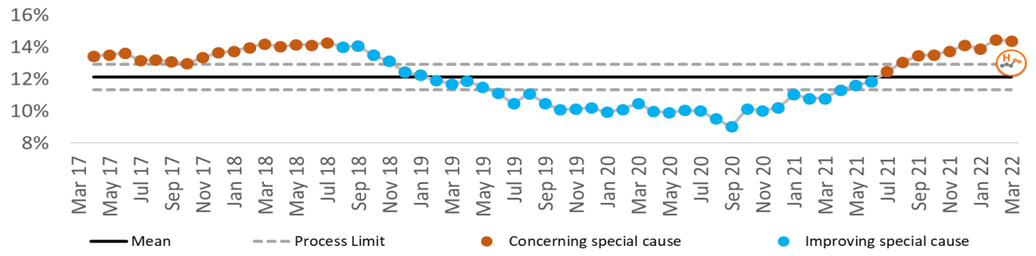
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

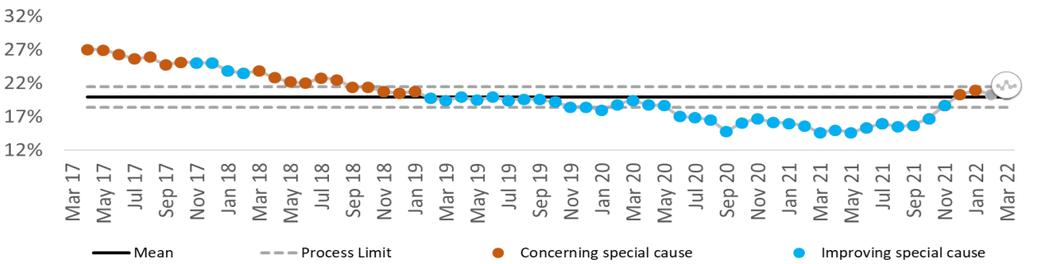
NHS Cambridge University Hospitals NHS Foundation Trust

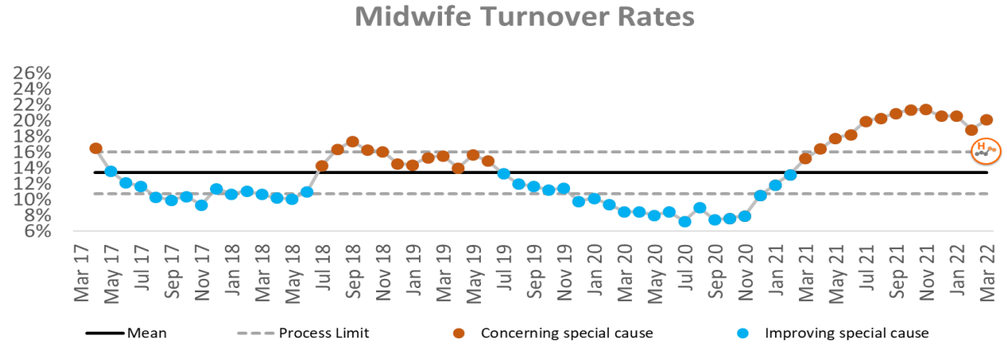
Workforce: Turnover rate for Nursing & Midwifery Staff Group

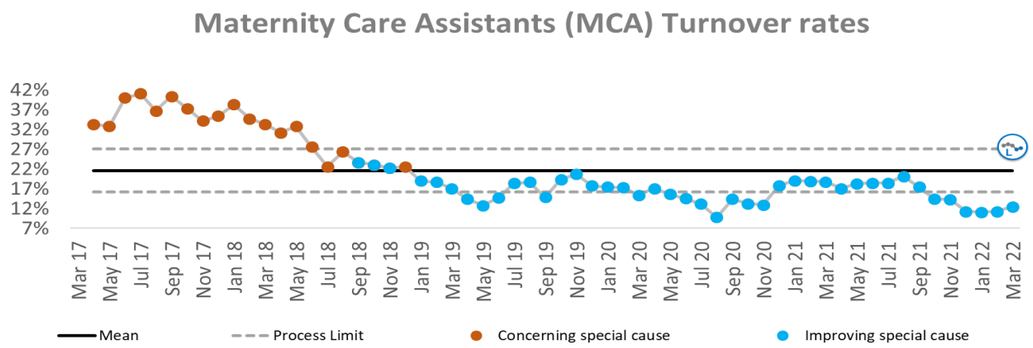








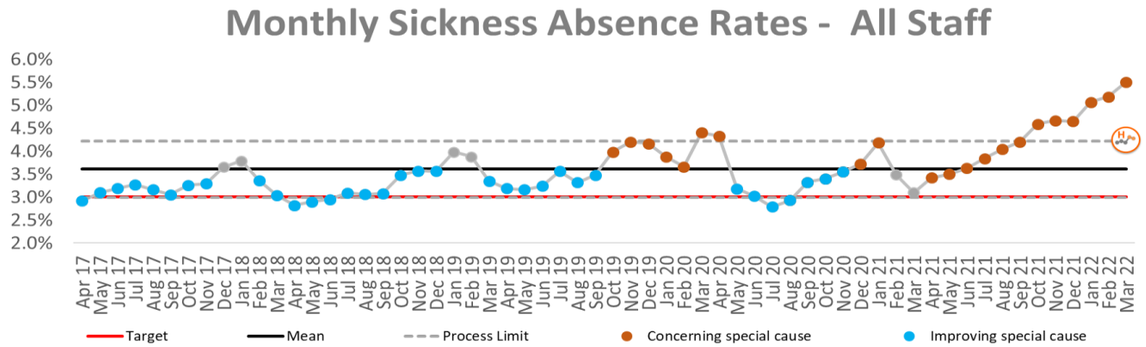




Sickness Absence

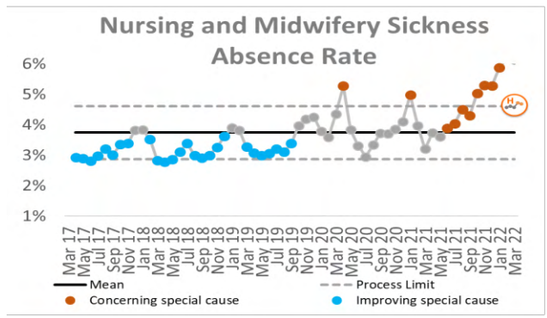
Cambridge University Hospitals NHS Foundation Trust

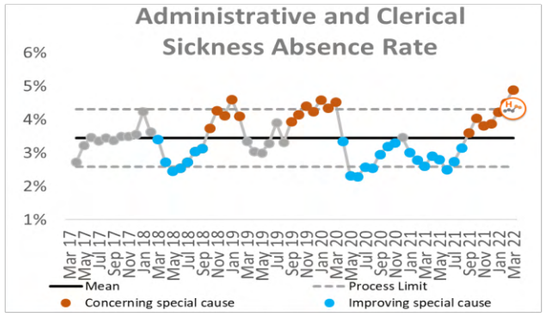
Workforce: Sickness Absence

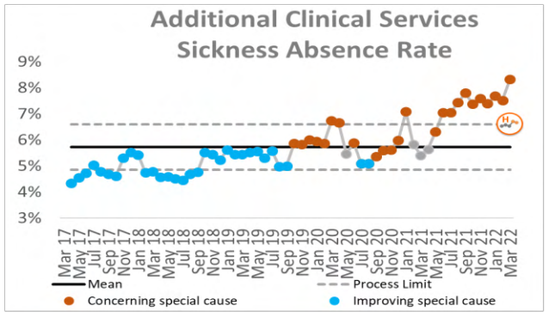


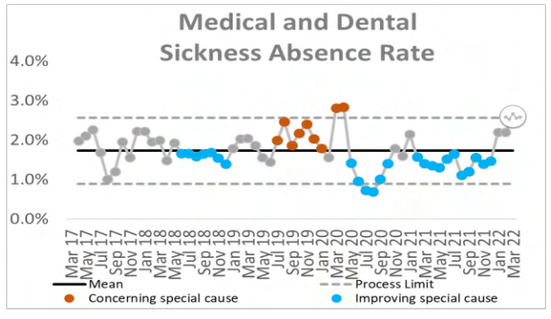
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

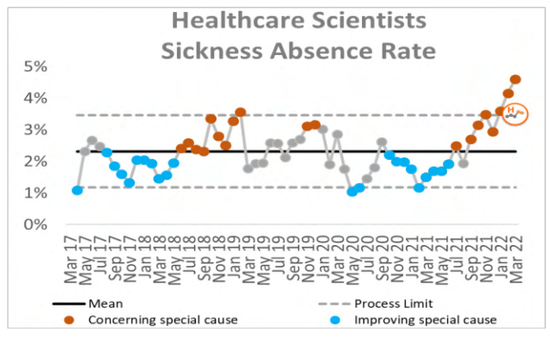
What the information tells us: Monthly Sickness Absence Rate for the Trust remained above average for the seventh consecutive month, with an increase of 0.3% from previous month at 5.5%. Additional Clinical Services have the highest sickness absence rate at 8.3% followed by Estates at 7.5%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 46.1% of all sickness absence in March 2022, compared to 39.3% from the previous month.

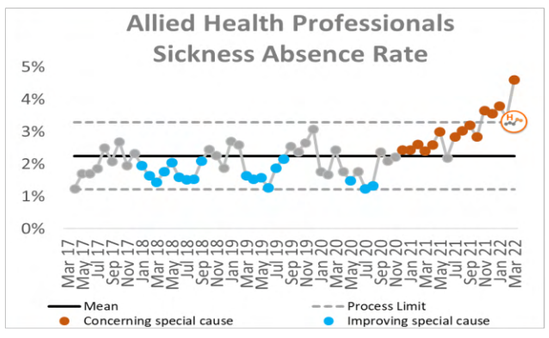


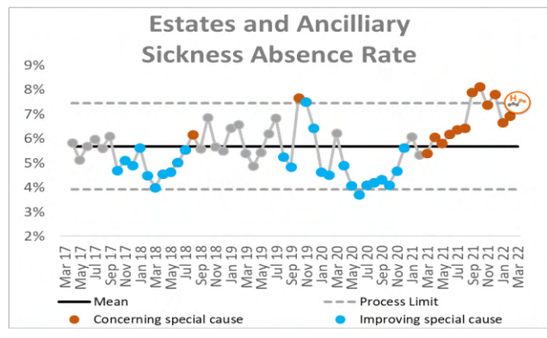


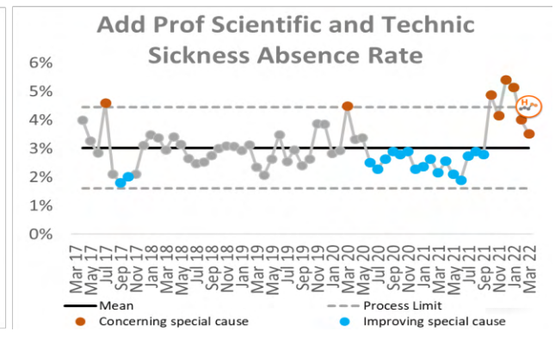








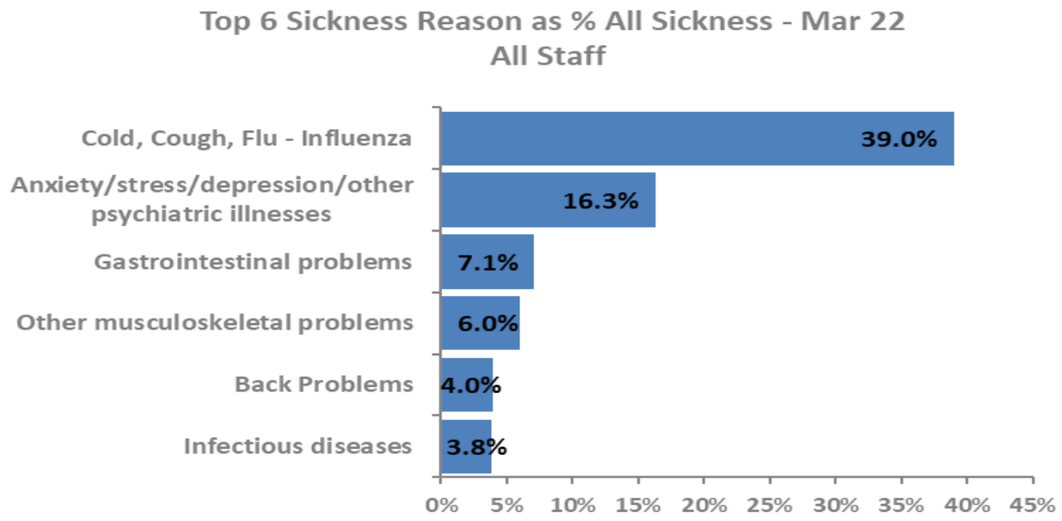




Top Six Sickness Absence Reason

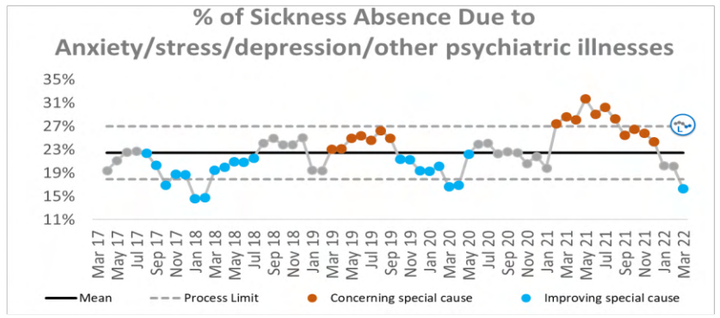
Cambridge University Hospitals NHS Foundation Trust

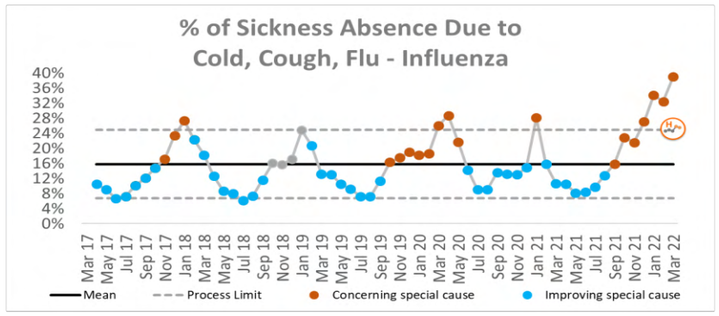
Workforce: Top Six Sickness Absence

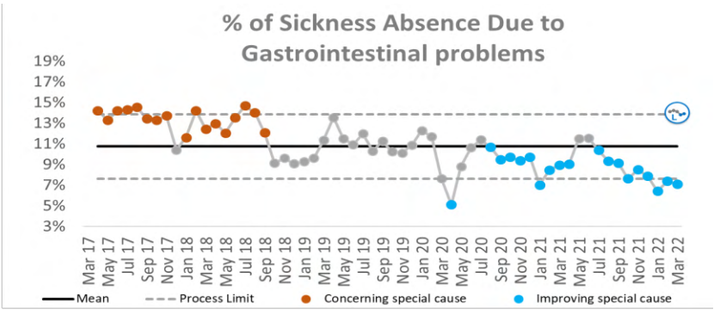


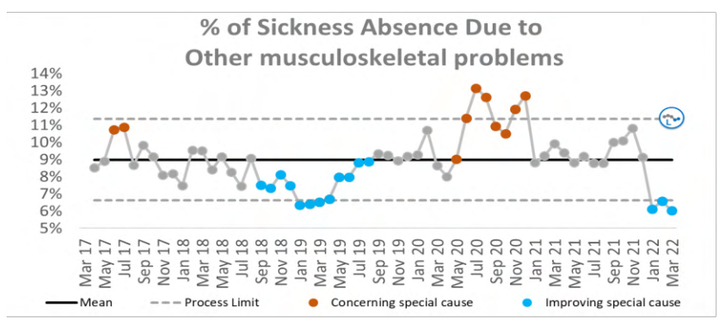
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

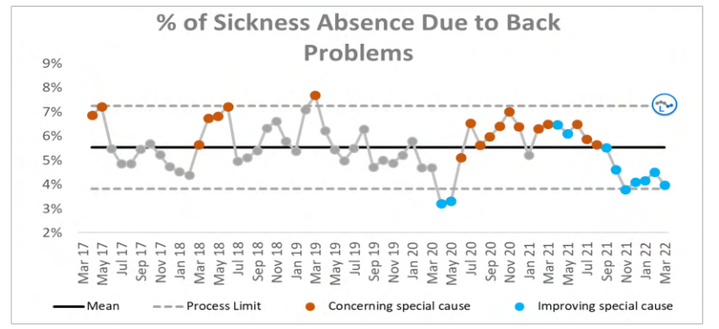
What the information tells us: The highest reason for sickness absence is influenza related sickness which saw an increase of 7% from previous month to 39% .

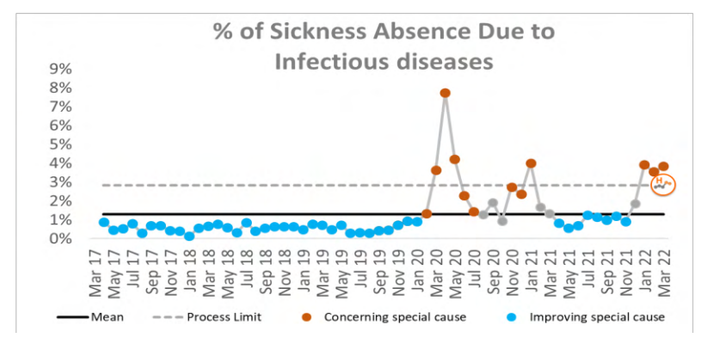








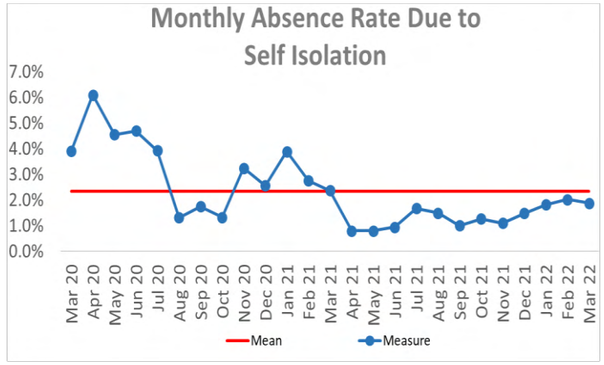


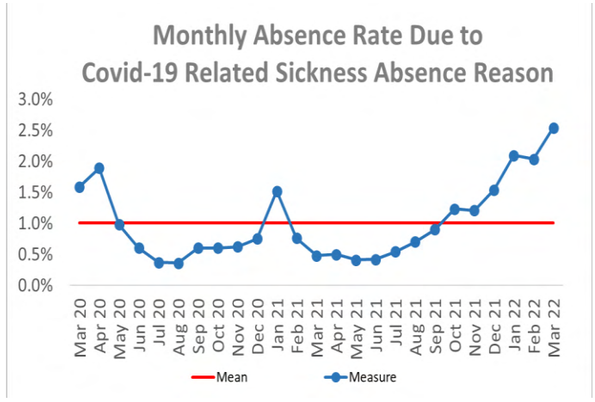


Covid-19 Related Absence

NHS
Cambridge University Hospitals
NHS Foundation Trust

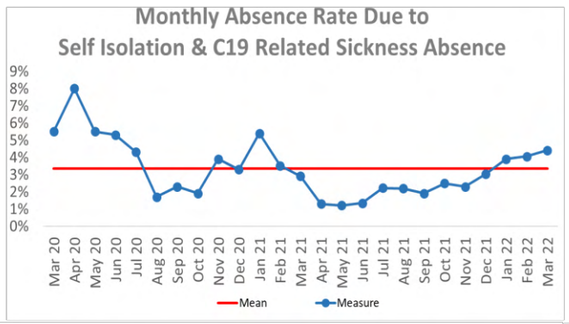
Workorce: Covid-19 Related Absence

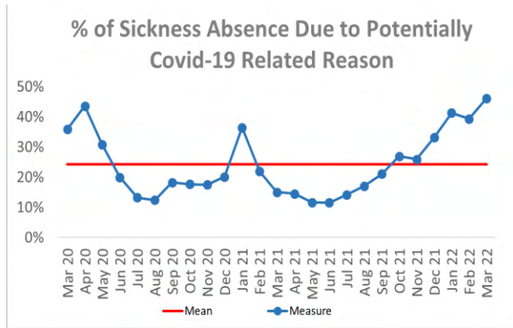


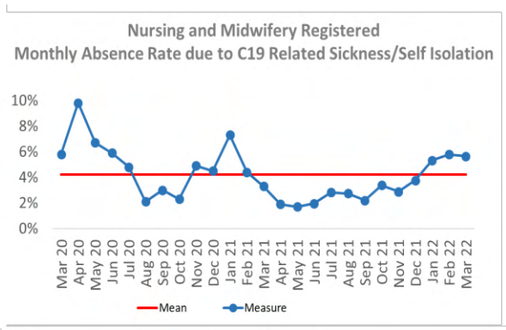


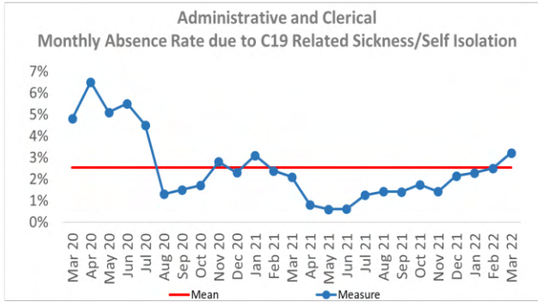
Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious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

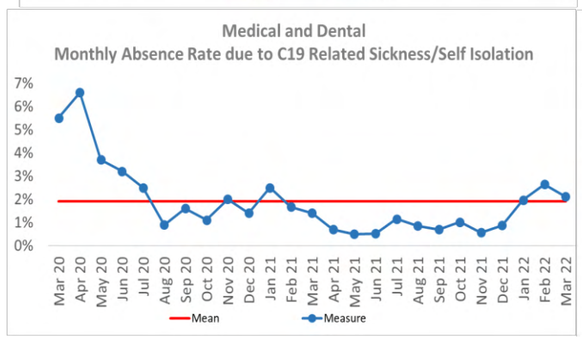
What the information tells us: The Trust's monthly absence rate due to Self Isolation is at 1.9%. Monthly absence rate due to potential Covid-19 related sickness is 2.5% in Mar 2022. Overall, absence rates due to Covid-19 related sickness and self isolation increased by 0.3% from the previous month to 4.1%.

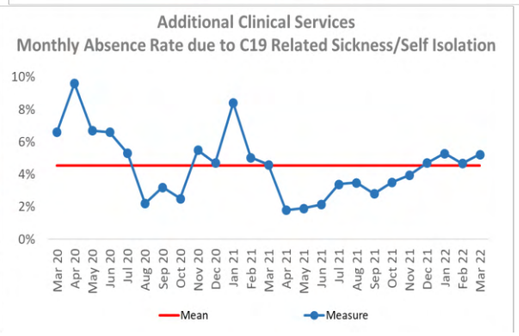


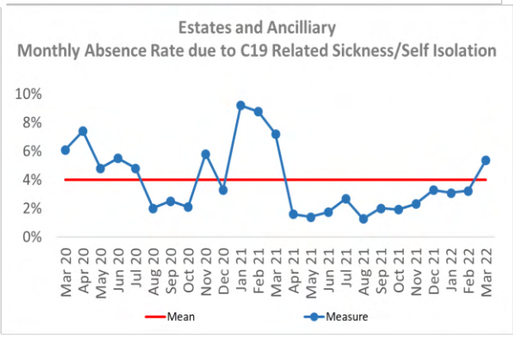


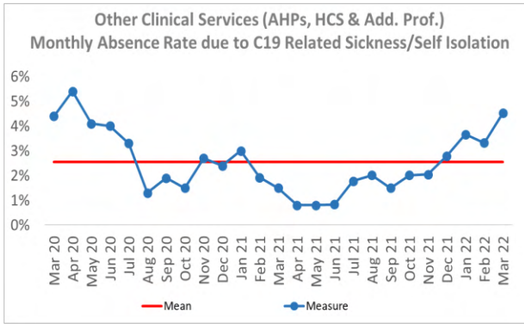








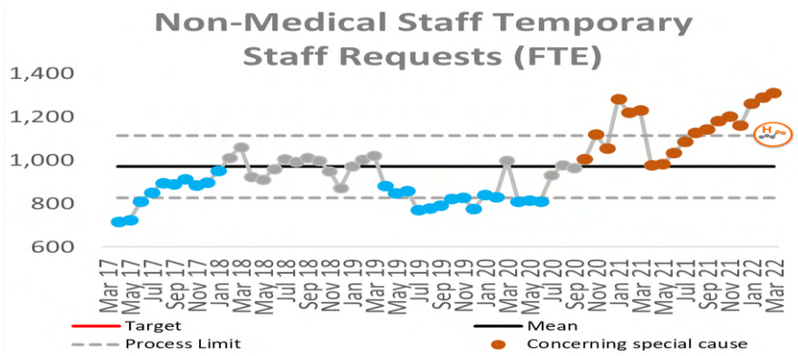


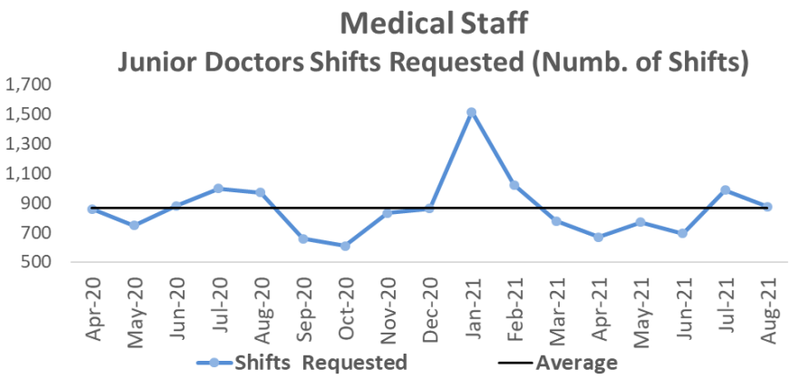


Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

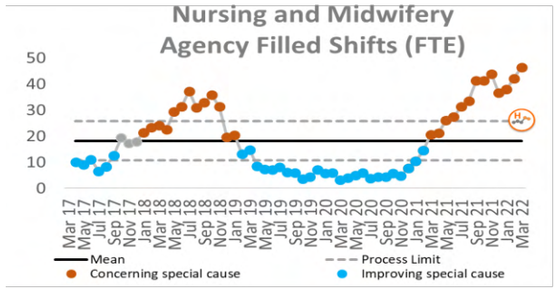
Workforce: Temporary Staffing

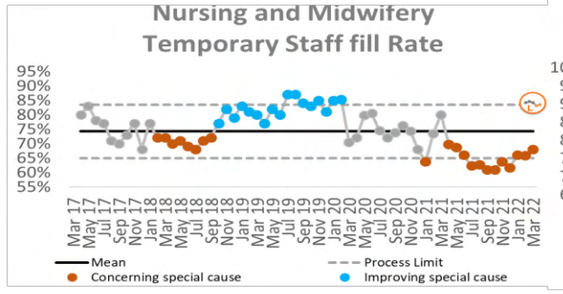


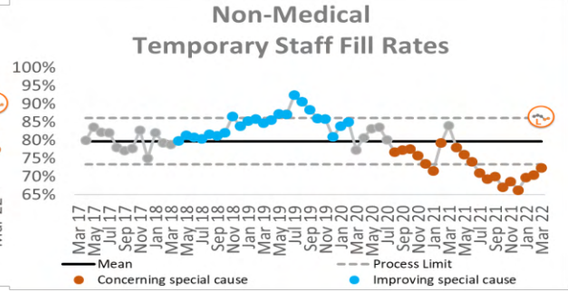


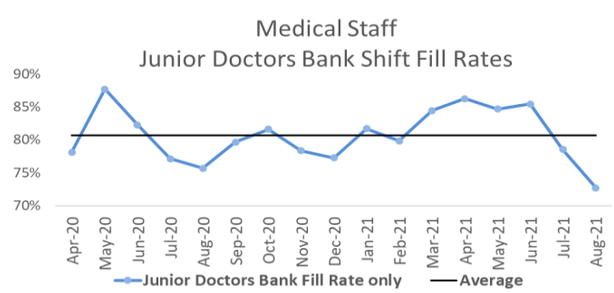
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

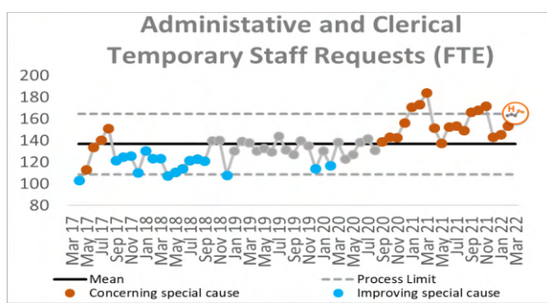
What the information tells us: Demand for non medical temporary staff saw a further increase of 1.6% from the previous month. Nursing and midwifery agency usage increased by 4.2WTE from the previous month to 46.4WTE. This accounts for 11% of the total Nursing filled shifts. Overall, fill rate increased by 2% from previous month to 72%.

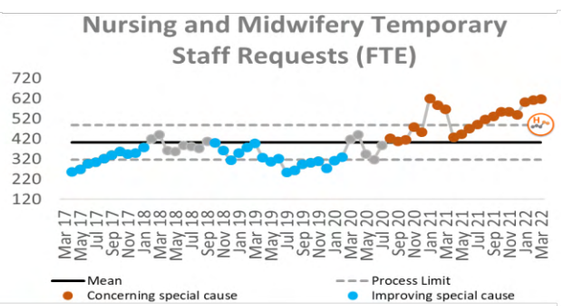


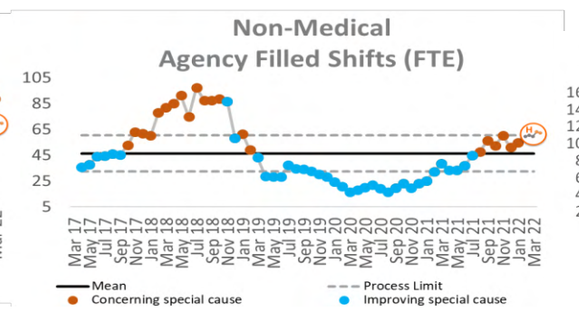


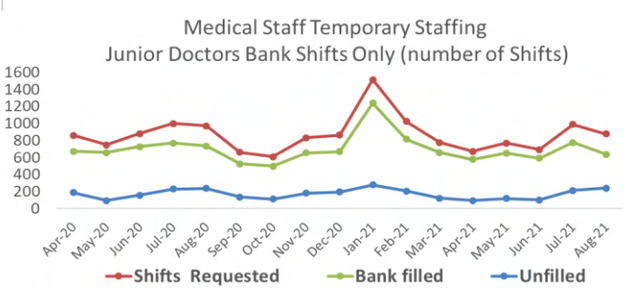










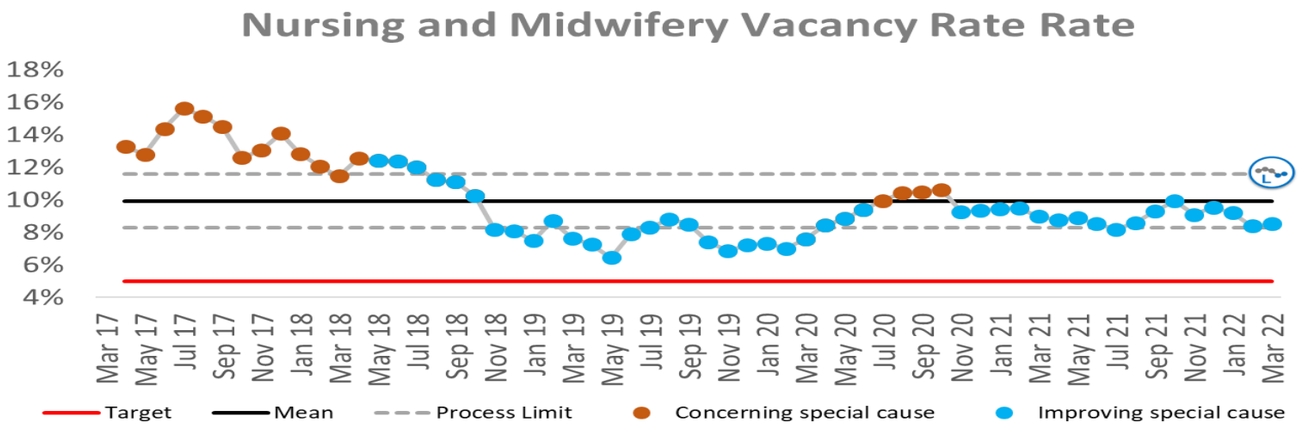


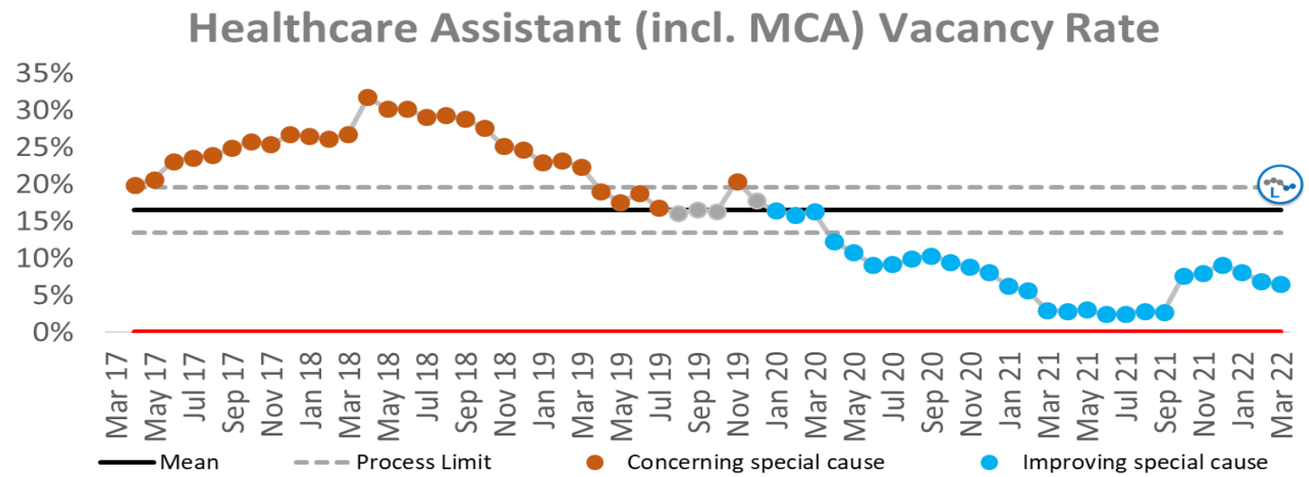
*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust

Workforce: ESR Vacancy Rate





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

What the information tells us: The vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 6.5% and 8.5% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCA.

*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

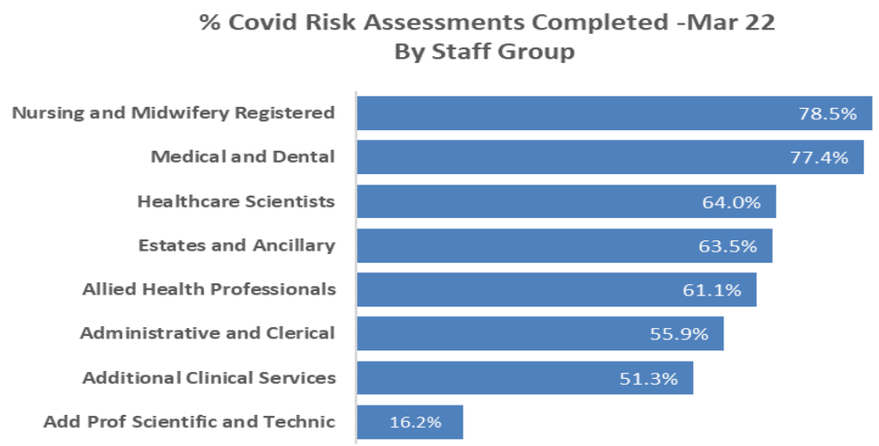
Cambridge University Hospitals NHS Foundation Trust

Workforce: C19 - Risk Assessment & Annual Leave Update

C19 – New V7 Individual Health Risk Assessment Compliance

Risk compliance rate	Mar 22
Overall C19 Risk Assessment Compliance	55.7%
BAME Staff - C19 Risk Assessment Compliance	50.0%
White Staff - C19 Risk Assessment Compliance	58.3%
Percentage of staff that are self Isolating	1.3%

Risk group	% of Staff within each Risk group
Risk Group 1 – highest risk levels including Clinically Extremely	0.6%
Risk Group 2 – heightened risk level including some CEV / red risk	2.4%
Risk Group 3 – increased risk	7.7%
Risk Group 4 – no increased risk	45.0%



Percentage of Annual Leave (AL) Taken – Mar 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	46,608	44,339	95%	96%
	Additional Clinical Services	348,114	334,451	96%	96%
	Administrative and Clerical	448,969	430,456	96%	96%
	Allied Health Professionals	138,483	133,806	97%	98%
	Estates and Ancillary	70,874	67,041	95%	99%
	Healthcare Scientists	127,311	118,512	93%	97%
	Medical and Dental	143,006	81,488	57%	37%
	Nursing and Midwifery Registered	688,776	684,250	99%	97%
	Trust	**2,012,140**	**1,894,342**	94%	88%
Annual Leave taken by Division	*Division*				
	Corporate	281,481	258742	92%	96%
	Division A	386,133	356777	92%	86%
	Division B	552,020	527549	96%	93%
	Division C	243,938	226814	93%	79%
	Division D	246,916	231612	94%	86%
	Division E	216,255	206827	96%	84%
	R&D	85,397	86022	101%	92%

* Greater than 80% | Less than 60% | Between 60% and 80%

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, 1.3% of staff were shielding as at the end of Mar 2021 , while 0.6% are within Group 1 (the highest risk levels).

The Trust's annual leave usage is 94% of the expected usage after 12 months of the financial year. Overall usage is 94% for the financial year. The highest rates of use of annual leave is within Estates followed by AHPs at 99% and 98% respectively.

Mandatory Training by Division and Staff Group

Cambridge University Hospitals NHS Foundation Trust

Workforce: Mandatory Training

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

Induction — >94% | <80% | Between 79% and 94%

Mandatory Training Competency (as defined by Skills for Health) — Greater than 89% | Less than 75% | Between 74% and 89%

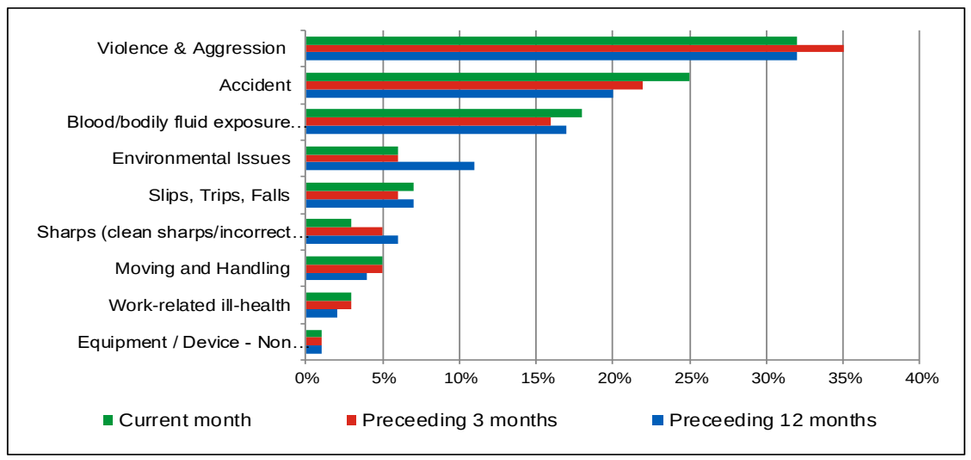
		Induction				Mandatory Training Competency (as defined by Skills for Health)													
		Non-Medical		Medical															
		Corporate Induction	Local Induction	Corporate Induction	Local Induction	Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance
Frequency						3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	
Delivery Method		cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl	
Staff Requiring Competency		1,073	1,072	476	476	10,487	10,487	10,682	10,487	10,487	10,487	10,686	7,189	10,487	7,585	10,487	7,599	1,705	1,705	
Compliance by Division																				
Compliance by Division	Division A	(7)96.4%	(28)85.7%	(27)78.7%	(17)86.6%	(75)96.3%	(80)96.0%	(408)80.0%	(84)95.8%	(123)93.9%	(258)87.2%	(456)77.7%	(580)68.5%	(118)94.1%	(286)84.8%	(87)95.7%	(221)88.2%	(28)82.7%	(13)92.0%	88.3%
	Division B	(18)94.2%	(38)87.7%	(9)86.6%	(8)88.1%	(86)96.9%	(88)96.8%	(291)89.5%	(90)96.7%	(149)94.6%	(293)89.3%	(437)84.3%	(411)71.4%	(130)95.3%	(259)84.9%	(103)96.3%	(194)88.7%	(23)82.3%	(14)89.2%	91.4%
	Division C	(12)92.3%	(24)84.6%	(23)81.5%	(11)91.1%	(64)95.4%	(65)95.4%	(287)80.3%	(72)94.9%	(92)93.4%	(204)85.5%	(384)73.7%	(439)67.5%	(100)92.9%	(233)82.9%	(71)94.9%	(157)88.5%	(61)75.0%	(34)86.1%	86.9%
	Division D	(7)94.4%	(27)78.4%	(17)77.9%	(11)85.7%	(56)95.8%	(60)95.5%	(235)82.7%	(64)95.2%	(98)92.6%	(191)85.6%	(383)71.9%	(402)64.6%	(73)94.5%	(138)88.1%	(54)95.9%	(119)89.8%	(28)79.4%	(18)86.8%	87.8%
	Division E	(6)94.6%	(35)68.5%	(15)78.3%	(7)89.9%	(41)96.6%	(40)96.7%	(246)80.5%	(48)96.1%	(66)94.6%	(138)88.7%	(346)72.5%	(265)76.1%	(84)93.1%	(160)85.7%	(55)95.5%	(117)89.6%	(151)85.1%	(113)88.9%	88.5%
	Corporate	(25)81.3%	(31)76.9%	(4)60.0%	(3)70.0%	(46)96.6%	(55)95.9%	(99)92.7%	(57)95.8%	(74)94.5%	(120)91.1%	(99)92.7%	(50)68.4%	(69)94.9%	(28)82.8%	(61)95.5%	(24)85.6%	(4)69.2%	(3)76.9%	93.4%
	R & D	(1)97.5%	(6)85.0%			(12)97.2%	(11)97.4%	(28)93.5%	(14)96.7%	(19)95.6%	(33)92.3%	(64)85.1%	(25)84.5%	(14)96.7%	(16)91.6%	(12)97.2%	(17)91.1%	(1)80.0%	(1)80.0%	93.8%
	Breakdown of Medical staff compliance																			
	Consultant			(13)76.4%	(10)81.8%	(35)95.0%	(34)95.1%	(35)95.0%	(35)95.0%	(36)94.9%	(104)85.2%	(48)93.2%	(235)67.3%	(38)94.6%	(113)84.2%	(21)97.0%	(53)92.6%	(19)90.8%	(13)93.7%	90.6%
	Non Consultant			(83)80.3%	(48)88.6%	(117)84.8%	(121)84.3%	(177)77.0%	(147)80.9%	(177)77.0%	(272)64.7%	(211)72.6%	(504)40.9%	(174)77.4%	(214)74.6%	(154)80.0%	(211)75.1%	(70)57.3%	(61)62.8%	74.3%
	Compliance by Staff group																			
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(0)100.0%			(1)99.6%	(2)99.1%	(9)96.1%	(4)98.3%	(12)94.8%	(23)90.0%	(16)93.0%	(12)63.6%	(6)97.4%	(19)90.2%	(6)97.4%	(24)87.6%	(0)100.0%	(0)100.0%	94.7%
	Additional Clinical Services	(10)95.6%	(35)84.6%			(45)97.4%	(46)97.3%	(334)81.4%	(40)97.7%	(76)95.6%	(159)90.8%	(456)74.6%	(474)66.3%	(69)96.0%	(213)86.3%	(40)97.7%	(167)89.3%	(22)86.7%	(19)88.6%	89.5%
	Administrative and Clerical	(16)91.7%	(38)80.3%			(75)96.6%	(84)96.2%	(104)95.3%	(90)95.9%	(114)94.8%	(213)90.3%	(132)94.0%	(11)42.1%	(109)95.0%	(17)85.8%	(92)95.8%	(20)83.6%	(3)57.1%	(2)71.4%	94.5%
	Allied Health Professionals	(3)96.0%	(7)90.7%			(13)98.0%	(11)98.3%	(120)82.2%	(14)97.9%	(21)96.8%	(58)91.2%	(189)72.1%	(174)74.1%	(27)95.9%	(90)86.6%	(18)97.3%	(50)92.6%	(8)86.7%	(8)86.7%	90.2%
	Estates and Ancillary	(14)77.4%	(11)82.3%			(9)97.4%	(12)96.6%	(18)94.9%	(10)97.1%	(14)96.0%	(25)92.8%	(11)96.8%	(11)96.8%	(13)96.3%	(13)96.3%	(10)97.1%				95.5%
	Healthcare Scientists	(4)94.1%	(13)80.9%			(15)97.4%	(18)96.9%	(23)96.1%	(15)97.4%	(24)95.9%	(42)92.9%	(82)86.1%	(37)65.7%	(19)96.8%	(30)81.6%	(16)97.3%	(28)82.8%	(12)47.8%	(9)60.9%	93.5%
	Medical and Dental			(96)79.8%	(58)87.8%	(152)89.7%	(155)89.5%	(212)85.6%	(182)87.6%	(213)85.5%	(376)74.5%	(259)82.4%	(739)53.0%	(212)85.6%	(327)79.0%	(175)88.1%	(264)83.1%	(89)75.9%	(74)80.0%	81.7%
	Nursing and Midwifery Registered	(29)93.3%	(85)80.3%			(70)97.9%	(71)97.8%	(774)77.1%	(74)97.7%	(147)95.5%	(341)89.6%	(1024)69.7%	(725)78.6%	(133)95.9%	(424)87.2%	(86)97.4%	(296)91.1%	(162)85.0%	(84)92.2%	89.4%
	Trust Total	(76)92.9%	(189)82.4%	(96)79.8%	(58)87.8%	(380)96.4%	(399)96.2%	(1594)85.1%	(429)95.9%	(621)94.1%	(1237)88.2%	(2169)79.7%	(2172)69.8%	(588)94.4%	(1120)85.2%	(443)95.8%	(849)88.8%	(296)82.6%	(196)88.5%	89.56%

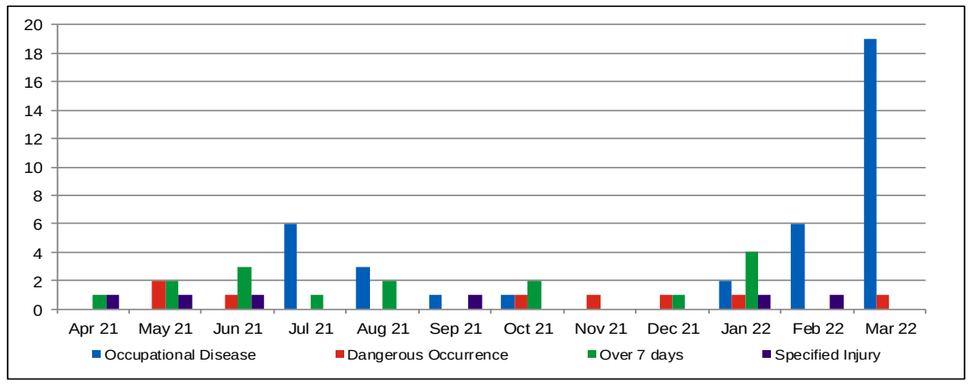
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	CEFM
No. of health and safety incidents reported in a rolling 12 month period:	**1460**	**308**	**224**	**435**	**248**	**136**	**39**	**70**
Accident	**291**	66	72	52	40	34	7	20
Blood/bodily fluid exposure (dirty sharps/splashes)	**246**	73	44	54	41	27	5	2
Environmental Issues	**154**	30	30	24	31	24	5	10
Equipment / Device - Non Medical	**13**	1	1	5	6	0	0	0
Moving and Handling	**64**	12	12	15	16	5	1	3
Sharps (clean sharps/incorrect disposal & use)	**82**	39	8	10	4	13	6	2
Slips, Trips, Falls	**101**	24	23	13	9	13	6	13
Violence & Aggression	**474**	50	27	260	93	16	8	20
Work-related ill-health	**35**	13	7	2	8	4	1	0





A total of 1,460 health and safety incidents were reported in the previous 12 months.

697 (48%) incidents resulted in harm. The highest reporting categories were violence and aggression (32%), accidents (20%) and blood/bodily fluid exposure (17%).

1,063 (73%) of incidents affected staff, 348 (24%) affected patients and 49 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (32%), blood/bodily fluid exposure (21%) and accidents (16%).

The highest reported incident categories for patients were: violence & aggression (33%), accidents (30%) and environmental issues (15%).

The highest reported incident categories for others were: violence and aggression (39%), accidents (22%) and slips, trips and falls (18%).

Staff incident rate is 9.8 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 435 incidents. Of these, 60% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (56%). 47% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In March 2022, 20 incidents were reported to the HSE:

Case of Disease (19)

- Covid-19: 18 members of staff tested positive for Covid-19 and there is reasonable evidence to suggest that a work-related exposure is the likely cause of the disease.
- Occupational Dermatitis: A member of staff experienced itching around their nose and subsequently developed a grade 1 pressure ulcer whilst wearing an FFP3 mask. This was diagnosed as occupational dermatitis by occupational health.

Dangerous Occurrence (1)

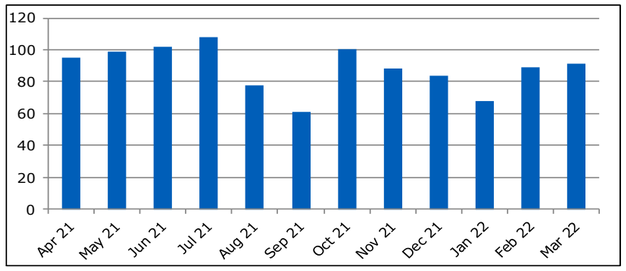
- While opening a new bottle of pertex a small amount splashed close to the eye of a staff member. Staff member immediately washed their eye with cold water. First aider was called and washed the eye using eyewash. Staff member was taken to A&E for further examination. Eye was washed again in A&E who confirmed that the mucous membrane and cornea was not affected. Skin around eye slightly irritated.

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

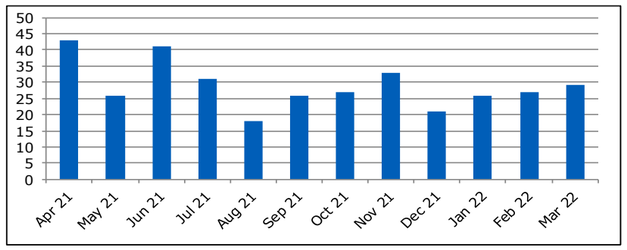


	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Total
Accident	15	13	14	16	21	8	15	8	12	17	16	20	**175**
Blood/bodily fluid exposure (dirty sharps/splashes)	17	22	13	25	19	11	30	26	13	15	17	18	**226**
Environmental Issues	9	5	23	14	6	4	7	13	4	1	5	4	**95**
Moving and Handling	1	6	5	2	3	5	1	3	7	5	3	5	**46**
Sharps (clean sharps/incorrect disposal & use)	6	8	9	5	3	3	2	3	3	2	7	3	**54**
Slips, Trips, Falls	9	12	4	7	4	9	8	12	9	4	6	8	**92**
Violence & aggression	33	29	31	36	20	19	32	23	34	22	32	29	**340**
Work-related ill-health	5	4	3	3	2	2	5		2	2	3	4	**35**
Total	**95**	**99**	**102**	**108**	**78**	**61**	**100**	**88**	**84**	**68**	**89**	**91**	**1063**

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

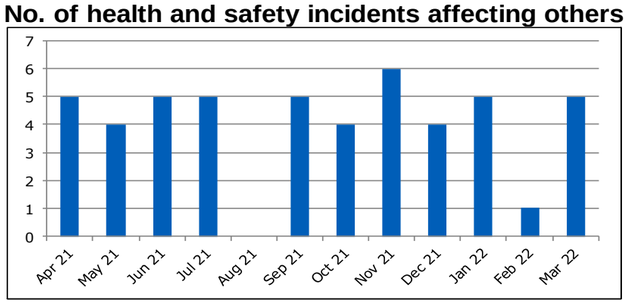
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Total
No. of health & safety incidents	95	99	102	108	78	61	100	88	84	68	89	91	**1063**
Staff incident rate per month/year	0.9	0.9	0.9	1.0	0.7	0.6	0.9	0.8	0.8	0.6	0.8	0.8	**9.8**

No. of health and safety incidents affecting patients:



	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Total
Accident	15	8	12	13	6	8	7	8	6	5	6	11	**105**
Blood/bodily fluid exposure (dirty sharps/splashes)	3	1	1	2	1	2	2	0	3	0	1	4	**20**
Environmental Issues	1	4	12	9	4	3	3	4	4	0	4	3	**51**
Equipment / Device - Non Medical	0	1	3	0	1	0	2	2	0	1	2	1	**13**
Moving and Handling	2	2	5	1	0	1	2	0	0	3	1	1	**18**
Sharps (clean sharps/incorrect disposal & use)	2	1	3	1	0	5	2	3	3	3	2	1	**26**
Violence & aggression	20	9	5	5	6	7	9	16	5	14	11	8	**115**
Total	**43**	**26**	**41**	**31**	**18**	**26**	**27**	**33**	**21**	**26**	**27**	**29**	**348**

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



	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Total
Accident	1	1	0	1	0	3	2	1	1	1	0	0	**11**
Environmental Issues	1	1	0	0	0	1	0	0	1	3	0	1	**8**
Sharps (clean sharps/incorrect disposal & use)	0	1	1	0	0	0	0	0	0	0	0	0	**2**
Slips, Trips, Falls	2	0	1	1	0	0	0	3	1	0	0	1	**9**
Violence & aggression	1	1	3	3	0	1	2	2	1	1	1	3	**19**
Total	**5**	**4**	**5**	**5**	**0**	**5**	**4**	**6**	**4**	**5**	**1**	**5**	**49**

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 11 May 2022

Agenda item	9.3
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, Interim Deputy Chief Nurse Sarah Raper, Roster Support Lead Annesley Donald, Deputy Director of Workforce
Purpose	To provide the Board with the monthly nurse safe staffing report.
Previously considered by	Management Executive, 5 May 2022

Executive Summary

The nursing and midwifery safe staffing report for March 2022 is attached. Page 2 of the report includes an Executive Summary.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	Insufficient nursing and midwifery staffing levels
Related Assurance Framework Entries	BAF ref: 007
Legal / Regulatory / Equality, Diversity & Dignity implications?	NHS England & CQC letter to NHSFT CEOs (31.3.14) NHS Improvement Letter – 22 April 2016; NHS Improvement letter re: CHPPD – 29 June 2018; NHS Improvement – Developing workforce safeguards October 2018

How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors

The Board is asked to receive and note the nurse safe staffing report for March 2022.

Monthly Nurse Safe Staffing

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Sponsoring executive director: Lorraine Szeremeta, Chief Nurse

Amanda Small, Deputy Chief Nurse

Sarah Raper, Project Lead Nurse safe staffing

Annesley Donald, Deputy Director of Workforce

Board of Directors: May 2022

Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for March 2022.

The vacancy position according to the ledger has remained relatively static for Registered Nurses (RNs) at 8.5% compared with 8.4% in February and Health Care Support Workers (HCSW excluding MCA) at 6.5% compared to 6.8% in February. Conversely, the vacancy rate for registered children's nurses (RSCN) has increased to 18.3% from 17.4% in February and the Registered Midwifes (RMs) vacancy rate has increased to 8.8% compared with 7.5% in February. The Maternity Care Assistant (MCA) has decreased to 10.1% from 12.7% in February.

Turnover rate remains high at 14.4% for RNs, 20.1% for RM's, 19.9% for RSCNs and 18.1% for HCSW's. The main reason for leaving for RNs, HCSWs and RSCNs is voluntary resignation – relocation whereas for RM's it is cited as being due to Voluntary resignation – work/life balance.

The planned versus actual staffing report demonstrates that 16 clinical areas reported <90% rota fill in March. The overall fill rate for maternity has reduced slightly in March to 85% compared to 88% in February. This is mainly due to short term sickness, medical isolation and annual leave. The total unavailability in March is 32% of the total working time compared to 31% in February. The majority of unavailability (15.7%) is due to planned annual leave and sickness absence has remained static at 8.5%. Additionally, 3.2% of working time was unavailable due to other leave including medical self isolation compared to 4.2% in February, 2.5% was due to study leave and 2.4% was due to supernumerary time.

In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 2,533 shifts requested for registered staff and 1,851 shifts requested for Health Care Support Workers per week with an average bank fill rate of 65.7% for registered staff and 66.9% for Health Care Support workers. In addition, the equivalent of 50.93 WTE agency workers are working across the divisions. Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 307 hours being redeployed each day of which 93% of the redeployed hours have been within division. The operational pool where bank staff book to work anywhere in the trust is working well with an average of 941 hours worked through the operational pool each day.

There has been a decrease in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient in March (171 compared with 300 in February). Additionally there have been 161 (175 in February) occasions where there has been no side room coordinator. In order to mitigate non compliance with the guidelines for the provision of intensive care services (GPICS) standards, the decision has been taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to reduce the critical care bed capacity to 52 beds (from 59) while recruitment is ongoing to vacant positions.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates

Graph 2. Healthcare Assistant vacancy rates

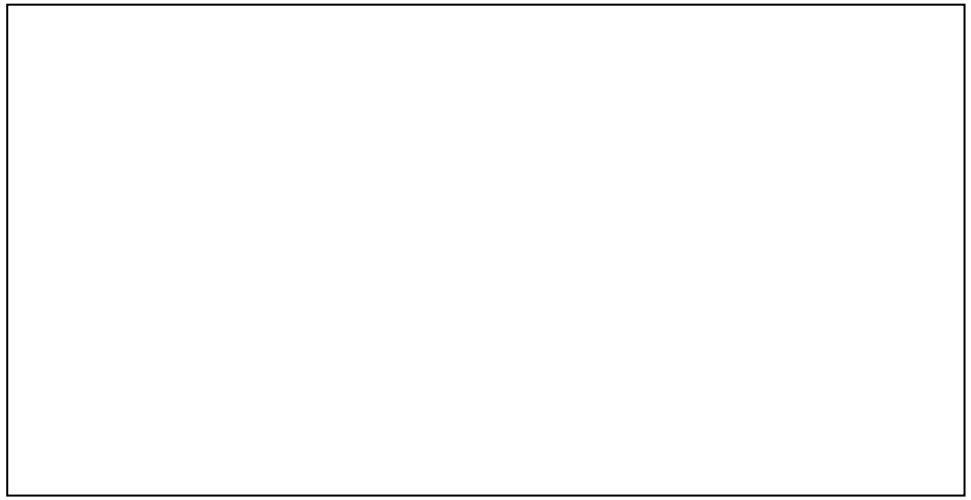
Vacancy position

The combined vacancy rate for Registered Nurses (RNs) and Registered Midwives (RMs) has remained static at 8.5% compared to 8.4% in February and the vacancy rate for Health care support workers (HCSWs) (including MCAs) has also remained relatively static at 6.5% compared to 6.8% in February. When broken down further into Nursing and Midwifery specific vacancies, the MCA workforce vacancy rate is 10.1% which has decreased from 12.7% in February and the HCSW vacancy rate (excl MCA) has remained static at 6.5% compared to 6.7% in February.

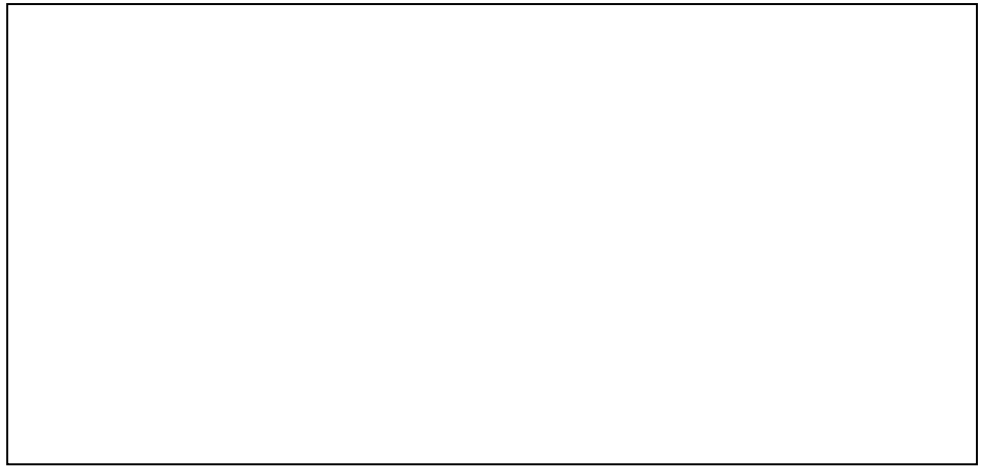
The HCSW (including MCAs) turnover rate remains high at 18.1% (17.9% February). The main reason for HCSWs leaving remains voluntary resignation – relocation (28.9%) and the next highest reason is voluntary resignation – work life balance (21.4%) . The leavers destination is unknown for the majority of HCSWs (49%), 16% of HCSWs are leaving to take up employment in other NHS organisations and 13% are leaving for no employment.

Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates



Graph 4. Registered Midwife vacancy rates



Vacancy position

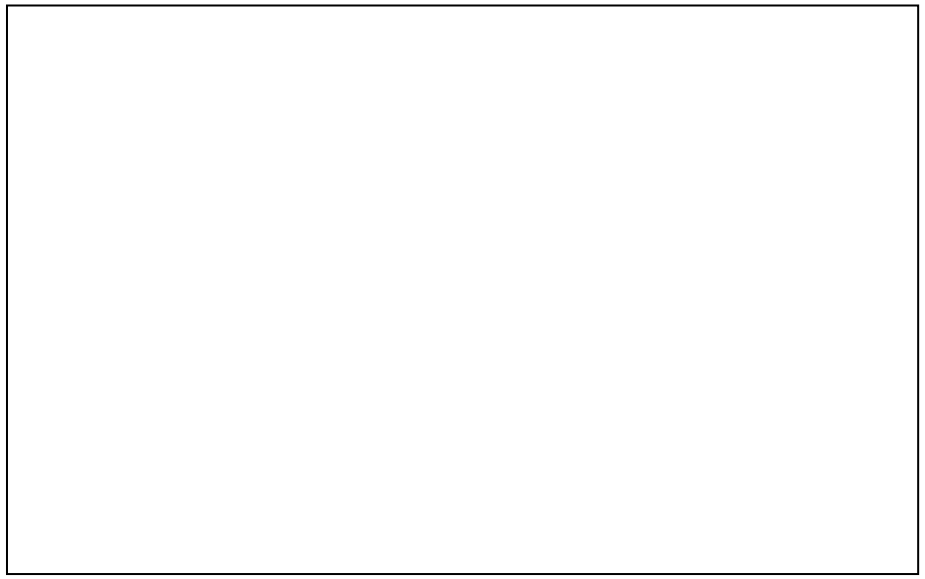
The vacancy rate for Registered Nurses working in adult areas has remained relatively static in March at 8.5% compared with 8.4% in February. The vacancy rate for registered children's nurses has increased to 18.3% in March compared with 17.4% in February.

The vacancy rate for Registered Midwifes has increased to 8.8% from 7.5% in February.

The turnover rate in March remains high at 14.4% for RNs in adult areas (14.5% in February), 19.9% for Registered children's nurses (19.7% in February) and 20.1% for RMs (18.8% in February). The main reason for leaving is voluntary resignation – relocation for RNs (43%). The main reason for RMs leaving is voluntary resignation – work life balance (21%). The Leavers destination data demonstrates that 36% of RNs and 44% of RMs are leaving to take up employment in other NHS organisations.

Unavailability for Registered Nurses Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



Graph 6. Types of absence

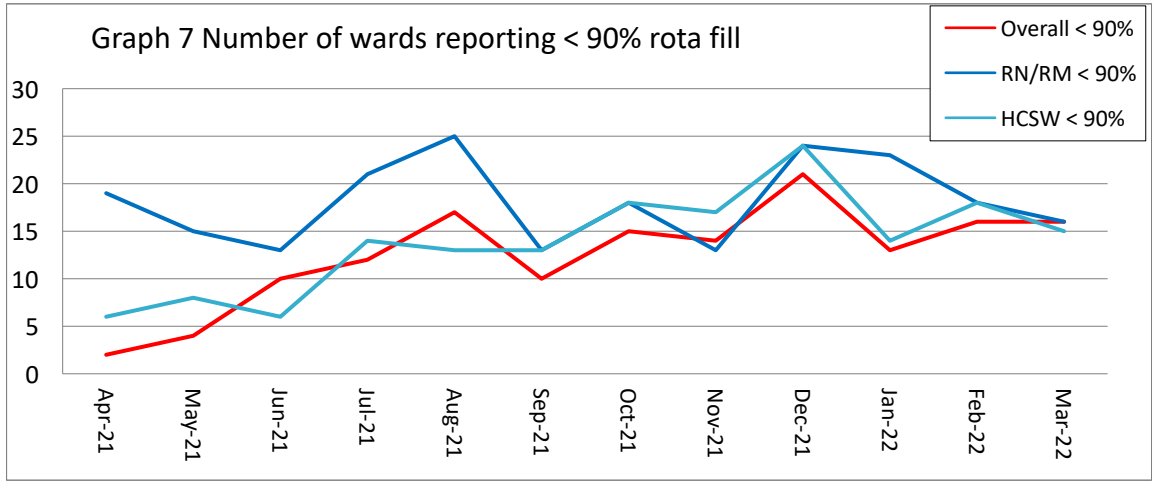
Unavailability of staff

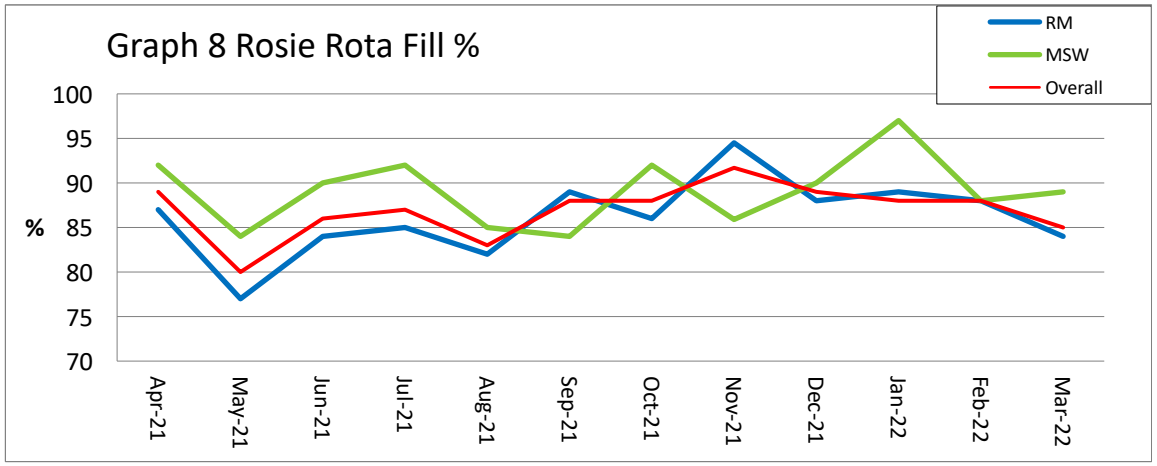
Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, self isolation, carers leave, etc.

The total unavailability of the workforce working time in March has remained relatively static at 32% compared to 31% in February. Graph 5 illustrates this trend however it should be noted that data point for 28 March relates to the beginning of the April roster and will change as rosters are updated.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (15.7%) was due to planned annual leave which would have been accounted for in the department rosters however there was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In March sickness absence has remained static at 8.5%. Additionally, 3.2% of working time was unavailable due to other leave including medical self isolation compared to 4.2% in February, 2.5% was due to study leave and 2.4% was due to supernumerary time.

Planned versus actual staffing





Planned versus actual staffing

Graph 7 illustrates trend data for all wards reporting < 90% rota fill, this has decreased slightly with 16 clinical areas in March reporting overall fill rates of <90% compared to 18 in February.

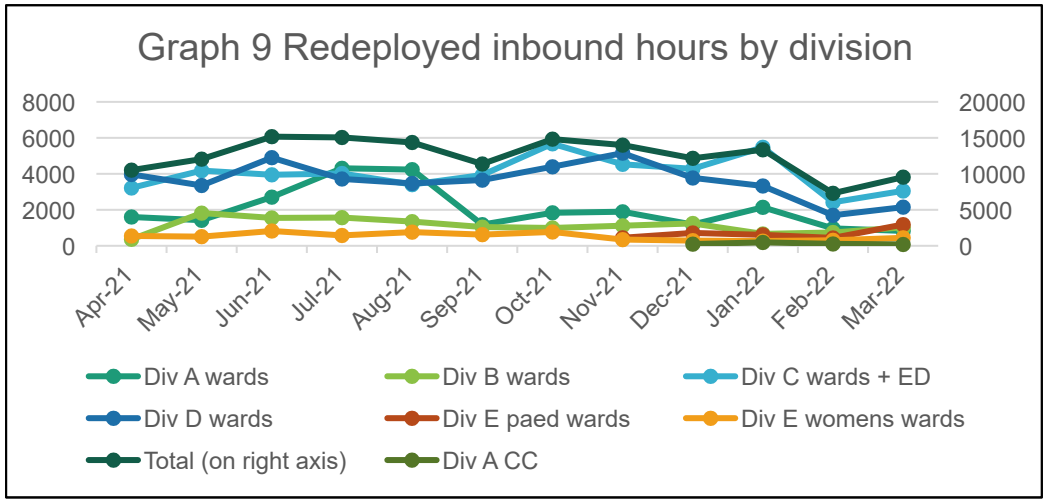
All divisions reported overall fill rates of <90% in March. The highest reporter this month was division E with 9 areas across paediatrics and maternity reporting fill rates of <90%. Appendix 1, details the exception reports for all areas reporting fill rates of <90%.

Across the critical care units in March, there has been a decrease in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (171 occasions in March compared to 300 in February). Additionally there have been 161 occasions where there has been no side room co-ordinator (175 in February). This is due in part to the decision taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to maintain critical care bed capacity at 52 beds rather than 59 beds whilst recruitment is ongoing to the vacant positions. Any concerns with regards to critical care staffing are escalated through silver command. Staffing has been supported through the use of temporary workers (agency and bank), bank enhancements and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift by shift basis.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has reduced slightly in March at 85% compared to 88% in February. This is mainly due to short term sickness, medical isolation and annual leave.

Staff deployment



Staff deployment

Graph 9 illustrates the movement of staff across wards to support safe staffing to ensure patient safety. This includes staff who are moved on an ad hoc basis (shift by shift) and shows which division they are deployed to.

The number of substantive staff redeployed has increased in March with an average 307 working hours being redeployed per day (compared with 236 hours in February). This equates to 26 long day or night shifts per day. The majority of redeployments are within division (93% compared to 7% of staff who are deployed outside of their division). Staffing is also being supported by the operational pool whereby bank staff book a bank shift on the understanding that they will work anywhere in the trust where support is required. An average of 941 working hours were worked via the operational pool each day in March.

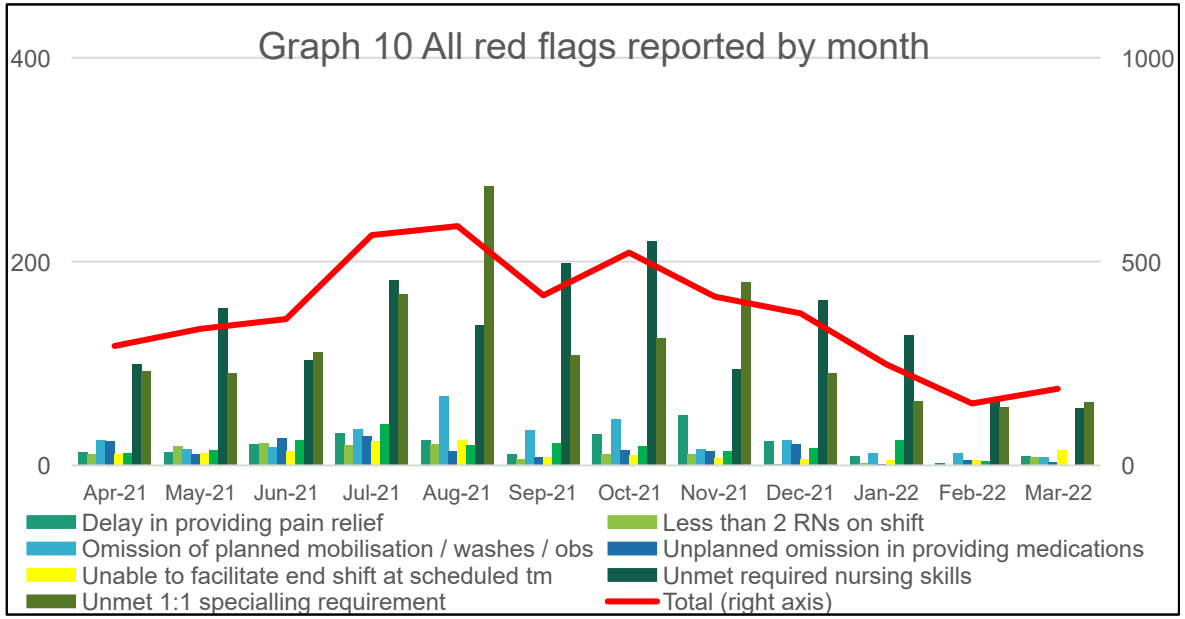
Nursing Pipeline

Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on full-time equivalent (FTE) and includes UK experienced, UK newly qualified, apprenticeship route, EU and international recruits up to March 2023. The current forecast demonstrates a year end band 5 RN vacancy position of 11.33% which is above the target of 5% however a detailed recruitment plan is being collated for all Nursing recruitment pipelines to outline what can realistically be achieved, the blockers that may prevent this and the mitigations that can be put in place to address these.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2023. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 20.01% and a band 2 HCSW position of 6.5%.

Whilst the recruitment pipeline is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment, the predicted numbers are only achievable if the appropriate infrastructure is in place to support with accommodation pre and post arrival of International Nurses and Midwives otherwise there is a risk that deployment numbers will need to be capped at 24 per month.

Red flags



Graph 11: Maternity Red Flags

Red Flags

A staffing red flag event is a warning sign that something may be wrong with nursing or midwifery staffing. If a staffing red flag event occurs, the registered nurse or midwife in charge of the service should be notified and necessary action taken to resolve the situation.

Nursing red flags

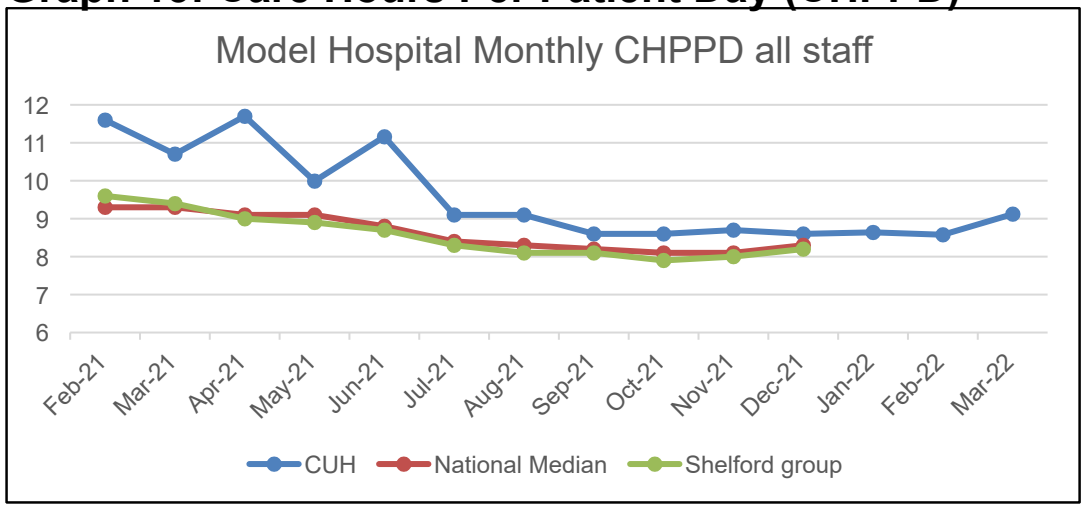
Graph 10 illustrates that there has been a slight increase in March in the number of red flags reported (188 compared with 152 in February). The highest number of red flags reported in March was in relation to an unmet 1:1 specialling requirement (62 compared with 57 in February). A trust wide improvement project focusing on specialling is being developed to review specialling across the organisation.

Whilst the number of red flags reported relating to unmet required nursing skills is the second highest reason, this has consistently reduced month on month from 162 in December, 128 in January, 64 in February to 56 in March.

Maternity red flags

The number of maternity red flags reported in March increased to 450 from 374 in February. Graph 11 illustrates the red flags that have been reported. 24% of these red flags were due to missed or delayed care and 24% were due to a delay of >6hrs in transfer to the delivery unit during the induction of labour process. This is reflective of the high levels of activity and difficulty in maintaining flow. There were no incidences of not being able to provide continuous 1-1 care during established labour in March (4 in February).

Graph 13: Care Hours Per Patient Day (CHPPD)



Incidents reported relating to staff shortages

Graph 12 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 74 incidents reported relating to nurse staffing in March compared with 80 in February.

Division C and Division D reported the most incidents related to staffing levels in March Division D reported 23 incidences, the majority of which were related to ward D7. Division C reported 24 incidences across the division with no specific area having a higher number of incidences than others. Safety continues to be monitored through the daily safe staffing meetings and the senior nursing huddles.

Care hours per patient day (CHPPD)

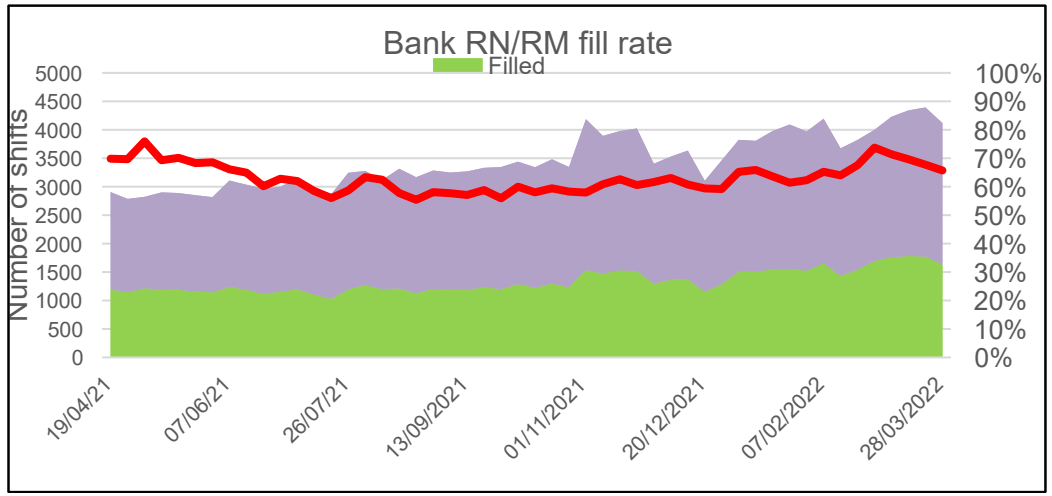
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including alled health professionals (AHPs)) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All trusts are required to report this figure externally.

CUH CHPPD recorded for March was 9.1 compared to 8.5 in February. This trend can be seen in graph 13.

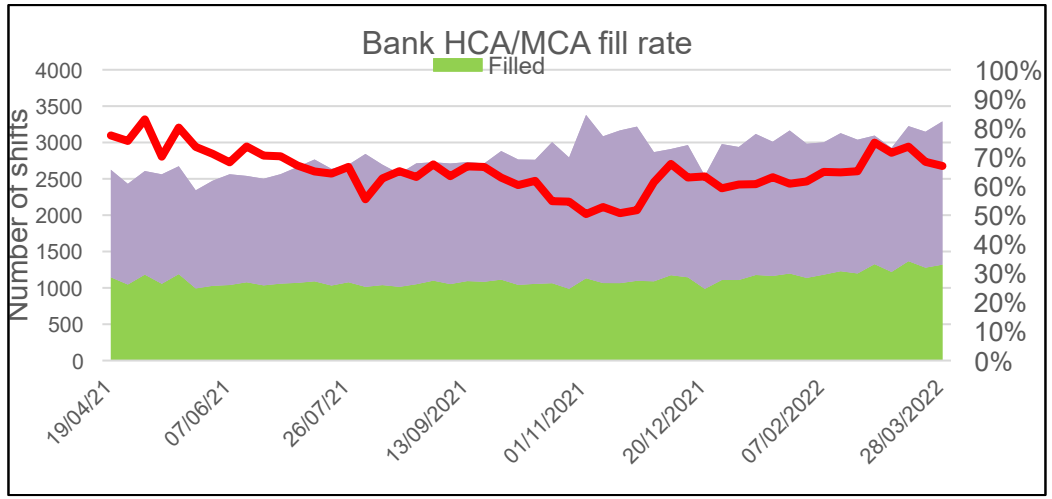
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in March was 15.02 compared to 13.56 in February.

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Overall we have seen an increase in bank shift requests for registered staff over the last 6 months to mitigate those areas who have less than a rota fill of 90%. The number of requests for registered staff is an average of 2,533 shifts per week requested and an average bank fill rate of 65.7%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 1,851 shifts per week requested and an average bank fill rate of 66.9%.

In addition to bank workers we have the equivalent of 50.93 WTE agency workers working across the divisions to support staffing challenges in the short term. This accounts for 10% of the total Nursing filled shifts. Of the total proportion of shifts filled through temporary staffing 10% have been filled via agency workers compared with 90% filled via bank workers.

Short term pay enhancements for bank shifts have been put in place in areas where we are looking to encourage a higher uptake of shifts. These bank enhancements are reviewed regularly (at least on a 6 weekly basis) through the weekly bank enhancement meeting and are for fixed periods of time.

Appendix 1: Exception report by Division A and B

Division A	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D8	87%	137%	107%	7.42	5.50 WTE gaps with 2.00 in pipeline. 33% unavailability. 3 Maternity leave. 4 without pin. Mental Health, delirium & dementia patients requiring 1:1 enhanced care. Sickness short term.	Delayed responses to call bells. Impact on NQM and KPI's. . Impact on flow and LOS.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Released time for Matrons to careBand 7 in the numbers
L4	90%	119%	99%	6.68	2.44 WTE 4;00 IN PIPELINE. 23% unavailability. 4 without pin. Short notice sickness.	Delayed responses to call bells. Impact on NQM and KPI's. . Impact on flow and LOS.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Released time for Matrons to care,Band 7 in the numbers
M4	87%	106%	93%	6.68	4.94 WTE Gap RN. 9.00 under offer. 47% unavailability. 8 without PIN.	Delayed responses to call bells. Impact on NQM and KPIs. . Impact on flow and LOS.	High acuity - support provided within division and bank. 0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Released time for Matrons to care, Band 7 in the numbers
D4	89%	87%	89%	27.27	4 RN Vacancies. High acuity. 1.47 unavailbility. Maternity leave	Delayed care. GPIC Breaches 1:1 level 3 patients. Staff morale- impact on staff retention.	Bank enhancements in place 0815 Nursing bronze to identify risks and mitigation. PD used to mitigate. Closed to 52 beds.
JOHN FARMAN ICU	84%	79%	83%	27.27	9 RN Gap. High acuity. 2.53 Maternity leave	Delayed care. GPIC Breaches. Staff morale- impact on staff retention.	Bank enhancements in place 0815 Nursing bronze to identify risks and mitigation. . PD used to mitigate. Closed to 52 beds.
NCCU	89%	92%	90%	28.15	18 RN vacancy under offer. 7.64 Maternity. High acuity	Delayed care. GPIC Breaches. Staff morale- impact on staff retention.	Bank enhancements in place 0815 Nursing bronze to identify risks and mitigation . PD used to mitigate.Closed to 52 beds.
Division B	% fill registered	% fill care staff	Overall filled %		**Analysis of gaps**	**Impact on Quality / outcomes**	**Actions in place**
C9	99%	57%	85%	10.45	Some unfilled shifts but mainly HCA gap due to staffing demand higher elsewhere in Division, so HCA moved to cover	Minimal. Potential delay in responding to buzzer/personal care	Actively recruiting to nursing vacancies across Division, overall an improving trajectory

Appendix 1: Exception report by Division C and D

Division C	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place
D5	88%	103%	93%	6.83	64 unfilled RN shifts for March. Unavailability 48.7% including: annual leave between 14.2-17.8%; sickness 3.1%; study 1.7%; parenting 9%. 1RN vacancy, 3 awaiting PIN, 3 maternity leave	Total 18 incidents; 1 low/minor; 17 no harm. X1 II agreed at SIERP. Quality metrics; red in BCMA medication scanning, catheter documentation, Day 3 and 7 covid screening, moving and handling, nutrition screening, PU screening. Amber; falls and IV access. Covid outbreak in March causing ward to close. 80% compliance with mandatory training. Supervisory sister time for March: 51.3%. Hand hygiene compliance 94%.	Daily divisional mitigation; site safety escalation; weekly prospective staffing reporting and mitigation; divisional recruitment and retention strategy. Matron quality focus.
Division D	% fill registered	% fill care staff	Overall filled %		**Analysis of gaps**	**Impact on Quality / outcomes**	**Actions in place**
F4	89%	174%	114%	10.52	Increased requirement due to increased capacity and activity on Red ward. Unavailability 42% (8WTE redeployments (4+4), LTS and pipeline). 19 shifts recorded for COVID self isolation.	All key patient safety and quality metrics are being tracked, no esculating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality goverance forums
J2	89%	250%	138%	10.86	Unavailability 20.62% (Redeployment, LTS and secondement. 12 shifts recorded for COVID self isolation.	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
K3	87%	100%	91%	6.69	unavailability 14% . 20 shifts recorded for COVID self isolation.	All key patient safety and quality metrics are being tracked, no esculating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality goverance forums
LEWIN	89%	98%	93%	6.24	5.6% vacancy rate 9.5 % unavailability. 19 shifts recorded for COVID self isolation.	All key patient safety and quality metrics are being tracked, no esculating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality goverance forums
M5	88%	99%	92%	7.16	4.9% Vacancy rate 26.13% unavailalbility. 39 shifts recorded for COVID self isolation.	All key patient safety and quality metrics are being tracked, no esculating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums

Appendix 1: Exception report by Division E

Division E	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place
Delivery Unit	84%	83%	84%	10.58	vacancy rate, staff rotating to other areas and staff completing SN shifts	Often the area of immediate need therefore staff are redeployed to this area impacting on their experience and patient experience	Support around SN and work with PD around comms and expectations ensuring safety net for junior staff. Bank enhancement of level 3 plus to encourage staff to pick up shifts
Lady Mary	79%	87%	83%		sickness absence and COVID causing depletion on roster. Also all IR midwives are placed on ward and 3 are in SN shifts	Support needed on shift for all SN staff especially those who trained elsewhere or IR	PD midwives working alongside IR midwives and preceptorship midwives
Rosie Birth Centre	79%	83%	80%		Sickness and maternity leave compromised roster, service has been temporarily suspended on occasions to enable safety across the whole service	Women not getting their choice of place of birth leading to poor patient experience	Looking at modelling for community staff to support RBC when on call
Sara Ward	82%	95%	86%		vacancy rate and sickness compromising rosters	affects patient flow due to shortages on ward	looking how work can be completed more effeciently by expanding IOL team
C2	86%	86%	88%	12.19	Current shortfall of 13.67 WTE RN vacancy, 12 WTE pipeline in. 0.85 WTE pipeline out.	Due to extra cubicles not open, acuity and capacity has been lower than previous months. No impact on NQM or patient experience.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF , supervisory sister in post. Rate 2 enhancements for ward and rate 3 enhancements approved for chemotherapy competent nurses.
C3	86%	86%	87%	13.04	Current shortfall of 5.25 WTE RN vacancy, 9 WTE pipeline in. 0 WTE pipeline out.	lower occupancy, high acuity Amber/red pathway, no impact on NQM ,patient experience feedback.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF , senior sister and CPF within roster. Redployed 2 experienced nurses to support the area. Enhanced bank rates approved
Charles Wolfson	80%	80%	80%	11.24	Current shortfall of 4.65 WTE RN vacancy, 2.6 WTE pipeline in. 0 WTE pipeline out.	lower occupancy, increased acuity with PN patients during March, no impact on NQM ,patient experience feedback.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF , supervisory sister in post.
PICU	60%	133%	69%	24.84	Current shortfall of 14.08 WTE RN vacancy, 14.6 WTE pipeline in. 6 RN awaiting dates to commence. Increased oversea nurses with experience.	Increased level 3 acuity in March. Refusal of regional patients due to staffing levels. , PaNDR service commenced 24 hour cover, no change to NQM or patient experience feedback. LTV and sleep patients not admitted.	Bank enhancements rate 3.Three times review a day of occupancy and staffing. Study time stopped except HDU and ITU course to ensure skill development as QIS below 70% compliance. Recruitment campaign with masters programme advertised. Overseas nurses recruited, awaiting start dates.
Neonatal ICU	72%	78%	74%	36.65	Current shortfall of 21.7 WTE RN vacancy, 13.9 WTE pipeline in. 4 WTE pipeline out	increased occupancy during March, refusal of regional patients due to staffing levels. No change to NQM or patient experience feedback.	Bank enhancements rate 3.Three times review a day of occupancy and staffing. Study time stopped except neonatal course to ensure skill development as QIS below 70% compliance. Reduced cover of manager of the day RN as utilised in numbers. Community and education team supporting senior cover.

Appendix 2: Adult RN Recruitment pipeline

Appendix 3: Paediatric RN and Band 2 HCSW Recruitment pipeline

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 11 May 2022

Agenda item	9.4
Title	Finance report
Sponsoring executive director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board on financial performance in 2021/22 M12
Previously considered by	Performance Committee, 4 May 2022

Executive Summary

The report provides details of financial performance during 2021/22 Month 12 and in the year to date. A summary is set out in the Chief Finance Officer's message on pages 3-5 of the report.

Related Trust objectives	C2
Risk and Assurance	The report provides assurance on financial performance during Month 12.
Related Assurance Framework Entries	BAF ref: 011
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors
The Board is asked to note the finance report for 2021/22 Month 12.

Title	Page

Contents

Trust actual surplus / (deficit)

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

Covid-19 spend and system Covid-19 funding

£1.5m	*Revenue actual*
£45.5m	*Revenue actual YTD*
£4.7m	*Covid funding in month*
£47.6m	*Covid funding YTD*

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

Net current assets

(£51.9m)	
Not Available	*Plan*

Debtor days

12	*This month*
16	*Previous month*

Payables performance (YTD) **

Actual	83.1%	*Value*
Plan	87.7%	*Quantity*

Cash and EBITDA

Cash

£224.0m	*Actual*
Not Available	*Plan*

EBITDA

£20.0m	*Actual*
£35.3m	*Plan*

Capital expenditure

£24.7m	*Capital - actual spend in month*
£79.2m	*Capital - actual spend YTD*
£79.0m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

ERF values subject to change due to coding updates

£0.0m	*ERF forecast actual in month*
£0.0m	*ERF plan in month*
£17.1m	*ERF forecast actual YTD*
£7.5m	*ERF plan YTD*

Legend *£ in million*

In month *YTD*

* On a control total basis, excluding the effects of impairments and donated assets

** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Trust performance summary - Key indicators

Month 12 Financial Performance

- **The Month 12 year end position is a £0.1m surplus for performance management purposes**. The gross reported deficit is £14.6m due to the inclusion of asset impairments of £15.8m following a revaluation of the Trust's estate, the net benefit of capital donations (£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. The reported position includes £17.1m of ERF income.

Covid-19 Expenditure

- The Trust has incurred £45.5m of Covid-19 associated expenditure in the YTD, which is broadly in line with plan.
- Whilst the number of Covid-19 patients in the hospitals fluctuates from month to month, the amount of Covid-19 spend incurred to date is a reflection of the pressures services are facing, to cope with higher than usual demand, together with the need to maintain a Covid secure environment.

Elective Recovery Fund (ERF)

- Following further validation of the H1 ERF CUH has recognised £17.1m of funding through the ERF mechanism (in line with a revised NHSE/I ERF forecast). Overall the ERF income is £9.6m higher than the initial H1 planning assumption mainly driven by the baseline change due to theatre closures of £5.1m and pricing and performance movements of £3.8m.
- This additional funding has been invested to support reductions in patient waiting lists and to cover additional costs associated with the delivery of activity and will not lead to improved financial performance for CUH or the system during H2.

Productivity and Efficiency Programme (PEP, previously CIP)

- The Trust has successfully delivered address an efficiency requirement of £12.4m in H2 21/22 and £17.2m in the 21/22. The increased requirement was driven by a general efficiency requirement of 0.82% over the six month period, an additional variable efficiency factor applied to the C&P health system due to distance from control total target, a reduction of 25% in the 'lost income' support and a c.6% reduction in the Covid-19 fixed allocation.

- The Trust has targeted the delivery of it's PEP across the following three main areas:
  - *Efficiency and productivity savings, i.e. schemes that will help to reduce the current cost base or by growing the margin on other income generation schemes. In support of this a cost reduction plan of £2.4m has been included in the Trust's forecast for H1.*
  - *COVID-19 cost reductions – this category focuses on safely reducing the actual level of expenditure on items that are recorded on the COVID-19 cost tracker*
  - *Delivering increased ERF income/cost margin*

- The Trust continues to develop it's 22/23 programme with a focus on schemes that deliver recurrent benefits.

Cash and Capital Position

- The Trust agreed an initial capital allocation for the year of £42.7m for its core capital requirements. In addition to this, we expected to receive further funding for the Regional Surge Centre (£17.9m), Children's Hospital (£6.2m), Cancer Hospital (£2.6m), Pathology systems upgrade (£1.8m), a Treatment Planning CT (£0.9m) and voice recognition technology (£3.1m). Together with some recent smaller funding allocations, this provides a total capital programme of £79.0m (including £1.9m of capitalised PFI costs).
- 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 Trust's cash position remains strong and the 13 week cash flow forecast does not identify any need for additional revenue cash support in the foreseeable future. This is despite not having received the additional £35m of PDC funding that formed part of our original system capital allocation for the year. We will continue to raise this issue with NHSEI to ensure that it is not forgotten.

FY22/23 Planning and process

- The Trust submitted a final plan to NHSE/I on 28 April 2022. The submitted plan is a £33.4m deficit driven by an increase in Covid-19 costs and inflationary pressures above the national NHS funding allocation and assumed low levels of Covid-19 community prevalence.
- 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 is prior to accounting for inflationary pressures above national funding 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.
- The Trust is in the process of finalising contract values although it has concluded negotiations with NHSE/I and C&P CCG successfully.
- The key remaining risks in the plan are:
    - Delivery of the forecast activity plan to secure the full elective recovery funding of £29.7m with the expected mitigation to come from NHSE/I support to retain a fair share allocation of the ERF.
    - The Agenda for Change pay award being negotiated at a higher value than the current funded assumption of 2.1% - with the expectation that any increase would be nationally funded.
    - Changes in NICE guidance during 2022/23 which again if material would require national funding support to mitigate this risk.
- 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.

Trust underlying Covid-19 financial impact

	FY20/21 £'m	FY21/22 M1 to M11	FY21/22 M12	YTD £'m	Covid-19 Financial Pressure
	123.5	54.1	(2.2)	51.9	Compromised Clinical Income
	(49.6)	(29.3)	1.7	(27.6)	Expenditure - reduced service delivery costs
1	***73.9***	***24.8***	***(0.5)***	***24.3***	***Productivity Reduction***
	79.7	44.0	1.5	45.5	Covid-19 revenue costs
	0.0	2.5	(1.9)	0.6	Covid-19 impact outstanding annual leave
2	***79.7***	***46.4***	***(0.4)***	***46.1***	***Covid-19 – Incremental Costs***
	19.7	(2.8)	(0.3)	(3.2)	R&D income at risk / (benefit)
	21.6	12.4	0.5	12.9	Other income reductions
3	***41.3***	***9.6***	***0.2***	***9.8***	***Other compromised Income***
	194.9	**80.8**	**(0.7)**	**80.1**	**Full adverse impact of Covid-19**
	4.4	0.0	0.0	0.0	Remedial fire safety works (net)
	0.0	2.2	1.0	3.2	Study leave
	19.1	0.0	7.3	7.3	Board approved investments (net)
	0.0	0.0	4.7	4.7	Clinical and IT expenditure
	0.0	4.9	0.2	5.1	Pass-through drugs
	0.0	19.4	(1.4)	18.0	Sevice developments and impairments (net)
	0.0	0.0	0.5	0.5	Loss on disposal
	0.0	(0.0)	(0.5)	(0.6)	Depreciation, amortisation and financing
4	**23.5**	**26.5**	**11.6**	**38.2**	**Other major items**

£'m	£'m	£'m	£'m	Mitigations
(86.7)	(48.7)	(4.3)	(53.0)	Clinical income through block payments
(10.6)	(4.6)	(0.2)	(4.8)	Clinical income through pass through
(95.0)	(42.8)	(4.7)	(47.6)	System Covid funding+Out of envelope funding
(11.0)	0.0	0.0	0.0	20/21 Additional top-up from £5.9m to £7.8m per month
0.0	(11.0)	(3.0)	(14.0)	Service Developments: income
(0.9)	(0.2)	1.3	1.0	Other adjustments - donated asset income/depr & PPE stock adj
5 **14.2**	**(0.0)**	**(0.1)**	**(0.1)**	**Reported NHS Finance Performance Position: Deficit/(Surplus)**

This table sets out the adverse impact of Covid-19 on the Trust's finances and the mitigating mechanisms currently in place. The underlying performance is driven by four factors:

1) Productivity Reduction
Compromised clinical income and costs of delivering increasing activity volumes including service developments

2) Covid-19 – Incremental Costs
Covid-19 direct expenditure and incremental Covid-19 related increases in our usual cost base

3) Other compromised income
R&D income, Education and training, Inter Trust services and non NHS paying patient income

4) Other major items
This section includes a number discrete items of operational expenditure including service developments, investments and impairments that contribute to the overall financial position.

5) Net other mitigations and funding adjustments
Funding adjustments recognised in month 1 to month 12 that mitigate the expenditure position and contribute to the £0.1m surplus (NHS performance basis).

YTD the underlying financial pressure from Covid-19 stands at £80.1m.

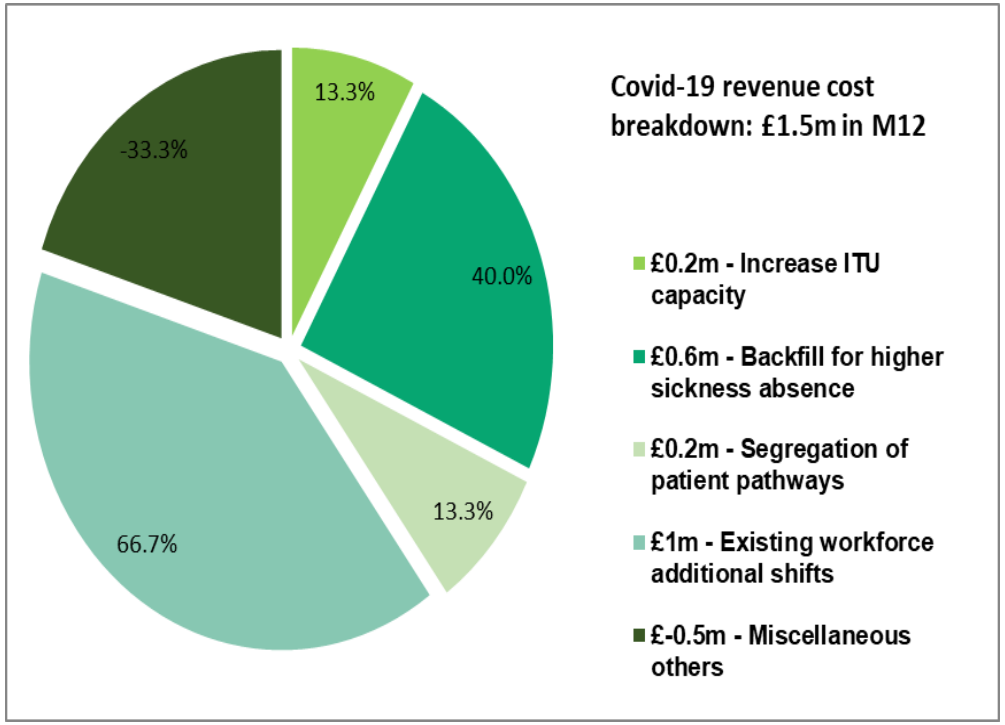
Please note: Reclassification between Clinical Income and Other income reductions at M12

Trust underlying Covid-19 financial impact

£ Millions	In Month Budget	In Month Actual	In Month Variance	In Month National pension adj 6.3%	In Month Variance (Exc. Covid & Pension uplift)	Year to Date Budget	Year to Date Actual	Year to Date Variance	Year to Date National pension adj 6.3%	Year to Date Variance (Exc. Covid & Pension uplift)
Clinical Income - exc. D&D*	60.7	70.5	9.8		9.8	681.8	722.8	41.0		41.0
Clinical Income - D&D*	10.4	7.9	(2.5)		(2.5)	145.2	149.9	4.7		4.7
Devolved Income	20.0	73.9	53.9	24.6	29.3	263.3	305.4	42.1	24.6	17.5
Covid - Income top-up & outside envelope	4.6	4.7	0.1			46.5	47.6	1.1		
Total Income	**95.7**	**157.1**	**61.4**	**24.6**	**36.7**	**1,136.9**	**1,225.7**	**88.8**	**24.6**	**63.2**
Pay	49.0	77.5	(28.5)	24.6	(3.9)	574.7	619.6	(44.8)	24.6	(20.2)
Drugs	14.0	12.7	1.3		1.3	166.1	165.2	0.9		0.9
Non Pay	25.7	77.5	(51.8)		(51.8)	308.1	375.4	(67.2)		(67.2)
Covid - Pay	2.6	2.7	(0.2)			29.3	29.4	(0.1)		
Covid - Drugs	0.1	0.0	0.1			0.5	1.0	(0.5)		
Covid - Non pay	1.5	(1.2)	2.7			22.8	15.1	7.7		
Operating Expenditure	**92.8**	**169.2**	**(76.4)**	**24.6**	**(54.4)**	**1,101.6**	**1,205.7**	**(104.1)**	**24.6**	**(86.6)**
EBITDA	**2.9**	**(12.1)**	**(15.0)**		**(17.7)**	**35.3**	**20.0**	**(15.2)**		**(23.4)**
Depreciation, Amortisation & Financing	2.9	2.3	0.5		0.5	35.2	34.6	0.6		0.6
Reported gross Surplus / (Deficit)	**(0.0)**	**(14.5)**	**(14.5)**		**(17.2)**	**0.1**	**(14.6)**	**(14.7)**		**(22.8)**
Add back technical adjustments:										
Impairments	0.0	15.8	15.8		15.8	0.0	15.8	15.8		15.8
Capital donations/grants net I&E impact	0.0	(1.7)	(1.7)		(1.7)	0.0	(1.5)	(1.5)		(1.5)
Net benefit of PPE consumables transactions	0.0	0.4	0.4		0.4	0.0	0.4	0.4		0.4
Surplus / (Deficit) NHS financial performance basis	**(0.0)**	**0.1**	**0.0**		**(2.7)**	**0.1**	**0.1**	**0.0**		**(8.2)**

*D&D = Drugs & devices

Summary financial position



Key messages:

During the year expenditure has averaged £3.8m per month compared to circa £6.7m during the last quarter of 20/21. Total expenditure for 21/22 is £45.5m.

The Trust continues to invest in services to cope with the increased demand and these pressures have been recognised nationally, with NHS E/I updating the Covid guidance at the start of Q2 of 21/22 to include "existing workforce carrying out additional shifts to meet increased demand", which explains the increase in the reported Covid spend run rate from month 4 onwards.

The main areas of Covid recurrent investment in Month 12 are:

- Existing workforce covering additional shifts £1.0m
- Backfill for higher sickness absence £0.6m
- Cost to maintain the increase in ITU capacity £0.2m
- Segregation of patient pathways £0.2m
- Miscellaneous expenditure (£0.5m)

There has been a downward reassessment of the in-year provisions relating to Trust contracts with external providers which provides the explanation of the negative expenditure position within Corporate and Miscellaneous expenditure.

Division	Apr-21 (m)	May-21 (m)	Jun-21 (m)	Jul-21 (m)	Aug-21 (m)	Sep-21 (m)	Oct-21 (m)	Nov-21 (m)	Dec-21 (m)	Jan-22 (m)	Feb-22 (m)	Mar-22 (m)
Corporate	£1.1	£1.1	£1.7	£1.2	£1.9	£0.7	£1.1	£1.5	£1.3	£1.5	£1.3	(£1.0)
Division A	£1.0	£1.0	£0.0	£2.9	£1.5	£1.0	£1.3	£1.5	£1.2	£1.7	£1.2	£1.1
Division B	£0.3	£0.3	(£0.0)	£0.7	£0.7	£0.4	£0.5	£0.1	£0.4	£0.3	£0.5	£0.5
Division C	£0.2	£0.2	£0.8	£0.3	£0.5	£0.5	£0.5	£0.3	£0.5	£0.6	£0.5	£0.5
Division D	£0.4	£0.4	£0.4	£0.5	£0.6	£0.5	£0.3	£0.2	£0.2	£0.2	£0.1	£0.2
Division E	£0.0	£0.0	£0.3	£0.5	£0.1	£0.2	£0.2	£0.1	£0.1	£0.2	£0.2	£0.3
Total	**£3.1**	**£3.1**	**£3.1**	**£6.1**	**£5.3**	**£3.4**	**£3.9**	**£3.8**	**£3.7**	**£4.5**	**£3.9**	**£1.5**

Second wave

Activity recovery

Covid-19 expenditure overview

Full Year Plan – key messages

£'m	H1	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	H2	Total 21/22
Operating income from patient care activities	483.1	82.6	82.6	82.6	82.6	82.6	82.6	495.5	978.7
Other operating income	79.4	13.4	13.1	13.1	13.1	13.1	13.1	78.8	158.2
Total operating income	**562.5**	**96.0**	**95.7**	**95.7**	**95.7**	**95.7**	**95.7**	**574.3**	**1,136.8**
Employee expenses	(294.4)	(51.5)	(51.6)	(51.6)	(51.7)	(51.7)	(51.5)	(309.5)	(603.9)
Operating expenses excluding employee expenses	(261.8)	(43.5)	(43.1)	(43.1)	(43.0)	(43.0)	(43.1)	(258.9)	(520.6)
Operating Surplus/(Deficit)	**6.4**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**5.9**	**12.3**
Finance expense	(3.4)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(3.0)	(6.4)
PDC dividends payable/refundable	(2.9)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(2.9)	(5.8)
Net finance costs	(6.3)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(5.9)	(12.2)
Surplus/(Deficit) - NHS financial performance basis for the year to date	**0.1**	**(0.0)**	**0.0**	**(0.0)**	**(0.0)**	**(0.0)**	**0.0**	**0.0**	**0.1**
Add back technical adjustments:									
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Reported gross surplus/(deficit)	**(0.0)**	**(0.0)**	**0.0**	**(0.0)**	**(0.0)**	**(0.0)**	**0.0**	**0.0**	**0.0**

Key messages:

- The Trust has delivered the full year plan on the NHS financial performance basis with a surplus of £0.1m (subject to audit).
- The Trust did not plan to receive ERF income in H2 and this assumption proved correct.
- The Trust has recognised the return of the £13.5m H1 ICS income contribution within the H2 plan.
- Productivity and Efficiency schemes totalling £12.4m were included and delivered within the H2 plan.

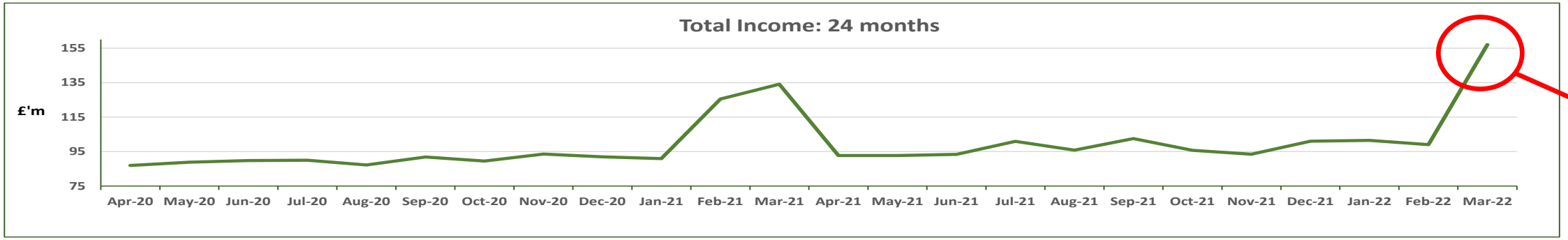
Month 12 performance against plan

£'m	M12 YTD Plan	M12 YTD Actual	Variance	Notes
Operating income from patient care activities	978.7	1,047.9	69.2	Includes exceptional M12 items - additional pension contribution - central funding - £24.6m, grossing up for R&D consortium arrangement - £10.9m , notional apprenticeship fund - £2.4m, national PPE funding - £2.8M and R&D NIHR grant - £11.0m
Other operating income	158.2	177.8	19.6	
Total income	**1,136.8**	**1,225.7**	**88.8**	**Total income is ahead of plan for the full year**
Employee expenses	(603.9)	(648.8)	(44.9)	Includes exceptional M12 items - - additional pension contribution - central funding - £24.6m
Operating expenses excluding employee expenses	(520.6)	(581.2)	(60.6)	Includes exceptional M12 items - grossing up for R&D consortium arrangement - £10.9m , notional apprenticeship fund - £2.4m, national PPE funding - £2.8m and R&D NIHR grant - £11.0m
Operating surplus / (deficit)	**12.3**	**(4.4)**	**(16.6)**	**Operating position is behind plan for the full year - due to Impairments of £18.1m (DEL and AME)**
Finance costs				
Finance expense	(6.4)	(6.5)	(0.1)	
PDC dividends payable/refundable	(5.8)	(3.2)	2.5	
Net Finance costs	**(12.2)**	**(9.7)**	**2.5**	
Reported loss on disposal		(0.5)	(0.5)	
Reported gross surplus/(deficit)	**0.1**	**(14.6)**	**(14.7)**	**Performance is behind plan for the full year**
Add back technical adjustments:				
Impairments (AME)	0.0	15.8	15.8	
Capital donations/grants net I&E impact	(0.1)	(1.5)	(1.4)	
Net benefit of PPE consumables transactions	0.0	0.4	0.4	
Surplus/(Deficit) - NHS financial performance basis for the year to date	**0.0**	**0.1**	**0.1**	**Net position is broadly in line with plan year to date**

Key messages:

- The Trust is in line with plan on an NHS financial performance basis.
- The reported position includes £93.6m (£7.8m/month) of top-up funding. This matches the funding level in FY20/21. The Trust has also received £46.2m (£3.1m/month for H1 and £4.6m/month for H2) of system Covid-19 funding and £1.4m of outside envelope Covid funding to cover new schemes that were outside the originally funding allocations e.g. the vaccination centre.
- The reported expenditure position includes £45.5m of Covid expenditure in the year to date.

Plan performance FY21/22 (continued)



£'m	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Admitted Patient Care	29.8	27.5	(2.2)	337.4	300.7	(36.7)
Outpatient	10.4	11.1	0.7	122.8	122.9	0.1
Accident and Emergency	2.1	2.2	0.1	24.7	24.5	(0.3)
Other Activity	28.8	37.5	8.7	342.1	424.6	82.6
Total Clinical Income	**71.1**	**78.4**	**7.3**	**827.0**	**872.8**	**45.7**
Devolved Income	20.0	73.9	53.9	263.3	305.4	42.1
Covid - Income top-up & outside envelope	4.6	4.7	0.1	46.5	47.6	1.1
Total Trust Income	**95.7**	**157.1**	**61.4**	**1,136.9**	**1,225.7**	**88.8**

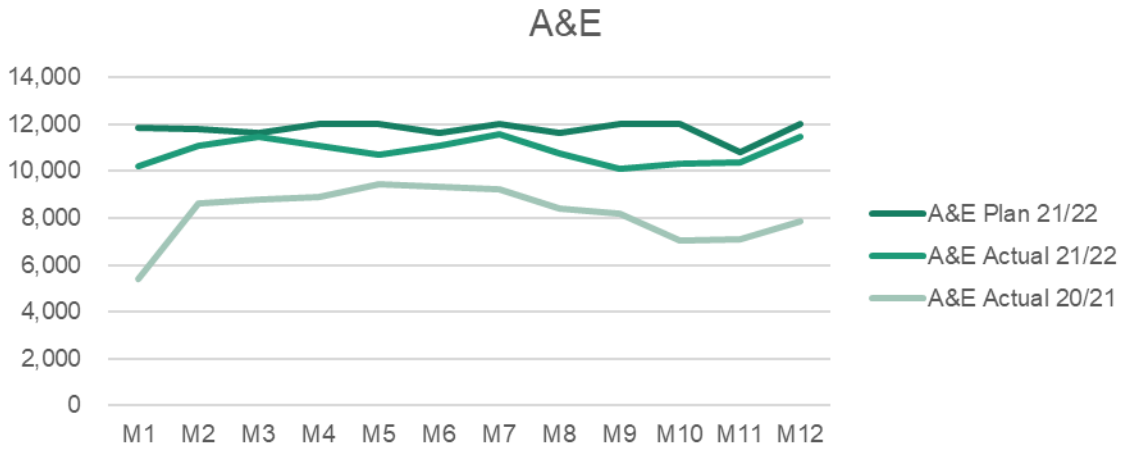
Note: M12 includes additional funding from NHSE/I for the extra 6% NHS pension contribution (£24.6m), The impact of R&D projects accounted for in M12 (£10.9m), apprenticeship funding (£2.4m), national PPE funding (£2.8m) and an NIHR R&D grant (£11.0m). All of which included matched expenditure in M12.

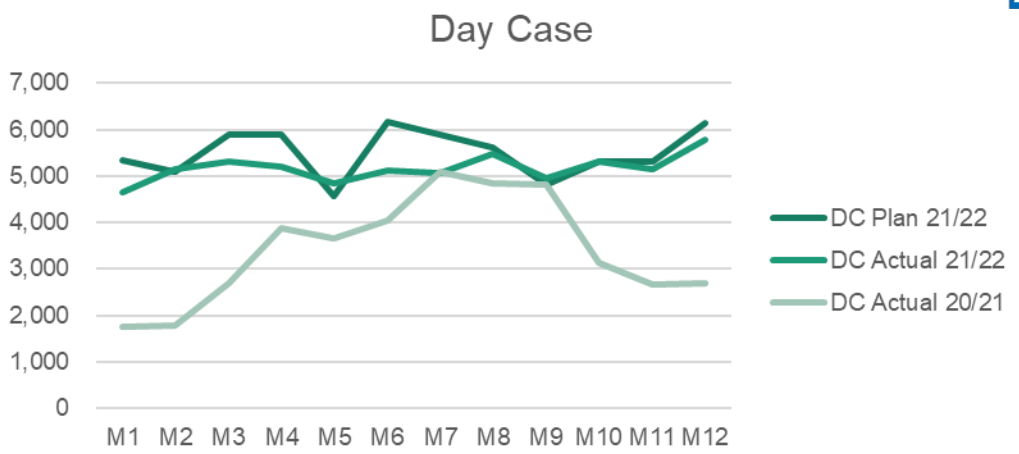
Key messages:

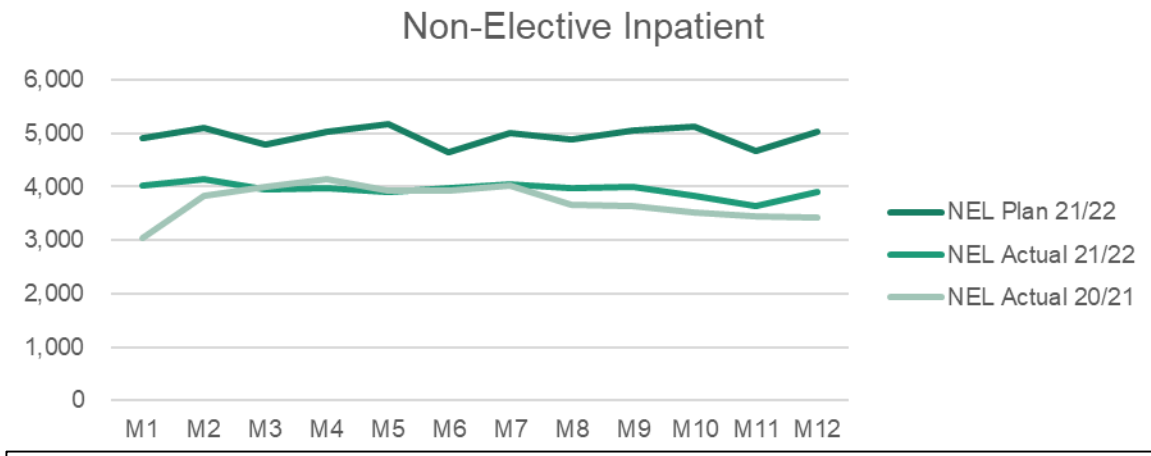
- For H2 the Clinical Income plan reflected a pre-Covid level of performance. The non-clinical income plan included monthly top-up funding of £7.8m and Covid funding of £3.1m per month for H1 and £4.6m per month for H2. Pay award funding for H2 was included in the plan but following NHS E/I guidance was excluded from H1 plans.
- The Clinical Income position includes forecast ERF income of £17.1m year to date.
- At the end of month 12, the Trust's overall income position is £88.8m above plan. Clinical income is £45.7m ahead of plan, with devolved income £42.1m favourable to plan.
- Within the M12 devolved income position there are a number of exceptional items that the Trust is required to report alongside matching expenditure. These include additional pension contribution (£24.6m), grossing up for R&D consortium arrangements (£10.9m), notional apprenticeship fund (£2.4m) and national PPE funding (£2.8m). In addition the Trust has received an R&D NIHR grant for £11.0m.
- Adjusting for the £51.7m of items listed the underlying devolved income adverse variance is £9.6m and is driven by lower customer activity billing and specific risk adjustments.
- Within Admitted Patient Care, Outpatients and Accident and Emergency there is adverse variance of £36.7m due to Covid with this shortfall in income covered by the block payment within Other Activity.

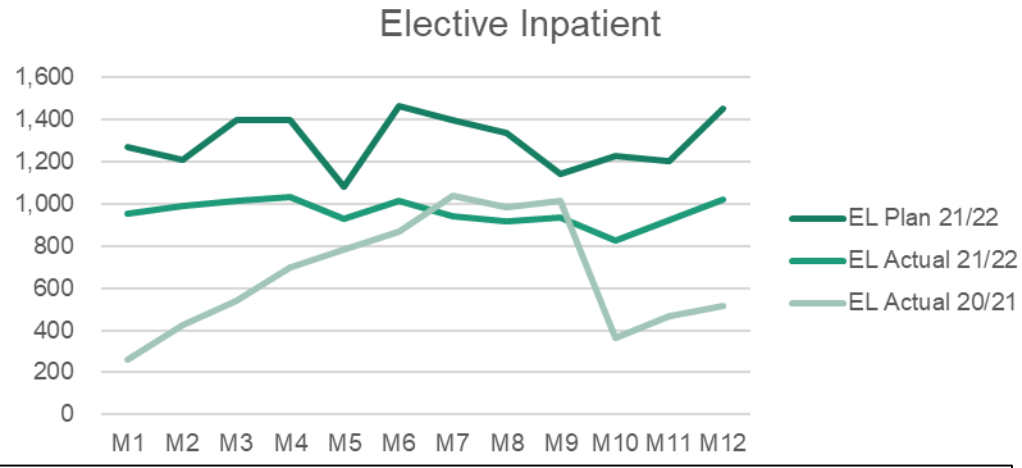
Clinical and other income

Clinical Income - Activity information (A&E, DC, NEL and EL)







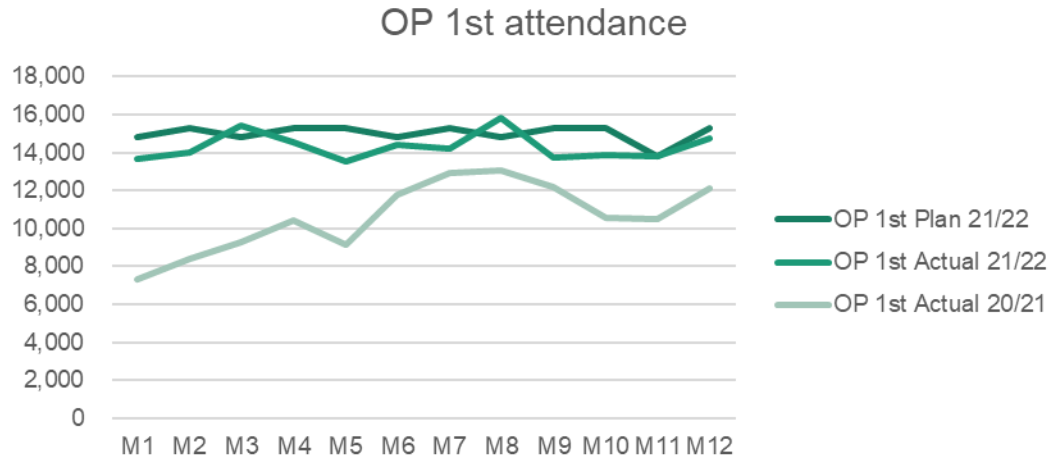


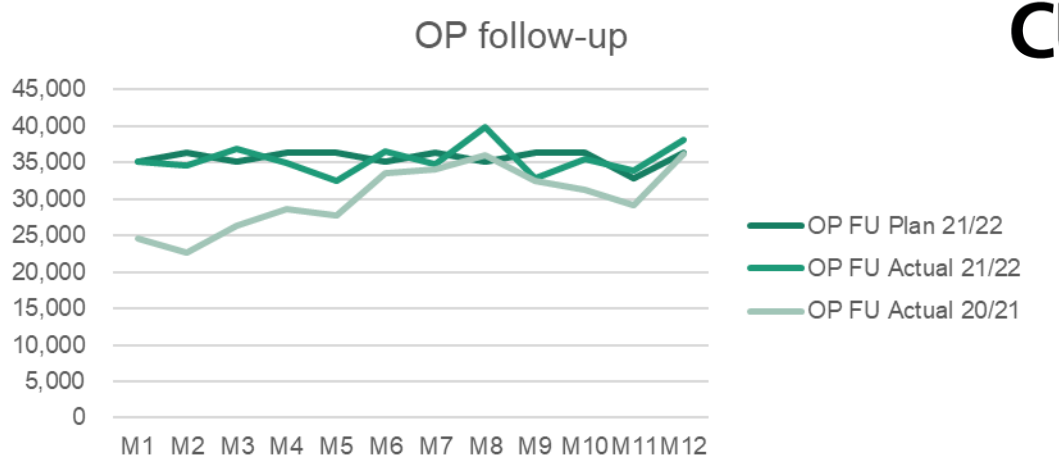
Key messages:

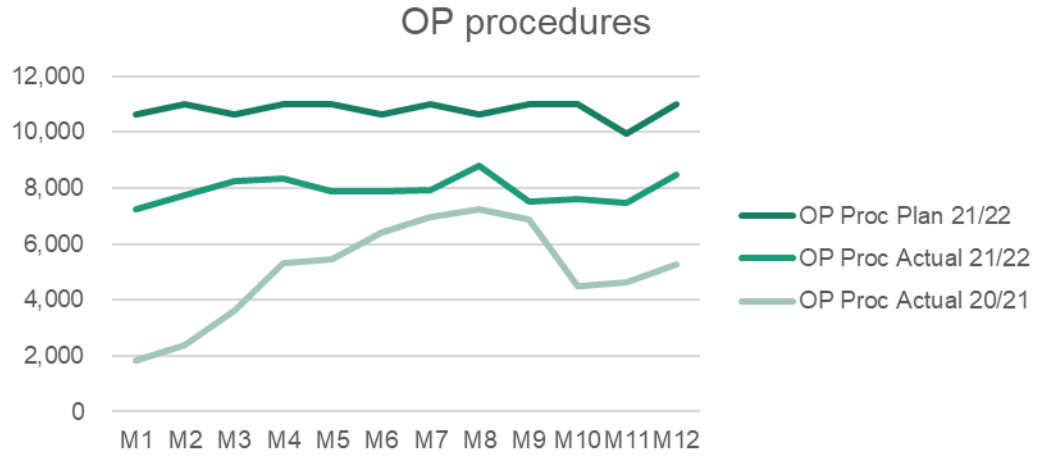
- A&E activity remains relatively close to planned activity levels at month 12 (set at pre-Covid levels).
- Elective inpatient spells have increased in month 12 and day case spells have followed plan.
- Non-elective spells are comparable to FY20/21 level but remain considerably below 21/22 plan.

Clinical and other income (continued)

Clinical Income - Activity information (OP FA, FUP and Procedure)







Key messages:

- Outpatient first attendances and procedures have increased in month 12 but still above prior year activity levels.
- Outpatient follow-ups are performing close to plan in month 12.

£m	Month 12
0.2	Drugs and Devices over-performance
2.2	Contracted clinical commissioning income over-performance
0.0	Non-contracted clinical commissioning income performance
2.4	In month overall service over-performance
4.9	Offset - by clinical income mainly through block & additional commissioner funding (Elective+ funding £2.2m, Capacity funding £0.6m and other funding £2.1m)
7.3	**NET clinical income over-performance**

Clinical and other income (continued)

	FY21/22 H1 ERF Initial Plan (£'m)							FY21/22 H2 ERF Initial Plan (£'m)							21/22 FY
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	H1 Total	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	H2 Total	Total
ERF PLAN	**2.7**	**3.6**	**0.0**	**0.5**	**0.6**	**0.2**	**7.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**7.5**

	FY21/22 H1 ERF Actual and Forecast (£'m)							FY21/22 H2 ERF Actual and Forecast (£'m)							21/22 Total
POD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total	Total
	Actual (confirmed)	Actual (confirmed)	Actual (confirmed)	Actual (confirmed)	Actual (confirmed)	Actual (confirmed)	H1 Actual	Actual (awaiting validation)	Actual (awaiting validation)	Actual (awaiting validation)	Actual (awaiting validation)	H2 Forecast			21/22 Forecast
DC	3.9	4.4	4.4	4.6	3.8	4.5	**25.6**								
IP spell	4.5	5.1	5	4.6	4.4	4.8	**28.4**								
OP Attendance	8	8.1	8.7	8.4	7.7	8.6	**49.5**								
OP Procedure	1.3	1.4	1.5	1.5	1.4	1.4	**8.5**								
Total £	17.8	19	19.5	19.1	17.3	19.3	**112.0**								
Percentage (%) against FY19/20 actuals (i.e. baseline)	96%	107%	97%	100%	99%	101%									
RTT % Forecast H2	Metric n/a in H1							74%	77%	78%	75%	83%	80%		
								91%	95%	98%	88%	87%	84%		
								81%	84%	86%	81%	85%	80%		
ERF ACTUAL AND FORECAST	**5.3**	**6.5**	**3.9**	**1.0**	**0.6**	**1.2**	**18.5**	**0.1**	**0.0**	**2.6**	**0.0**	**0.1**	**4.8**	**7.6**	**26.1**
H1 System Adjustment								**(1.4)**							**(1.4)**
Estimated H2 System Adjustment								**(0.1)**		**(2.6)**		**(0.1)**	**(4.8)**	**(7.6)**	**(7.6)**
CUMULATIVE TOTAL	**5.3**	**11.8**	**15.7**	**16.7**	**17.3**	**18.5**	**18.5**	**17.1**	**17.1**	**17.1**	**17.1**	**17.1**	**17.1**	**17.1**	**17.1**

	FY21/22 H1 ERF variance to plan (£'m)							FY21/22 H2 ERF variance to plan (£'m)							
POD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total	Total
FORECAST ERF ABOVE PLAN	**2.6**	**2.9**	**3.9**	**0.5**	**0.0**	**1.0**	**11.0**	**(1.4)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**9.6**

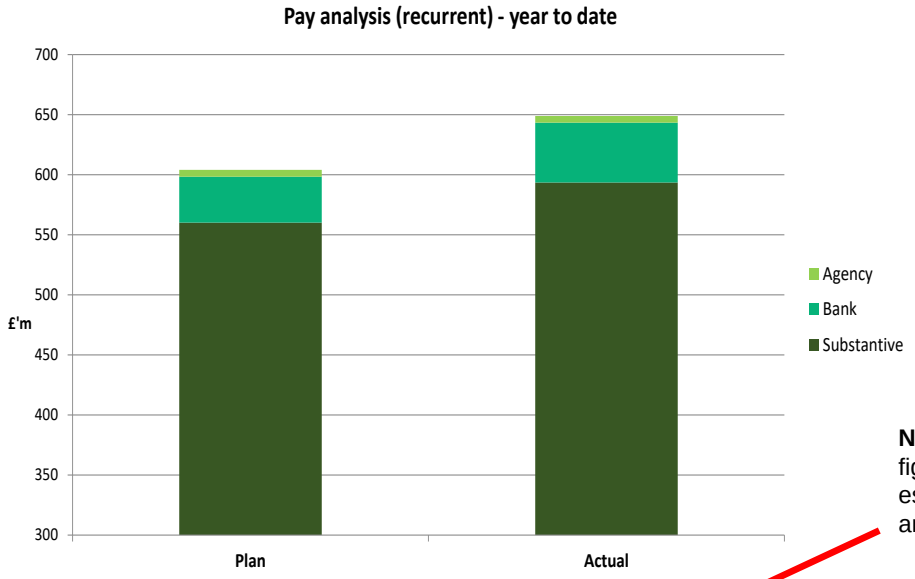
Key messages:

- The table summarises the ERF plan and forecast for H1 and H2 FY21/22.
- The Trust has a receipt of £17.1m of ERF funding for H1. This includes a downward revision of £1.4m in the H1 estimate reported.
- For H2 ERF will be measured by an aggregated baseline of RTT performance against both Admitted and Non Admitted Pathways.
- March 2020 was influenced by Covid admissions and therefore the baseline for March 2022 measurement has been artificially constructed by NHSE/I, this is part of the reason for projected achievement in March 2022 and as such should be caveated.
- CUH is projecting to achieve the target in February and March, however this will not be recognised at this stage due to uncertainty at system performance level. We awaiting further guidance from NHSEI.

Elective Recovery Fund - plan and forecast

Key messages:

- At the end of month 12, the Trust is reporting a £44.8.m adverse position on pay.
- Adjusting for the additional pension contribution (£24.6m), H1 pay award (£7.8m), Covid related pay budget and spend, the Trust is reporting an underlying adverse variance of £12.4m YTD, of which circa £8.7m relates to additional investment to secure the ERF delivery, a board approved Strategic investment (£2m) other investments that are fully funded from income sources i.e. R&D. Included. Refer overleaf for an additional analysis of the Covid element in pay expenditure.
- The Trust continues to take actions to restore and maintain services in a Covid safe environment and has invested £29.4m of Covid pay related spend in 21/22.
- Bank spend as a proportion to the total 21/22 pay bill is 7.7%, while agency spend for the same time period is only 0.8% of the total pay bill. The main driver for the bank spend is the additional shifts required to cover sickness and to meet the increased demand on services.



Note: The Sep-21 figures included estimated pay arrears of £7.8m

Pay expenditure – trend and year to date

£ Millions	In Month Budget	In Month Actual	In Month Variance	In Month National pension adj 6.3%	In Month Variance (exc National pension adj 6.3%)	Year to Date Budget	Year to Date Actual	Year to Date Variance	Year to Date National pension adj 6.3%	Year to Date Variance (exc National pension adj 6.3%)
Non Covid:										
Administrative & Clerical	6.9	11.7	(4.8)	3.6	(1.2)	81.0	92.7	(11.7)	3.6	(8.1)
Allied Healthcare Professionals	2.7	4.4	(1.7)	1.4	(0.3)	31.9	34.8	(2.9)	1.4	(1.5)
Clinical Scientists & Technicians	4.4	6.6	(2.2)	2.5	0.3	52.3	56.0	(3.7)	2.5	(1.3)
Medical and Dental Staff	15.9	25.2	(9.3)	8.2	(1.1)	187.8	202.7	(14.9)	8.2	(6.7)
Nursing	17.8	27.0	(9.2)	8.2	(1.0)	207.1	217.8	(10.7)	8.2	(2.5)
Other Pay Costs	1.3	2.6	(1.3)	0.8	(0.5)	14.6	15.4	(0.8)	0.8	(0.0)
Subtotal for non-covid	**49.0**	**77.5**	**(28.5)**	**24.6**	**(3.9)**	**574.7**	**619.5**	**(44.7)**	**24.6**	**(20.1)**
Covid:										
Administrative & Clerical	0.2	0.2	(0.0)			2.5	3.1	(0.7)		
Allied Healthcare Professionals	0.1	0.2	(0.1)			1.3	1.4	(0.1)		
Clinical Scientists & Technicians	0.1	0.1	0.0			0.7	0.7	(0.0)		
Medical and Dental Staff	0.7	0.6	0.2			8.9	8.0	0.9		
Nursing	1.0	1.7	(0.7)			10.2	15.3	(5.1)		
Other Pay Costs	0.5	0.1	0.4			5.7	0.8	4.9		
Subtotal for covid	**2.6**	**2.7**	**(0.2)**			**29.3**	**29.4**	**(0.1)**		
Total Pay Cost	**51.5**	**80.2**	**(28.7)**	**24.6**	**(3.9)**	**604.0**	**648.8**	**(44.8)**	**24.6**	**(20.1)**

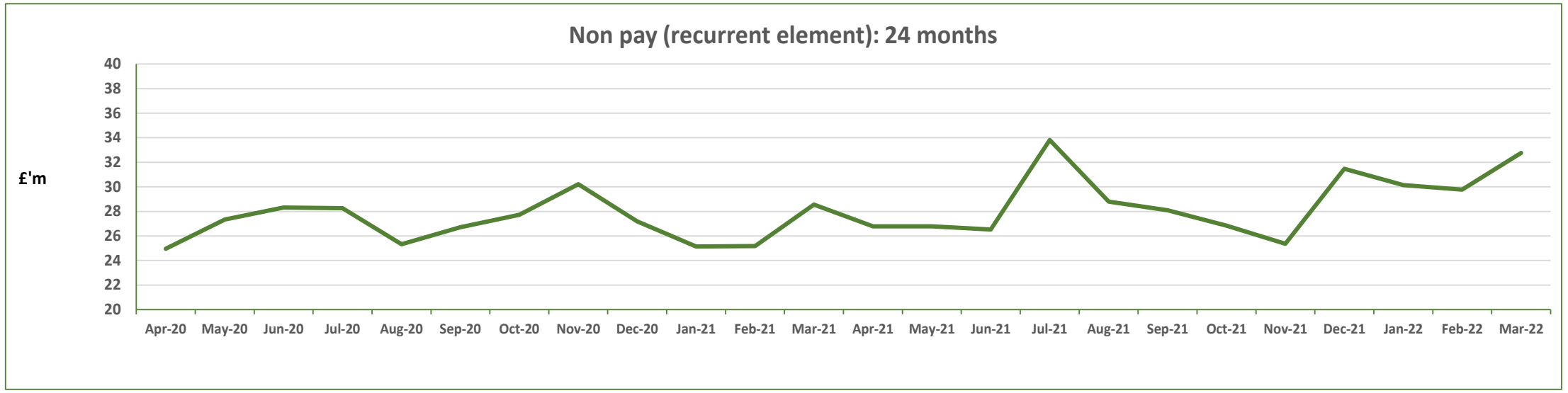
Note: The non-Covid YTD adverse pay variance of £44.7m includes £24.6m of National pension contributions, £7.4m of direct pay award arrears and £4.2m of funded ERF staff support costs. The underlying adverse variance is therefore £8.5m. The Covid adverse pay variance includes £0.2m of pay award arrears.

Pay expenditure (continued)

	In Month					Year to Date				
£ Millions	Budget	Actual	Variance	National pension adj 6.3%	Variance (exc National pension adj 6.3%)	Budget	Actual	Variance	National pension adj 6.3%	Variance (exc National pension adj 6.3%)
Non Covid:										
Agency	0.4	0.4	(0.0)		(0.0)	4.2	3.7	0.5		0.5
Bank	2.1	3.2	(1.1)		(1.1)	28.3	37.8	(9.5)		(9.5)
Contracted	0.2	0.4	(0.2)		(0.2)	2.3	3.0	(0.8)		(0.8)
Substantive	46.4	73.6	(27.2)	24.6	(2.6)	540.0	575.0	(35.0)	24.6	(10.4)
Subtotal for non-covid	**49.0**	**77.5**	**(28.5)**	**24.6**	**(3.9)**	**574.7**	**619.5**	**(44.7)**	**24.6**	
Covid:										
Agency	0.1	0.1	0.0			1.5	1.7	(0.2)		
Bank	0.9	1.4	(0.5)			9.9	12.1	(2.2)		
Contracted	0.0	0.0	(0.0)			0.0	0.3	(0.3)		
Substantive	1.5	1.2	0.4			17.8	15.2	2.7		
Subtotal for covid	**2.6**	**2.7**	**(0.2)**			**29.3**	**29.4**	**(0.1)**		
Total Pay Cost	**51.5**	**80.2**	**(28.7)**	**24.6**	**(3.9)**	**604.0**	**648.8**	**(44.8)**	**24.6**	**0.0**

Note: The non-Covid YTD adverse pay variance of £44.7m includes £24.6m of National pension contributions, £7.4m of direct pay award arrears and £4.2m of funded ERF staff support costs. The underlying adverse variance is therefore £8.5m. The Covid adverse pay variance includes £0.2m of pay award arrears.

Pay expenditure (continued)



Note: The following non-recurrent items have been adjusted out of the M12 figure presented; Impairment-AME (£15.8m), R&D grossing-up (£10.9m), R&D NIHR grant (£11.0m), National PPE (£2.8m), Notional apprenticeship fund (£2.4m) and Loss on disposal (£0.5m)

Key messages:

- At the end of month 12, the Trust's non pay position is £59.2m adverse to plan (including Covid costs).
- The adverse variance includes the following non-recurrent items: Impairment-AME (£15.8m), Impairment-DEL (£2.2m), R&D grossing-up (£10.9m)*, R&D NIHR grant (£11.0m)*, National PPE (£2.8m)*, Notional apprenticeship fund (£2.4m)*, Loss on disposal (£0.5m), ERF funded expenditure (£2.0m)* and impairment of long-term debtors (£9.6m) of which £4.6m relates to Injury Cost Recovery impairment of long-term debtors. The expenditure also includes a number of Strategic investments approved by the Board that total £5.3m across areas of non-pay expenditure.
- The items marked with an asterix were not included in the 21/22 plan and total £29.1m and have matching income.
- When excluding Covid related non-pay budget and expenditure, the variance becomes adverse £66.4m YTD (refer to the next slide).

Non pay expenditure

£millions	In Month Budget	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance
Non Covid:						
Drugs	14.0	12.7	1.3	166.1	165.2	0.9
Clinical Supplies	15.4	23.1	(7.7)	182.5	186.7	(4.2)
Misc Other Operating expenses	0.7	(2.2)	2.9	10.9	14.1	(3.2)
Premises	5.2	10.6	(5.4)	62.6	69.1	(6.5)
Clinical Negligence	1.9	1.0	0.9	23.4	22.4	0.9
Other non pay costs (including CIP)	2.1	1.0	1.1	25.5	28.3	(2.8)
Total Recurrent	***39.4***	***46.2***	***(6.8)***	***471.0***	***485.9***	***(14.8)***
Other non pay costs	0.3	0.2	0.1	3.2	2.1	1.1
Receivables impairment net of reversals	0.0	0.8	(0.8)	0.0	9.7	(9.7)
R&D NIHR grant		11.0	(11.0)		11.0	(11.0)
R&D consortium grossing-up		10.9	(10.9)		10.9	(10.9)
Impairment net of reversals		15.8	(15.8)		15.8	(15.8)
Centrally procured PPE		2.8	(2.8)		2.8	(2.8)
Notional Apprenticeship fund		2.4	(2.4)		2.4	(2.4)
Total Non-recurrent	***0.3***	***43.8***	***(43.6)***	***3.2***	***54.7***	***(51.5)***
Subtotal for non-covid	***39.7***	***90.1***	***(50.4)***	***474.2***	***540.6***	***(66.4)***
Covid:						
Drugs	0.1	0.0	0.1	0.5	1.0	(0.5)
Clinical Supplies	0.8	(0.9)	1.7	11.0	8.2	2.8
Misc Other Operating expenses	0.1	0.1	(0.0)	1.2	(0.1)	1.3
Premises	0.1	(0.1)	0.2	1.4	1.3	0.1
Clinical Negligence	0.0	0.0	0.0	0.0	0.0	0.0
Other non pay costs (including CIP)	0.4	(0.4)	0.8	9.2	5.7	3.6
Subtotal for covid	***1.6***	***(1.2)***	***2.8***	***23.3***	***16.1***	***7.2***
Total Non Pay	**41.2**	**88.9**	**(47.6)**	**497.6**	**556.7**	**(59.2)**

Note: The Month 12 figures show a year to date adverse variance of £59.2m - this includes the following non-recurrent items Impairment-AME (£15.8m), Impairment-DEL (£2.2m), R&D grossing-up (£10.9m)*, R&D NIHR grant (£11.0m)*, National PPE (£2.8m)*, Notional apprenticeship fund (£2.4m)*, Loss on disposal (£0.5m), ERF funded expenditure (£2.0m)* and impairment of long-term debtors (£9.7m) of which £4.6m relates to Injury Cost Recovery impairment of long-term debtors.

* Relate to items with matching income

Non pay expenditure (continued)

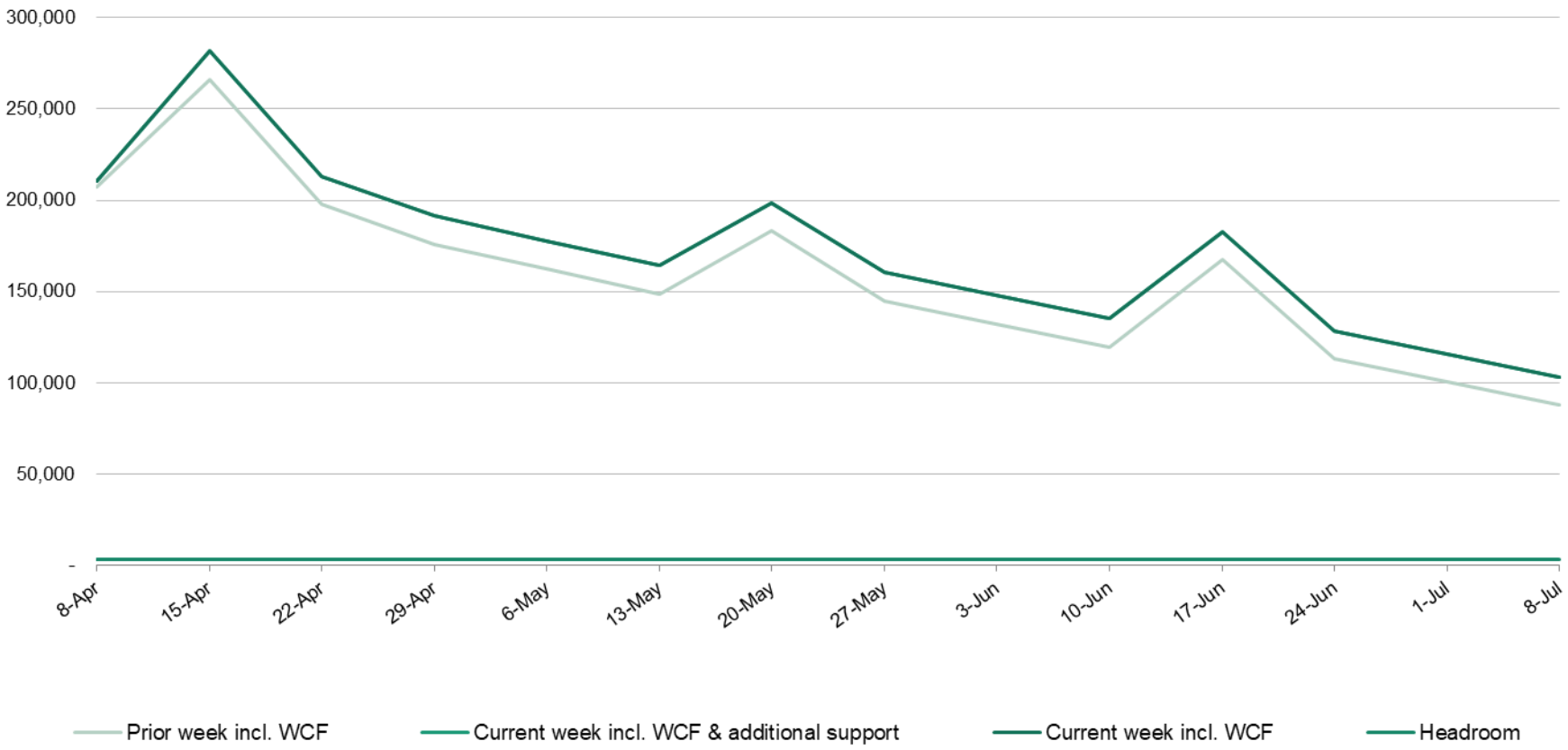
£'m	M7		M8		M9		M10		M11		M12		YTD		Forecast	
Identified Efficiencies	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**
Workforce – Temporary staffing	0.5	0.6	0.5	0.3	0.5	0.4	0.5	0.4	0.5	0.4	0.5	0.3	3.0	2.5	3.0	2.5
Workforce – Skill Mix	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Workforce – Other efficiencies/savings	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Corporate and Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.3	0.1	0.3
Pathology Networks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Imaging Networks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Diagnostic Hubs (CDH)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Diagnostics	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Hospital Medicine and Pharmacy	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.6	0.8	0.6	0.8
Urgent and Emergency Care (UEC)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathway Improvement Programme (PIP)	0.7	0.6	0.7	0.3	0.7	0.3	0.7	0.7	0.7	0.7	0.7	1.0	4.0	3.6	4.0	3.6
Procurement	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	1.8	1.9	1.8	1.9
Estates and Facilities	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.7	0.8	0.7	0.8
Fleet	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Other savings plans	0.1	0.1	0.1	1.1	0.1	0.7	0.1	0.2	0.1	0.2	0.1	0.0	0.8	2.3	0.8	2.3
Total Identified Efficiencies	**1.8**	**1.8**	**1.8**	**2.3**	**1.8**	**2.1**	**1.8**	**2.1**	**1.8**	**2.1**	**1.8**	**2.1**	**11.0**	**12.4**	**11.0**	**12.4**
Unidentified Efficiencies																
Unidentified	0.2		0.2		0.2		0.2		0.2		0.2		1.4	0.0	1.4	0.0
Total Efficiencies - H2	**2.1**	**1.8**	**2.1**	**2.3**	**2.1**	**2.1**	**2.1**	**2.1**	**2.1**	**2.1**	**2.1**	**2.1**	**12.4**	**12.4**	**12.4**	**12.4**

Key messages:

- In H2 the Trust has identified £12.4m of efficiencies, which is in line with the plan.
- Across 21/22 the Trust has reported £17.2m of scheme delivery.
- Progress continues with planning the delivery of a challenging recurrent efficiency programme in 22/23..

H2 Efficiency Plan

CUH 13 week rolling cash flow forecast (£000)



Key messages:

- The forecast suggests that there is no requirement for additional revenue cash support within this 13 week period.

Appendices

Month 12 capital expenditure position

Year to Date (Month 12)				Forecast		
	Budget £m	Actuals £m	Variance £m	Budget £m	Expenditure £m	Variance £m
Programme						
Existing estate/HV	13.8	11.3	2.5	13.8	11.3	2.5
eHospital/Legacy Systems	6.4	6.3	0.1	6.4	6.3	0.1
Medical Equipment Replacement	13.7	19.5	(5.8)	13.7	19.5	(5.8)
G2	2.0	1.8	0.2	2.0	1.8	0.2
Cancer Research Hospital	2.6	2.7	(0.1)	2.6	2.7	(0.1)
Childrens Hospital (CCRH)	6.2	5.2	1.0	6.2	5.2	1.0
Surge Centre	25.1	25.7	(0.6)	25.1	25.7	(0.6)
Other Developments/PFI	9.3	6.8	2.5	9.3	6.8	2.5
Programme Total	**79.0**	**79.2**	**(0.2)**	**79.0**	**79.2**	**(0.2)**

Key issues/notes year to date

- Overall spend was in line with plan, however material items at variance were:
  Slippages:
  Thrombectomy £2.0m
  HV £1.4m
  Children's Hospital £1.0m
  Backlog maintenance £0.5m
  Theatres £0.3m
  GLH £0.3m
  Overspends:
  Medical Equipment £6.0m (deliberate - mitigation action)
  Surge Centre £0.5m

- Spend totalled £24.7m in March

Key issues/notes re full year forecast

- Spend was in line with plan, although there were variances across projects and categories.

- Expected slippage was identified and contingencies put in place to cover this during the year, resulting in high spend on Medical Equipment in M12.

Capital expenditure by programme

Balance sheet

	M12 Actual £million
Non-current assets	
Intangible assets	24.2
Property, plant and equipment	436.8
Total non-current assets	**461.0**
Current assets	
Inventories	11.6
Trade and other receivables	50.3
Cash and cash equivalents	224.0
Total current assets	**285.9**
Current liabilities	
Trade and other payables	(219.6)
Borrowings	(8.9)
Provisions	(0.2)
Other liabilities	(109.1)
Total current liabilities	**(337.8)**
Total assets less current liabilities	**409.1**
Non-current liabilities	
Borrowings	(86.6)
Provisions	(13.1)
Total non-current liabilities	**(99.7)**
Total assets employed	**309.4**
Taxpayers' equity	
Public dividend capital	583.3
Revaluation reserve	37.5
Income and expenditure reserve	(311.4)
Total taxpayers' and others' equity	**309.4**

Balance sheet commentary at month 12

- The balance sheet shows total assets employed of £309.4m.
- Non-current liabilities at month 12 are £99.7m, of which £86.6m represents capital borrowing (including PFI).
- Cash remains strong as at month 12 despite the Trust action to continue accelerating creditor payments to support the private sector to recover from the downtime in business during the Covid-19 lock down.
- The balance sheet includes £30.0m of resource to support the completion of the Remedial fire safety works expected to be deployed over the coming years. It also includes £20m of funding received to support transformative work to be delivered in 22/23.

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 11 May 2022

Agenda item	10
Title	Strategy update
Sponsoring executive director	Claire Stoneham, Director of Strategy and Major Projects
Author(s)	Dan Northam Jones, Director of Strategy Denise Franks, Assistant Director of Planning and Development Maxine Farmer, Strategic Programme Manager Matthew Zunder, Strategy Adviser
Purpose	To update the Board on implementation of the Trust Strategy.
Previously considered by	Management Executive, 5 May 2022

Executive Summary

In July 2020, in response to the Covid pandemic, the Trust agreed a refreshed Strategy. This report presents the regular four-monthly strategy report, covering activities undertaken from January to April 2022 and outlining plans for May to September 2022.

Alongside this we are currently undertaking a detailed strategy refresh, considering priorities for the next three years, and will bring an update to the Board in June 2022.

Related Trust objectives	All
Risk and Assurance	The Trust strategy is a key tool for addressing the major risks facing the Trust.
Related Assurance Framework Entries	All
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	Yes

Action required by the Board of Directors

The Board is asked to note progress made in recent months in delivering our strategy and commitments for the coming months.

Cambridge University Hospitals
NHS Foundation Trust

Strategy Update

Introduction – Board of Directors Strategy Report

In response to the Covid-19 pandemic the Trust refreshed its strategy in Summer 2020 and agreed three goals for an initial eighteen month period.

- Improving patient care
- Supporting our staff
- Building for the future

Each goal is underpinned by three specific objectives – presented below – with a range of activities to implement these led by Executive and Divisional Directors.

Theme	Objective
Improving patient care	Safely restore all the services we provide both as a local hospital and a specialist teaching hospital for the East of England and prioritise those patients with greatest clinical need in reducing waiting lists.
	Work with our partners to maximise our capacity to treat both Covid-19 and non-Covid-19 patients in hospital and in the community, enabled by technology.
	Provide consistently high standards of patient care and experience in and outside the hospital using agreed clinical standards and protocols, embedding a culture of sustainable continuous improvement, and maintaining a safe environment.
Supporting our staff	Ensure that we have sufficient numbers of appropriately skilled and trained staff to deliver our plans now and in the future.
	Provide a comprehensive package of support to keep our staff safe, engaged, healthy and able do their jobs to the best of their abilities.
	Develop further actions to achieve greater equality and diversity in the CUH family across all the protected characteristics.
Building for the future	Develop and secure national support for the next major stages of the business cases for the Cambridge Children's Hospital and Addenbrooke's 3.
	Develop an Integrated Care System across Cambridgeshire and Peterborough that improves our population's health, outcomes and experience within the available resources.
	Play a leading role with partners on the Cambridge Biomedical Campus in the national Covid-19 research effort and powering economic growth through life sciences.

This report presents the latest progress in implementing our strategy, summarising activities and outcomes achieved during the period January to April with a look ahead to areas of focus from May to August 2022. The next update to the Board will be in September 2022.

Executive Summary

The following areas capture the most significant developments in implementing the Trust Strategy.

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Supporting Service Recovery: Expanded opportunities for High-Volume, Low-Complexity surgeries. Treated most patients waiting 104+ weeks or more by April 2022 and maximised activity. Supported optimal placement of patients to minimise hospital-acquired infections, maximised capacity through pathway and estates development to create new wards, assessment spaces and surge capacity. Developed plans to staff the 56-bed unit for Summer 2022.	**Supporting Service Recovery:** Eliminate 104+ week waiters by June 2022 and deliver 130% of 2019 activity. Shift operational rhythm from incident management to business-as-usual. Transition improvement taskforces into boards that drive innovation for urgent and emergency care, diagnostics and outpatients, elective and surgical care. Insource and outsource staff and activity to maximise recovery of backlogs. Continue surgical prioritisation and harm reviews. Finalise and implement plans for the additional surge capacity.
Managing Covid-19 and managing through Winter: Maintained a Covid-19 secure environment in line with government guidance including RPE, staff testing and vaccination. Conducted environmental risk assessment reviews and spot-checks. Implemented response to Covid-19 waves through clear escalation plans to convert spaces into Covid-19 areas, and clear communications to staff. Dynamically assessed risk between Covid, emergency and planned care allocate capacity.	**Managing Covid-19:** Deploy an appropriate level of staff and patient testing as suitable to the levels of Covid-19 and national guidance. Confirm contracts, staffing and testing flows for Winter 2022/23 including use of new testing protocols. Balance operational and infection control requirements to maximise overall quality and safety. Evolve modelling and data assessments in the absence of robust community Covid-19 testing data.
Workforce: Mitigated disruption to recruitment and training pipeline. Increased apprenticeships and newly qualified recruitment. Created a centralised pool of administrative resource to support work related to Service Recovery. Continued Just and Learning Culture developing; compassionate and enabling relationships, an anti-bulling framework and a line manager development programme. Launched a new digital and flexible working plan. Developed a new workforce strategy against 5 key priorities.	**Workforce:** Implement the five priories of the workforce strategy. Continue with staff recognition programme and new annual awards. Respond to the 2021 national staff survey and develop programmes of improvement. Invest in the 'Good Work' campaign and anti-racism and -incivility programmes. Review workspaces and IT to ensure staff have the appropriate technology and estates to work either remotely or on site. Deliver high quality occupational health for 'living with Covid-19', including vaccinations and screening. Expand opportunities for AI and digital solutions to support workforce development. Continue to invest in staff networks.
Progress on Major Projects: Launched an extensive listening exercise with patients as part of 'You me and 3'; brought the OBC for Cambridge Children's (CC) and Cambridge Cancer Research Hospital (CCRH) to the final stage of development pending submission to the national New Hospitals Programme. Continued wide ranging stakeholder engagement, fundraising activity, architectural designs, activity, and workforce plans.	**Progress on Major Projects:** Finalise the OBC for Cambridge Children's (CC) and Cambridge Cancer Research Hospital (CCRH) and begin to develop a new project structure to complete the Final Business Case (FBC). Prepare for external review by the New Hospitals Programme. Create an Addenbrooke's 3 strategy including a campus masterplan, working with partners to improve models of care and maximise off-site capacity including community diagnostic centres (CDCs).
Improving Models of Care: Recruited team to progress the East of England Specialised Provider Collaborative. Prepared for launch of our ICS's Most Capable Provider (MCP) process to formalise the South Integrated Care Partnership (ICP). Agreed and implemented the work programme of the South ICP with system partners. Worked with Primary Care Networks (PCNs), local authorities and other partners to agree and implement the standard operating model for Integrated Neighbourhood Care. Continued developing our patient mental health strategy.	**Improving Models of Care:** Continue to work with the South Integrated Care Partnership (ICP) to improve care for patients in and outside of hospital. Participate in the nationally commissioned Population Health and Place Development Programme. Work with an external facilitator to create a Partnership Agreement across South ICP partners. Act as host organisation for the South ICP and began internal preparations to carry out this role. Prepare for the MCP process and commence due diligence.

Improving patient care	**Safely restore all the services we provide both as a local hospital and a specialist teaching hospital for the East of England and prioritise those patients with greatest clinical need in reducing waiting lists.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Outpatient Services: Optimised use of booked space with key specialties. Continued progress with advice and guidance (A&G), patient initiated follow up (PIFU) and virtual consultations using NHS Attend Anywhere software. A&G at 19% (target 16% by March 2023), PIFU at 2.7% (target 5% by March 2023) and Virtual at 32% (36% for Follow up and 21% for New Patients, target 25-30%).	**Outpatient Services:** Implement NHS personalised outpatient programme (POP) with continued focus on PIFU, A&G and virtual appointments, as well as working with specialties to maximise utilisation of estates. Develop a formal outpatients improvement programme supported by the Improvement and Transformation team to support divisional teams to deliver the POP commitments.
Diagnostic Services: Increased volumes of patients seen in CUH and via outsourced capacity in computed tomography (CT) and magnetic resonance imaging (MRI). Progressed plans to outsource reporting to the procurement stage. Increased outsourcing for ultrasound, especially in the community. Involved imaging leads in work with ICS partners on the development of community diagnostics centres (CDCs).	**Diagnostic Services:** Manage and maintain imaging capacity through planned upgrades to MRI, replacement of CT and Positron Emission Tomography Computed Tomography (PET CT) scanners, and loss of ultrasound capacity while thrombectomy suite is being installed. Introduce the Royal College of Radiologists iRefer clinical decision support tool to facilitate demand management. Continue to work across the Integrated Care System (ICS) to maximise use of available mobile CT, MRI and dual energy x-ray absorptiometry (DEXA) capacity.
Elective Surgery: Maintained capacity and productivity improvements delivered through winter and recovered where possible from the impacts of Covid-19 on activity levels.	**Elective Surgery:** Implement 'L2' day surgery unit reconfiguration work delivering on lessons learned from the successful 'T2' pre-operative assessment pilot. Ensure suitable 23hr pathways to expedite patient journeys and relieve pressure on surgical flow. Continue with rapid communication and decision-making through the Theatre Planning Meetings between theatres and day-of-surgery admissions (DOSA) units to minimise delays and disruptions with transparent, auditable decision making.
Surgical Activity: Expanded opportunities for High-Volume, Low-Complexity (HVLC) surgeries for all specialties identified by 'Getting it Right First Time' (GIRFT) framework, whilst balancing the requirement to eliminate patients waiting 104+ weeks or more by April 2022. Ran specific and targeted additional operating lists.	**Surgical Activity:** Embed the governance structure created with specialties responsible for performance of both Ely day surgery unit (DSU) and the relaunched HVLC programme. Provide each service with a 2019 baseline to improve against and ask them to report into the Surgery and Critical Care Taskforce on progress against specific goals. Provide additional equipment and training to increase the procedural repertoire for existing specialties. Replace underperforming lists with new specialties and additional pathways. Reduce instances of cancellations on the day, increase the number of pre-operative assessment (POA) clinics to increase the lead-in time to surgery. Expand the suitability criteria at Ely DSU. Provide Improvement and Transformation support to all HVLC specialties.
Clinical Prioritisation: Continued prioritisation for elective patients including for outpatients.	**Clinical Prioritisation:** Maintain clinician-led prioritisation across the hospital and prioritise patients with long waits (104+ weeks, then 78+ weeks)
Phlebotomy: Used the Park and Ride site through the winter with staff 'pods' located on site to ensure staff comfort through winter months. Completed search for long term alternative location.	**Phlebotomy:** Negotiate long term use of Park and Ride site or identify another suitable site.

Improving patient care	**Work with our partners to maximise our capacity to treat both Covid-19 and non-Covid-19 patients in hospital and in the community, enabled by technology.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Safe Patient Flow: Earmarked funding totalling ~£1.2m for schemes to increase the resilience of emergency pathways including extended hours for the on-site GP clinic to increase same day emergency care (SDEC). Created a transfer team to minimise delays in moving patients from the Emergency Department (ED) to wards. Staffed ward EAU3 to decompress the ED. In the wider system, the System Resilience Group will work with local healthcare partners to deliver improvements to discharge pathways including developing the Community Care Coordination Hub and a sustainable discharge-to-assess pathway.	**Safe Patient Flow:** Manage risk across emergency pathways, initiating reverse boarding to wards where safe staffing allows patients to be transferred away from the ED. Continue to increase discharges before 12pm through greater utilisation of the discharge lounge and streamlining ward processes. Monitor levels of adult simple discharges across weekdays to reduce variations across the week, particularly during the weekends. Work closely with Infection Control and Virology to maximise inpatient capacity whilst minimising Covid-19 transmission. Increase levels of complex discharges through improvements to internal processes and engagement with the Integrated Care Partnership (ICP). Confirm the specialty allocation of the additional capacity on wards U2/U3 from November 2022. Convene the Cohorting and Configuration Group weekly to monitor patient flow and reconfigure the hospital as appropriate to support both elective and non-elective patients, supported by on-site Silver Command and the Operations Centre.
Urgent and Emergency Care: Continued to increase alternative assessment spaces and pathways to the main emergency department to reduce congestion and protect assessment capacity for higher acuity patients. Increased the opening hours of the 'same day emergency care facility' in clinic five to enable patients to be assessed in the evening; explored the impact of increasing assessment space and co-located waiting areas for medical assessment units and strengthening pre-hospital consultant advice to GPs. Embedded the new urgent and emergency care access standards to minimise mean length of stay, reduce 12 hour waits and delays in patients who are Clinically Ready to Proceed (CRtP) to their next destination.	**Urgent and Emergency Care**: Work with system partners to reduce demand on CUH emergency services by: embedding the successful GP liaison pilot as business as usual; piloting directing paramedic referrals to targeted same day emergency care (SDEC) pathways; exploring enhanced ambulance validation as a system prior to conveyance. Strengthening internal escalation processes within the department, to the division and to the wider organisation with a particular focus on minimising ambulance handover delays, 12 hour waits and CRtP delays. Further develop assessment pathways that minimise time in the emergency department – particularly for: undifferentiated abdominal pain; inflammatory bowel disease & percutaneous endoscopic gastrostomy patients; and GP expected referrals. Pursue changes to the electronic patient record to assist with benchmarking to help with future improvement work and capture referral time and reasons for delay post CRtP. Review Integrated Care Partnership (ICP) processes as we move towards 'living with Covid-19'.
Critical Care: Implemented the Surge Plan as appropriate.	**Critical Care:** Open to a maximum of 52 beds. Load level non-specialty patients to neighbouring East of England ITUs if additional capacity is required.
Additional Bed Capacity: Opened 40 bed surge unit in Dec 2021 to expand capacity for medically fit patients awaiting discharge through time-limited relocation of patients from 19 bed unit to support Winter pressures. Completed design and business case to co-locate three modular theatres alongside to create additional elective capacity. Continued development of the 56 bed unit including recruitment with a plan to open autumn 2022.	**Additional Bed Capacity**: Open the 19 bed surge unit to be used as a Perioperative Assessment Unit day time only. Continue to use 40 bed surge unit for medically fit patients until 56 bed unit opens. Gain approval for final business case to build three modular theatres co-located with the 40 bed unit to create a ring-fenced elective facility. Commence construction/recruitment for this facility. Continue construction of 56 bed surge unit with current plan to open November 2022.

Improving patient care	**Provide consistently high standards of patient care and experience in and outside the hospital using agreed clinical standards and protocols, embedding a culture of sustainable continuous improvement, and maintaining a safe environment.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Ward Accreditation and Safety Huddles: Collated feedback on ward accreditation schemes and commenced roll-out in February, with communications plan to support. Evaluated the safety huddles, then re-trialled rolled out across all adult areas in March, resulting in a reduction in falls. Digitalised the minutes and structure of the safety huddles to create an electronic record. Discussed ward accreditation with Heads of Nursing in March 2022.	**Ward Accreditation and Safety Huddles:** Trial Matron quality rounds to form part of the accreditation process, provide assurance for the huddles, and contribute to the fundamentals of care. Trial electronic format for ward accreditation involving a quality walk-around and reports on performance of quality initiatives. Build the Key Performance Indicators into the accreditation file before August to enable ward and divisional level data to be seen in one format, enabling quality improvement initiatives at ward level and offering assurance to the Chief Nurse and Trust Board.
Patient Mental Health Strategy: Completed Mental Health Awareness training for EAU4/5 with 93% uptake. Evaluated training methods for roll-out across the trust, starting in ED. Secured recurrent funding for team to ensure the Trust has clinical oversight of patients and delivery against the mental health improvement programme. Revised the improvement plan, identifying priorities of work and short-, medium- and long-term objectives. Captured all mental health training on our e-learning platform to provide an accurate baseline and to identify priorities.	**Patient Mental Health Strategy:** Provide clinical oversight to teams, particularly for patients with complex needs, in conjunction with ensuring that patients are placed in areas where they can receive optimal care from an appropriately trained workforce in a safe environment.
Covid-19 secure environment: Incorporated Covid-19 secure environment risk assessments into workplace assessments. Reviewed Covid-19 measures for appropriateness and reduced some measures, whilst retaining a safe environment. Reintroduced mandatory face-to-face training, balancing risks of Covid-19 against the value of staff training. Reviewed national visiting guidance. Reduced social distancing in outpatients, diagnostics and ED.	**Covid-19 secure environment:** Anticipate the impact of changes to staff testing and patient testing. Evaluate the data points/measures that can be used in the absence of robust community Covid-19 data. Continue to review approaches to Covid-19 secure environment measures balanced against operational pressures and the various challenges and priorities, informed by experts from infection control.
Corporate Identity: Enhanced patient information available through the CUH website. Developed identity for 'Improving Together'.	**Corporate Identity:** Launch a major programme of work on redeveloping the CUH staff intranet site. Begin development of an identity for the Trust strategy refresh.
Improvement Partner: Continued further waves of the improvement coach programme, improvement programme for teams and leading for improvement programme. Continued ongoing strategic work with Management Executive and the Improving Together Steering Group.	**Improvement Partner:** Plan for wave two of the improvement coach programme to commence in late June, with subsequent workshops in September and October. Conclude wave one of the improvement programmes for teams in April and plan for wave two. Support the ongoing wave one of the leading for improvement programme, as well as strategic work with Management Executive and a review of the terms of reference and membership of the Improving Together Steering Group.
EPIC: Conducted a post-implementation review of the recent upgrade which concluded that it was completed with minimal operational issues and that escalations were addressed quickly. Identified opportunities for improvement for future upgrades including minimising delays to change requests.	**EPIC:** Focus on a number of eHospital projects through the EPIC Programme Board, including the implementation of Secure Chat Prepare for the next upgrade planned for November 2022.

Supporting our staff	**Ensure that we have sufficient numbers of appropriately skilled and trained staff to deliver our plans now and in the future.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Recruitment Plan: Communicated the impact of the Omicron variant on travel and quarantine rules to all in the recruitment pipeline and mitigated delays where possible. Developed plans to increase newly qualified recruitment rates and drive-up administrative and health care support worker recruitment.	**Recruitment Plan:** Re-introduce suite of open days and events to attract candidates and build on current pipelines. Work with Communications to develop the new recruitment pages on the trust website to refresh the employer brand-aid-access and utilisation for current and prospective employees. Work with colleagues in Estates and Facilities to source residential accommodation to support international recruitment pipelines.
Apprenticeships: Increased apprenticeship posts from 100 to 150 and launched a targeted recruitment campaign. Secured a decision on whether to proceed with midwifery apprenticeships.	**Apprenticeships:** Continue to drive take-up of apprenticeship programmes as well as explore new opportunities for apprenticeships in leadership and allied health professionals (AHP) groups. Further support access to apprenticeships through continued and enhanced future skills (Maths and English) training.
Training: Supported education and training to mitigate for any temporary increase in training time due to the Omicron variant.	**Training:** Focus on mandatory training compliance to recover position to pre-pandemic levels.
Leadership Development: Supported leadership development through a suite of programmes. Ensured online managers' hub and leadership circles are effective to support during potential Covid-19 surge.	**Leadership Development:** Design and deliver suite of leadership programmes including Clinical Director, senior nurse and senior divisional teamwork.
Nurse Career Development: Relaunched the co-produced Matrons' development programme with 11 participants so far. Recommenced Senior Sisters programme. Launched pastoral support roles to coach international nurses and develop clinical, leadership and interview skills. Supported ten nurses to complete the Professional Nurse Advocate (PNA) qualification, with a further eight nurses enrolled. Established a governance process for the PNA role, ensuring equality of access to restorative supervision.	**Nurse Career Development:** Continue with the Matron Development Programme. Develop and implement a band 7 multi-professional development programme replacing the Senior Sister/Charge Nurse programme. Increase the number of staff undertaking professional nurse advocate (PNA) training by 30 with the aim of having 50 PNAs by September 2021. Implement career development webinars to increase uptake of funded learning available to non-medical staff with a particular focus on Band 5 Nurses, Band 5 Allied Health Professionals, black and Asian minority ethnics (BAME) staff and Band 2/3 Support Workers. Implement the redesigned International Nurse Objective Standard Clinical Examination (OSCE) preparation programme which aims to maximise successful outcomes by offering a greater level of face-to-face teaching and focus on individual development.

Supporting our staff	**Provide a comprehensive package of support to keep our staff safe, engaged, healthy and able do their jobs to the best of their abilities.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Staff Recognition: Reviewed and wrote up Covid-19 Star award work. Published diary of events for 2022. Launched annual awards programme.	**Staff Recognition:** Deliver 'acts of recognition' diary of events. Focus on CUH annual awards including celebrating nominees, shortlisting processes, and preparing for the awards ceremony in September.
Listening to Staff: Engaged and listened to staff over the in line with our plan, using newly created channels. Focused on equality, diversity and inclusion across our listening channels.	**Listening to Staff:** Continue to communicate the responses of the 2021 national staff survey and create actions. Develop new programme of 'Good Work' to heighten the experience of colleagues.
Flexible Working: Launched phase two of the digital, virtual and flexible working group programme which focused on medium term strategy. Supported IT project on laptop/desktop reclaim.	**Flexible Working:** Work with Estates and Facilities to explore requirements for workspace and how it may be used differently. Continue to develop digital response to changing ways of working.
Staff Health and Wellbeing offer: Increased capacity to support the Covid-19 booster programme in line with the national mandate and adjusted the programme as guidance changed. Continued to deliver wellbeing programme including psychological support.	**Staff Health and Wellbeing offer:** Develop 2022 flu campaign, focus on occupational health key performance metrics. Respond to 'living with COVID' guidance including implications for the trust and how ongoing support can be designed and delivered. Develop wellbeing offer further to extend psychological support and explore opportunities for 'Good Work'.
Digital Development Forums: Progressed on workforce digital plan.	**Digital Development Forums:** Explore AI opportunities at both local, regional and national level. Continue involvement in design of digitally enabled workforce planning tools.
Respiratory Protective Equipment (RPE): Approved business case to reduce reliance on external fit testing support and recruitment. Continued tracking compliance and developed supporting communications. Continued monitoring of supply resilience in response to developing Covid-19 prevalence.	**Respiratory Protective Equipment (RPE):** Develop plans for 24-month re-testing programme. Develop and agree plans to move the RPE Taskforce to 'business as usual'.
Staff testing: Deployed Cobas machine allocated to Cambridge. Worked with Estates, IT, UK Health Security Agency and Roche to carry out enabling works.	**Staff testing:** Respond to new national guidance for staff testing (as of March 22). Reduce asymptomatic testing to only those working in high-risk areas. Offer all staff free PCR testing even if mildly symptomatic, providing results via myChart if they don't have an LFD available. Cease 'pod' for staff swabbing and Occupational Health staff tracing.

Supporting our staff	**Develop further actions to achieve greater equality and diversity in the CUH family across all the protected characteristics.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Just and Learning Culture: Progressed work through comprehensive communication and line manager development programme. Developed and implemented framework for anti bullying and harassment following agreement from the Workforce and Education Committee.	**Just and Learning Culture:** Progress work with external support now in place. Focus on anti-bullying and -incivility, using agreed NHS Employers toolkit. Identify the required resource to deliver this.
WRES/WDES/BAME: Worked through action plans with particular focus on recruitment processes (such as diversity & inclusion panellist involvement), disciplinary processes (such as cultural ambassadors) and regional involvement in becoming an anti-racist organisation.	**WRES/WDES/BAME:** Focus on collaborative programmes of work around anti-racism, working with specialist advisors including BRAP and Above Difference.
Purple Passport: Completed roll-out of programme and implement centralised funding of reasonable adjustments.	**Purple Passport:** Evaluate success of reasonable adjustments programme.
Equality: Continued plan to drive out inequality. Rolled out the Equality Impact Assessment process to embed as expected practice. Continued focus on network group engagement and support including consideration of formal practice for network chairs.	**Equality:** Work with networks to increase awareness and understanding. Focus on roles of diversity leads and champions in the Trust, reviewing the outcome of first stage implementation.
Health Inequalities: Continued scoping work and identified further actions that can improve performance.	**Health Inequalities:** Engage with the ICS on equalising access to health care including smoking cessation & measuring blood pressure, in line with the national Core 5 plus 20 commitments. Collect data internally on protected characteristics to identify actions for improvement on areas such as: smoking, tobacco treatment referrals, complaints, waiting times, mortality and serious incidents.

Building for the future	**Develop and secure national support for the next major stages of the business cases for the Cambridge Children's Hospital (CCH), Cambridge Cancer Research Hospital (CCRH) and Addenbrooke's 3**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Addenbrooke's 3: Launched the first phase of conversations with patients ('you, me and 3'). Worked with partners to develop models of care and enable strategies (workforce, governance and digital, etc.) which supported the development of community diagnostic centres (CDCs).	**Addenbrooke's 3**: Continue with 'you, me and 3' programme and continue engagement with partners and regulators. Support the development of an updated campus masterplan which reflects the priorities identified through Addenbrooke's 3. Continue to work with integrated care system colleagues on the development of community diagnostic centres (CDCs) as a core part of delivering care nearer to patients' homes. Continue to work with partners on embedding new models of care through the South Integrated Care Partnership (ICP).
Cambridge Children's Hospital: Progressed towards finalising, signing-off and submitting the Outline Business Case. Finalised the model for integrated physical and mental healthcare and the benefits this will bring locally and regionally. Finalised the design and received planning permission. Finalised activity, capacity, workforce and finance assumptions. Engaged with national New Hospitals Programme review to secure inclusion in cohort two. Continued to develop and enact the fundraising strategy and continue with wide ranging stakeholder engagement.	**Cambridge Children's Hospital**: Finalise, sign-off and submit the Outline Business Case. Finalise the service integration approach between CUH and CPFT. Continue engagement with commissioners. Continue market testing with construction companies. Continue engagement with national New Hospitals Programme. Continue to develop and enact the fundraising strategy and continue with wide ranging co-production and stakeholder engagement.
Cambridge Cancer Research Hospital: Finalised the model of care and the benefits they bring locally, regionally, and nationally; finalised the design for submission together with the associated capital costs; finalised the activity and capacity, workforce, and financial models; launched market testing with construction companies. Prepared for review by the New Hospitals Programme to evidence fulfilment of the key programme criteria. Continued to develop and enact the fundraising strategy and continue with wide ranging stakeholder engagement.	**Cambridge Cancer Research Hospital**: Finalise, sign-off and submit the Outline Business Case. Engage with commissioners to agree activity and other assumptions. Review and implement new project structure and appropriate resources to complete the Full Business Case (FBC) on time and budget. Appoint a design team to lead the project through the next design phase and commence construction partner procurement. Expand engagement with staff, patients, and other stakeholders to ensure ongoing co-production. Focus on fundraising to ensure target is achieved. Update project website in line with new brand identity and with refreshed content to reflect the latest position.

Building for the future	**Develop an Integrated Care System across Cambridgeshire and Peterborough that improves our population's health, outcomes and experience within the available resources.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Integrated Care Partnership. Worked on discharge and flow over winter. Developed Integrated Neighbourhoods based around Primary Care Networks (PCNs) to help people to stay healthy and well at home for longer, and to address health inequalities. Convened cross-organisation working group at CUH to prepare for launch of our ICS's Most Capable Provider process to delegate contracts to formalise the South ICP. Commenced engagement with partners to furnish a Partnership Agreement outlining how ICP partners will interact with each other, with CUH as host and with the Integrated Care Board (ICB) as strategic commissioner.	**Integrated Care Partnership:** Continue to deliver operational programmes to improve care for patients. Participate in the nationally commissioned Population Health and Place Development Programme. Finalise Partnership Agreement with South ICP partners. Commence due diligence of contracts to transfer from CCG to CUH.
East of England Specialised Provider Collaborative: Recruited senior medical leadership and project support to develop and deliver and ambitious programme of work. Continued engagement with six other trusts in the region to improve collaboration in specialised services for specialties where collectively we have significant expertise: cardio-thoracic, cancer, neurology and neurosurgery, paediatrics, burns and plastics. Continued engagement with NHS East of England Specialised Commissioning to identify areas of shared interest.	**East of England Specialised Provider Collaborative:** Secure in-kind commitments to virtual team from other partners. Produce detailed programme plan for the Collaborative including early priorities. Review governance for the collaborative. Reconvene Chief Executives across the Trusts to update on progress. Engage with ICBs across the East of England through proposed Specialised Commissioning Joint Committee.
Elective Recovery Fund: Continued monitoring the operational plan throughout the second half of year two and maximised activity delivered through additional Elective Recovery Funding. Undertook detailed operational planning for 2022/23 with ICS partners.	**Elective Recovery Fund:** Monitor delivery of the operational plan across the first part of the year, maximising the delivery of activity where possible. Aim to achieve sufficiently high levels of activity to gain access to Elective Recovery Funding, and utilise this funding to drive further activity.
Financial Transformation: Maintained strong financial governance to deliver 2021/22 financial performance incorporating an increased efficiency plan compared to the first half of the year. Delivered a robust financial plan for 2022/23 with increased efficiency expectations and maximised activity delivery.	**Financial Transformation:** Maintain strong financial governance to deliver 2022/23 financial performance with a significant efficiency requirement compared to the previous two financial years. Maximise activity delivery with increased productivity and efficiency expectations in the financial plan 2022/23. Undertake the necessary financial due diligence to support implementation of the Integrated Care Partnership (ICP).

Building for the future	**Play a leading role with partners on the Cambridge Biomedical Campus in the national Covid-19 research effort and powering economic growth through life sciences.**

Key areas of focus for January to April 2022	Key areas of focus for May to August 2022
Covid-19 Research: Continued to support existing trials.	**Covid-19 Research:** Continue to support local and national trials.
Other Research: Continued to expand trials portfolio. Continued with Clinical Research Facility and Biomedical Research Centre bid.	**Other Research:** Continue return to business-as-usual across the trust. Await outcomes of National Institute for Health and Care Research's assessment of our Biomedical Research Centre application. Agree distribution of Clinical Research Facility funds across CUH and Royal Papworth Hospital.
Campus Development: Developed the Cambridge Biomedical Campus (CBC) masterplan and engaged with local residents and the planning authority. Continued work with Greater Cambridge Partnership on electrical infrastructure supporting growth of Cambridge. Scoped the 2050 campus development masterplan. Obtained planning permission for Cambridge Children's Hospital.	**Campus Development:** Developing the masterplan, conducting foundational desk work, stakeholder workshops and a special masterplan for the existing CBC, expanded CBC already in local plan and extended campus in preferred options. Conclude the CUH masterplan works phase 1 and commence phase 2 with a focus on passing the CCRH through the planning process based on a planning application submitted by September.
CUHP: Worked collaboratively with Cambridgeshire & Peterborough Combined Authority on opportunities to support health and life sciences infrastructure in the region - initially focused on physical infrastructure. Focused on data and digital strategy across partnerships to identify the highest value opportunities for the creation, enrichment and combination of high-quality data to improve research and delivery of care, in key use cases across the partnership.	**CUHP:** Finalise collaborative work with Cambridgeshire and Peterborough Combined Authority on opportunities to support physical infrastructure for the regional health and life sciences cluster. Expand membership of CUHP with Anglia Ruskin University, and launch joint work on talent and skills to support the region. Focus on data and digital strategy across our partnerships by identifying the highest value opportunities for the creation, enrichment and combination of high-quality data to improve research and delivery of care.

Cambridge University Hospitals
NHS Foundation Trust

Together
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Report to the Board of Directors: 11 May 2022

Agenda item	8.2
Title	Ockenden Final Report
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Rowley, Head of Midwifery Shazia Bhatti, Obstetric Consultant Cathy Bevens, Lead Midwife for Safety and Governance Mary King, Matron for Neonatal Unit
Purpose	To discuss the Ockenden Report.
Previously considered by	Management Executive 28/04/2022

Executive summary

The paper sets out the findings and recommendations of the Final Ockenden Report which was published on 30 March 2022. It provides updates on compliance against the 7 Immediate and Essential Actions (IEAs) from the initial Ockenden Report and a self-assessment of compliance against the 15 additional IEAs in the Final Report. The report also sets out the outcome of a review of the Trust's implementation of Maternity Continuity of Carer (CoC). The service is supporting the two existing CoC teams to work in a hybrid model that supports the hospital and community services. The timeline for full roll out plan has been adjusted with no further team launches planned until at least January 2023.

The opportunity for transferrable learning across the organisation is recognised. Themes of governance, culture, clinical and compassionate leadership, bereavement care and education and training of particular are of particular relevance. Suitable forums to share learning across the organisation will be identified, under the leadership of the Chief Nurse and Medical Director.

Related Trust objectives	Improving patient care Supporting our staff
Risk and Assurance	The report provides assurance that a gap analysis against the further 15 immediate and essential actions has been undertaken and that appropriate systems are in place to monitor the delivery of high quality care to mothers and babies using the Trust's services.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	Yes

Action required by the Board of Directors

The Board is asked to:

- Read the full Final Ockenden Report and note its findings and recommendations.
- Note the current position of the CUH Maternity Service against the initial 7 Immediate and Essential Actions (IEAs) from the first Ockenden Report, as set out in this paper and the previous report to the Board of Directors on 9 March 2022.
- Receive and review the CUH Maternity Service's self-assessment of compliance against the 15 additional IEAs included in the Final Ockenden Report.
- Note the update on progress against the Maternity Self-Assessment Tool and the Trust's Maternity Improvement Plan.
- Note the review undertaken by the service regarding provision and further roll out of Continuity of Carer, as detailed in the paper.
- Note that a standing report on Maternity Services assurance is presented at each bi-monthly meeting of the Quality Committee.
- Note that the Chief Nurse and the Medical Director will lead on implementing wider shared learning from the Ockenden Report across the organisation.

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

Report to the Board of Directors
Ockenden Final Report
Head of Midwifery and Obstetric Consultant Specialty Lead

1. Introduction

1.1. The Ockenden Final Report from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022. The full report can be accessed at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

This follows on from the first report published in December 2021.

1.2. The Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust commenced in summer 2017. It was originally requested by the Rt Hon Jeremy Hunt, MP, when he was Secretary of State for Health and Social Care, and commissioned by NHS Improvement (NHSI), to examine 23 cases of concern collated by the efforts of the parents of Kate Stanton-Davies and Pippa Griffiths, who both died after birth in 2009 and 2016 respectively**.**

1.3. Following its commission, the Review expanded substantially leading to the independent investigation of 1,592 clinical incidents involving 1,486 families who had received maternity care at The Shrewsbury and Telford Hospital Trust (SaTH).

1.4. Through the review of these 1,486 family cases (extending between 1973 and 2020), the review team was able to identify thematic patterns in the quality of care and investigation procedures carried out by the Trust, and identify where opportunities for learning and improving quality of care had been missed.

1.5. A thematic review of three similar cases at the trust occurring within a nine month period (2008/09) identified failures in the standard of and learning from investigations undertaken as well as a lack of transparency and dialogue with families. This resulted in missed opportunities for learning and a lost opportunity to prevent further baby deaths from occurring at the trust. Unfortunately these three cases were not isolated incidents and throughout the review the team found repeated errors in care, which led to injury to either mothers or their babies.

1.6. The review considered all aspects of clinical care in maternity services including antenatal, intrapartum, postnatal, obstetric anaesthesia and neonatal care resulting in the identification of over 60 required actions for SaTH.

1.7. 12 cases of maternal death were considered during the review. The team concluded that these mothers had not received care in line with best practice at the time, and in three quarters of cases the care could have been significantly improved. Only one maternal death investigation was conducted by external clinicians and the internal reviews were rated as poor by the review team. As a result, significant omissions in care were not identified and in some incidents women themselves were also held responsible for the outcomes.

1.8. As part of the review, 498 cases of stillbirth were reviewed and graded. One in four cases were found to have significant or major concerns in maternity care which if managed appropriately might, or would, have resulted in a different outcome.

1.9. Most of the neonatal deaths occurred in the first seven days of life. Over a quarter of all incidents reviewed (27.9%) were identified to have significant or major concerns in the maternity care provided which might or would have resulted in a different outcome.

1.10. Many of the issues highlighted in the report are not unique to SaTH and have been highlighted in other local and national reports into maternity services in recent years. The review team has identified 15 areas as Immediate and Essential Actions which should be considered by all trusts in England providing maternity services (see below).

1.11. These actions include the need for significant investment in the maternity workforce and multi-professional training; review and suspension/pause of the Midwifery Continuity of Carer (MCoC) model until, and unless, safe staffing is shown to be present; strengthened accountability for improvements in care among senior maternity staff; and timely implementation of changes in practice and improved investigations involving families.

2. Findings following case reviews of maternal and newborn care provided

2.1. All clinical incidents at SaTH were reviewed and graded 0-3 with 0 = appropriate care and 3 = major concerns. Table 1 provides a summary of those grades by major incident categories.

Table 1: Clinical review findings for each of the major incident categories

INCIDENT CATEGORY	REVIEW TYPE	NUMBER OF REVIEWS*	GRADING OF CARE SCORE				PERCENTAGE OF CARE AT GRADE 2 AND 3
			0	1	2	3	
Maternal Death		12	0	3	6	3	75.0%
Stillbirth		498	193	174	93	38	26.3%
Hypoxic Ischaemic Encephalopathy	Mother**	44	10	5	16	13	65.9%
	Baby***	41	26	13	2	0	4.9%
Neonatal Death	Mother**	251	107	74	38	32	27.9%
	Baby***	237	182	38	13	4	7.2%
Cerebral Palsy/ Brain Damage	Mother**	147	35	47	45	20	44.2%
	Baby***	139	99	30	8	2	7.2%

3. Thematic Finding: Clinical Governance

3.1. The key themes identified that required improvement within maternity services at SaTH were:

- The poor quality of incident investigations
- Poor complaint handling
- Local concerns with statutory supervision of midwifery investigations
- Concerns with clinical guidelines and clinical audit
- Lack of learning and missed opportunities to improve safety
- Persistent failings in some incidents investigations
- Incidents were inappropriately downgraded to a local investigation that should have triggered a serious incident investigation
- Lack of oversight of serious incidents by the Trust's commissioners

4. Thematic Finding: Clinical leadership

4.1. The Board of SaTH did not have appropriate oversight which meant that they were unable to oversee progress and understand the issues in Maternity Services.

4.2. False reassurance was provided from external reviews. For example, a Clinical Commissioning Group (CCG) review in 2013 led to a perception that the trust was providing a safe and good quality service.

4.3. Prior to the current Clinical Negligence Scheme for Trust (CNST) process, trusts evidenced compliance by auditing practice against prescribed standards and identifying evidence of improvement. Successful achievement of Level 1, 2 or 3 resulted in a percentage reduction of trust payments to the NHS Litigation Authority (NHSLA) for indemnity insurance. The trust achieved Level 3, providing reassurance on leadership; however, staff raised concerns about accuracy of data.

4.4. Deficits in Obstetric staffing highlighted by reporting that numbers did not match activity or acuity did not lead to senior reviews being undertaken in timely manner.

4.5. Throughout the report, lack of team working between professions, incivility, a poor safety culture and a lack of compassion are referred to with many staff feeling unable to speak out.

5. Theme: Antenatal Care

5.1. The main concerns raised were:

- Care of vulnerable women
- Growth assessment and detection of growth restriction
- Fetal medicine – referral pathways/place of birth and missed diagnoses
- Management of multiple pregnancies
- Diabetes management
- Hypertension management
- Obstetric ward rounds
- Escalation of concerns
- Delay in transfer of women to the labour ward
- Misinterpretation of Antenatal Cardiotocographs (CTGs)

6. Theme: Intrapartum Care

6.1. The main concerns raised were:

- Lack of consultant presence on the delivery suite
- Poor midwifery leadership and culture of the Labour Ward
- Over reliance on medical locums at Obstetric middle grades
- Lack of robust fetal assessment and monitoring
- Inappropriate use of Oxytocin
- Standalone Birth Centres
- Lack of governance and informed consent regarding Vaginal Breech Births
- Management of twin labour and birth
- Management of high risk and complex mothers
- Psychological birth trauma and access to Perinatal Mental Health Services

7. Theme: Postnatal Care

7.1. The main concerns raised were:

- Lack of Consultant involvement in the management of complex postnatal cases
- Maternal readmissions
- Lack of timely observations and recognition & response to findings
- Lack of appropriate escalation

- Lack of clinical follow up (to investigations, de-brief and communication with GP
- Lack of compassion and kindness shown to families
- Receiving postnatal care in appropriate location
- Poor staffing – midwifery and Obstetric
- Lack of high quality bereavement services

8. Theme: Maternal Deaths

8.1. The reviewers found none of the maternal death cases had received care in line with best practice at the time (grade 0). 3 of the 12 were found as requiring improvement in care while 9 were graded as sub-optimal care. Of these 9, in three of the cases it was concluded that the eventual outcome could have reasonably been expected to be avoidable, had the care been different.

8.2. Several families reported feeling that their questions surrounding the maternal death had not been addressed by the trust. Evidence from documentation and conversations with families demonstrated that in some cases failings in care were not communicated in an open and transparent way, once the investigations were completed.

8.3. In all except one of these cases the investigation was undertaken with no external expert opinion being sought. Causal analysis did not involve a multidisciplinary team.

9. Theme: Obstetric Anaesthesia

9.1. The main concerns raised were:

- Lack of an MDT approach and task focused
- Lack of anaesthetic involvement in case reviews and documentation in case notes
- Lack of anaesthetic involvement in care of the critically ill woman
- Not compliance with the Obstetric Anaesthetist Association Guidance on Obstetric anaesthesia
- Inadequate management of common obstetric conditions such as pre-eclampsia
- Lack of postnatal follow-up
- Poor documentation
- Low incident reporting

10. Theme: Neonatal Care

10.1. As well as identifying areas for improvement and learning, the review team also noted many examples of good practice and excellent communication.

10.2. There were a number of cases identified where individual errors were made or poor practice was identified. However, these were very much the exception

and the reviewers found no evidence of systemic poor neonatal practice or lack of care or compassion in the neonatal service.

10.3. The review found evidence that failings in care were addressed by the Trust with the development of appropriate guidelines. However, the review team does not know if the development of these guidelines then led to improvements in care.

11. Immediate and essential actions (IEAs)

11.1. In March 2022, the CUH Quality Committee and Board of Directors received an update that the Trust had received confirmation of 90% compliance with the initial 7 Ockenden Immediate and Essential Actions (IEAs) following submission of evidence against the nationally mandated Ockenden assessment criteria, including 100% compliance in IEAs 1 and 2.

11.2. 15 additional IEAs are identified in the final Ockenden Report, totalling 104 individual actions, to improve the care and safety in maternity services across England.

12. Response of Maternity Services at Cambridge University Hospitals to the Final Ockenden Report

12.1. A letter was sent by NHS England and NHS Improvement to all NHS Trust and NHS Foundation Chief Executives on 1 April 2022 outlining the national response to the Ockenden report. The letter asks the Board of each trust providing maternity services to mitigate risk and develop action plans against the areas requiring change, with particular attention to the following four pillars of the Ockenden Final Report:

1. Safe Staffing levels
2. A well-trained Workforce
3. Learning from incidents
4. Listening to families

12.2. The CUH Maternity Service has undertaken a gap analysis (See Table 2) and is collating the evidence of its self-assessment. The service believes that it will be able to evidence full compliance against 82 of the actions and partial compliance against 22 of the actions within the 15 IEAs. The current self-assessed compliance against the 15 IEAs is 79%.

Table 2: Self assessed compliance against the 15 additional IEAs

IEA	Self-assessed Compliance	Standard	Essential Actions
IEA 1	Full evidence (8/13)	Workforce Planning and Sustainability	• Financing a safe maternity workforce • The Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented
IEA 2	Full evidence (9/10)	Safe Staffing	• All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals
IEA 3	Full evidence (6/7)	Escalation and accountability	• Staff must be able to escalate concerns if necessary
IEA 4	Full evidence (5/8)	Clinical governance - leadership	• Trust boards must have oversight of the quality and performance of their maternity services
IEA 5	Full evidence (5/7)	Incident Investigation and complaints	• Incident investigations must be meaningful for families and staff, and lessons must be learned and implemented in practice in a timely manner
IEA 6	Full evidence (3/3)	Learning from maternal Deaths	• Nationally, all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy-related pathologies
IEA 7	Full evidence (5/9)	Multi-Disciplinary Training	• Staff who work together must train together • Clinicians must not work on a labour ward without appropriate regular CTG training and emergency skills training.
IEA 8	Full evidence (7/8)	Complex antenatal care	• Local maternity systems, maternal medicine networks and trusts must ensure that women have access to pre-conception care • Trusts must provide services for women with multiple pregnancy in line with national guidance. • Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy.
IEA 9	Full evidence (5/5)	Pre-term Birth	• The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth

IEA 10	Full evidence (5/6)	Labour and birth	• Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary
IEA 11	Full Evidence (7/7)	Obstetric Anaesthesia	• In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm
IEA 12	Full Evidence (2/4)	Postnatal care	• Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review
IEA 13	Full Evidence (2/4)	Bereavement care	• Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services
IEA 14	Full Evidence (9/9)	Neonatal Care	• There must be clear pathways of care for provision of neonatal care
IEA 15	Full Evidence (4/4)	Supporting families	• Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision

12.3. On 19 July 2021 NHSE/I published a revised Maternity services system learning Maternity self-assessment tool , designed for maternity services to self-assess whether their service meets national standards, guidance and regulatory requirements influenced by the findings and recommendations from the Report of the Morecambe Bay Investigation and the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust.

12.4. Following completion of the maternity service self-assessment, the service can fully evidence 132 out of 158 standards (84%) with plans in place to progress to fully evidence compliance with all 158 standards. The completed Self-Assessment Tool was approved at the Patient Safety Assurance Group in March 2022.

12.5. Priorities for improvement within Maternity services at CUH are included in the Maternity Improvement Plan (MIP) which already incorporates the four pillars identified within the Ockenden Report. An additional pillar of culture, leadership and engagement is included in the Local MIP.

12.6. The existing MIP will be adapted based on the results of the gap analyses, with bi-monthly meetings with the pillar leads reporting into Divisional Governance and the Monthly Quality and Performance meetings.

12.7. The Ockenden 2 gap analysis will be submitted to the Divisional Forum for discussion and approval on 3 May 2022.

12.8. The full report has been shared with all staff groups with several virtual staff forums held to discuss themes from the report and response to questions/ concerns from staff.

12.9. The service recognises the potential impact on staff morale of the Ockenden Report and associated media interest and attention on maternity services. Ongoing support for staff is available from the Professional Midwifery Advocates, Freedom to Speak Up Local listeners and the Senior Leadership Team.

13. Wider Organisational Learning

13.1. The identified themes and the four pillars of the Final Ockenden Report offer the opportunity for transferrable learning across the organisation. Themes of governance, culture, clinical and compassionate leadership, bereavement care and education and training are of particular relevance.

13.2. The Chief Nurse and the Medical Director will lead on implementing wider shared learning across the organisation.

14. Continuity Of Carer

14.1. The Ockenden Report highlights concerns regarding implementation of Continuity of Carer (CoC) in light of staffing challenges, although Continuity of Carer was not highlighted as a factor in the investigations undertaken at SaTH.

14.2. The Report includes a specific action for provider trusts on continuity of carer: *'All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.' (*IEA 2, Safe Staffing page 164)

14.3. Further guidance was subsequently received from NHS England and NHS Improvement (NHSE/I) on 1 April 2022 advising trusts to assess their staffing position to guide decision making on ceasing further roll out or suspending CoC.

14.4. CUH has a Midwifery Continuity of Carer (MCoC) at Full Scale Plan in place (presented to the Nursing, Midwifery and Allied Health Professional Committee (NMAAC) on 21 February 2022) which acknowledges the requirement for safe staffing levels at every stage of implementation.

14.5. The service currently has two continuity teams in place that have been introduced in populations where the greatest benefit of CoC can be

achieved. Both teams have forthcoming vacancies due to maternity leave and attrition that the service cannot currently backfill.

14.6. Through robust local and international recruitment plans, 29 UK-trained midwives and an additional 30 international midwives have been offered positions to join the service over the next three to six months.

14.7. Following discussion and agreement with the members of the two CoC teams, and with advice and support from the regional NHSE/I CoC leads, the plan is for both teams to transition to a hybrid CoC model in May 2022. While continuing to offer an element of intrapartum cover, antenatal continuity of care will be prioritised. The hybrid model will continue to support both community and hospital teams without putting additional pressure on the wider workforce.

14.8. A Quality impact Assessment has been undertaken to assist in decision making. Increasing the establishment in these two teams to allow them to return to the national standard model of care will be a priority when the unit staffing establishment allows.

14.9. The service is currently revising the timeline of the full roll out plan and does not plan to consider the launch of any further CoC teams until at least January 2023.

14.10. Over the next six months, the service will continue to focus on stabilising the staffing position and skill mix in all areas of the service. Assurance of minimum safe staffing will be provided to the Quality Committee ahead of any plans to move forward with the implementation plan.

15. Conclusions

15.1. The Trust received confirmation of 90% compliance with the 7 original Ockenden IEAs (December 2020) following submission of evidence against the nationally mandated Ockenden assessment criteria, including 100% compliance in IEAs 1 and 2.

15.2. The service has undertaken a gap analysis against the 15 additional IEAs and has self-assessed full compliance with 5 of the IEAs (6, 9, 11, 14 and 15).

15.3. Of the 104 individual actions within the 15 additional IEAs, the service can evidence full compliance with 82 actions and partial compliance with 22 of the actions.

15.4. Overall the current self-assessment of full compliance is 79%.

15.5. Improving our midwifery vacancy position and strengthening midwifery leadership remain priorities for the service.

15.6. The service is supporting the two existing CoC teams to work in a hybrid model that supports the hospital and community services. The timeline for full roll out plan has been adjusted with no further team launches planned until at least January 2023.

15.7. The identified actions from Ockenden 1 and 2, and the maternity self-assessment tool have been included in the overarching Maternity Improvement plan. Progress against all actions will be reported into the Divisional Governance meetings.

15.8. The opportunity for transferrable learning across the organisation is recognised. Themes of governance, culture, clinical and compassionate leadership, bereavement care and education and training of particular are of particular relevance. Suitable forums to share learning across the organisation will be identified, under the leadership of the Chief Nurse and Medical Director.

16. Recommendations

16.1 The Board of Directors is asked to:

- Read the full Final Ockenden Report and note its findings and recommendations.
- Note the current position of the CUH Maternity Service against the initial 7 Immediate and Essential Actions (IEAs) from the first Ockenden Report, as set out in this paper and the previous report to the Board of Directors on 9 March 2022.
- Receive and review the CUH Maternity Service's self-assessment of compliance against the 15 additional IEAs included in the Final Ockenden Report.
- Note the update on progress against the Maternity Self-Assessment Tool and the Trust's Maternity Improvement Plan.
- Note the review undertaken by the service regarding provision and further roll out of Continuity of Carer, as detailed in the paper.
- Note that a standing report on Maternity Services assurance is presented at each bi-monthly meeting of the Quality Committee.
- Note that the Chief Nurse and the Medical Director will lead on implementing wider shared learning from the Ockenden Report across the organisation.

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Report to the Board of Directors: 11 May 2022

Agenda item	12
Title	Annual Staff Survey results 2021
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	Gillian Booth, Senior Leadership and OD Facilitator
Purpose	To receive the survey results.
Previously considered by	Workforce and Education Committee, 30 March 2022

Executive Summary

The attached slide pack summarises the findings of the 2021 National Staff survey.

Related Trust objectives	Supporting our staff (B1, B2, B3)
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors
The Board is asked to note and discuss the findings of the Annual Staff Survey 2021.

NHS National Staff Survey 2021

Initial Summary

Prepared by Dulani Liyanage & Gillie Booth

Reference: Picker draft management report December 2021
National Report, Staff Survey Co-ordination Centre, March

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Staff in Post

12 Month Growth by Staff Group

Admin & Medical Breakdown

What the information tells us: Overall the Trust saw a 3.4% growth in its substantive workforce over the past 12 months and 7.4% over the past 24 months. Growth over the past 24 months is lowest within the Nursing staff group at 4.7% and highest within Estates at 19.1%. 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

Staff Turnover

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

What the information tells us: The Trust's turnover rate is 13.5%, with an increase of 3.1% over the past 12 months. Areas of special cause of concern include: the Nursing and Midwifery, Admin and Clerical and Additional Clinical Services with turnover rate of 14.5%, 12.8% and 17.2% respectively.

Sickness Absence

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 for the sixth consecutive month, with an increase of 0.1% from previous month at 5.2%. Additional Clinical Services have the highest sickness absence rate at 7.5% followed by Estates at 6.9%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 39.3% of all sickness absence in February 2022, compared to 41.3% from the previous month.

ESR Vacancy Rate

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

What the information tells us: The vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 6.8% and 8.4% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCA.

*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.

NHS National Staff Survey 2021

CUH Workforce Commitments

We will strive to ensure that working at CUH will positively impact on our health, safety and wellbeing

We will invest to ensure that we are well staffed; with a vacancy rates of 5% or less across all staff groups

Our ambitions for our patients is reflected in our ambition for our staff; we will support individual and collective ambition through investment in education, learning and development and new ways of working

We will drive out inequality; recognising that we are stronger as an organisation which values difference and inclusion

Relationships are at the heart of our work; we will value compassionate and enabling working relationships, we will listen to each other, support decision making and appreciate experience and expertise

Response Rate

The National Staff Survey was open for staff to complete from October to November 2021. A total of 6493 staff responded giving us an increase of 4% from last year and a total response rate of 58% with approximately 1200 free text comments.

- Corporate had highest response rate for 2021, followed by R&D & Division B
- By Staff Group, highest response rate for 2021 were Admin and Clerical, followed by Health Care Scientists and Add Prof Scientific
- Largest increase 2020/21 by Division; R&D, Corporate and Division A
- Largest increase 2020/21 by Staff Group; Estates and Ancillary Nursing and Midwifery and Healthcare Scientists with consistent increase of 2 and 3 % across all other staff groups

National Benchmarking: Advocacy

Follow up NSS21 SMT

Engagement Score

A slight decrease in the overall staff engagement score from 2020 to 2021 from 7.2 to 7.0 respectively. The most significant change coming from our advocacy scores; recommend as a place of work and treatment.

When looking at staff engagement score by ***where*** people are working it is evident that those working remotely/from home have more positive results.

This trend continues throughout all of the themes.

National Benchmarking: SES & Covid classifications

Shelford Group – Staff Engagement Scores

We will drive out inequality; recognising that we are stronger as an organisation which values difference and inclusion

Please note: the approach to calculating the results for Q15 has changed for 2021, to include don't know responses. These results feed in to the Diversity and equality sub-score and the We are compassionate and inclusive element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed in to any measure.

Please note: Q18 is a new question so no trend data available

Workforce Disability Equality Standard

Below are the results from the questions which form the basis of WDES Action Plan.

Please note: Q- equal opportunities for career progression/ promotion – the methodology of calculation has been changed this year, so historic data has also been adjusted accordingly.
Q-disabled staff saying their employer has made adequate adjustment(s) – calculation has been changed this year, 86.2% = 43.1% yes + 43.1% No adjustment required

We will strive to ensure that working at CUH will positively impact on our health, safety and wellbeing

Wellbeing

We will strive to ensure that working at CUH will positively impact on our health, safety and wellbeing

Survey Questions	2020	2021	Change
Don't work any additional paid hours per week for this organisation, over and above contracted hours	65%	63%	-2%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	44%	43%	-1%
Organisation takes positive action on health and well-being	*	62%	*
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	75%	73%	-2%
In last 12 months, have not felt unwell due to work related stress	57%	55%	-2%
In last 3 months, have not come to work when not feeling well enough to perform duties	55%	49%	-6%
Not felt pressure from manager to come to work when not feeling well enough	77%	78%	1%
Immediate manager takes a positive interest in my health & well-being	70%	69%	-1%
Never/rarely find work emotionally exhausting	*	21%	*
Never/rarely feel burnt out because of work	*	27%	*
Never/rarely frustrated by work	*	21%	*
Never/rarely exhausted by the thought of another day/shift at work	*	33%	*
Never/rarely worn out at the end of work	*	17%	*
Never/rarely feel every working hour is tiring	*	48%	*
Never/rarely lack energy for family and friends	*	32%	*

Free text comments

It's not effective to "promote" wellness and work/life balance when it's not physically possible to get the work that needs doing done in the time available. This just leads to more feelings of failure.

I find work exhausting sometimes due to shortage of staff in my ward. Mentally exhausting as well as Dementia ward but overall I love my job, it is very rewarding helping people.

"Everyone stressed at work, super busy, expected to do more and more, bosses don't care about stress people are under or how busy or dangerous it is. Huge disparity in workplace of what people of same level do. Bosses won't do anything about this. Lots of people not happy with how things are. "

I feel a certain member of management within my division does not care about my mental or physical wellbeing or the disability I have.

Relationships are at the heart of our work; we will value compassionate and enabling working relationships, we will listen to each other, support decision making and appreciate experience and expertise

Harassment, bullying or abuse: Results demonstrate a slight decrease in harassment, bullying or abuse across all three categories.

National Benchmarking: Relationships/ We are safe and healthy

NSS21 Initial Summary

Bullying & Harassment - by Division and Staff Group

Exploring those scores in relation to Divisions we can see that R&D, Corporate and Division B have the least amount of harassment and bullying from patients and the public.
Division C,D and A scoring much less than the Trust overall and experiencing more harassment and bullying from the patients and public.
Corporate have the least amount of harassment and bullying from colleagues with Division A having the lowest score.

Exploring those scores across Staff Groups in the Trust we can see that those staff most adversely impacted are Medical and Dental and Nursing and Midwifery. Additional Clinical Services scored less than the Trust position in 2 of the 3 categories. Medical and Dental staff have the lowest scores in relation to reporting followed by Estates and Ancillary staff.

Relationships

Relationships are at the heart of our work; we will value compassionate and enabling working relationships, we will listen to each other, support decision making and appreciate experience and expertise

Our ambitions for our patients is reflected in our ambition for our staff; we will support individual and collective ambition through investment in education, learning and development and new ways of working

Covid-19 classification: Results in relation to this theme are close to Trust position if redeployed or on Covid-19 ward/areas with a slight increase if working remotely/home.

CUH are slightly above average for the results relating to development however in line with average regarding Appraisals.

National Benchmarking: Ambition/We are always learning

Ambition

We will support individual and collective ambition through investment in education, learning and development and new ways of working

We will invest to ensure that we are well staffed; with a vacancy rate of 5% or less across all staff groups

CUH responses are in line with average results for this question and follow the National decline in response to this question.

Free text comments summary of themes

Over 1200 free text comments supplied by staff which provide an in depth narrative on the range of factors impacting on staff experience at the moment. Most frequently mentioned, and equally a contributing factor to other aspects of working life were issues around staffing and the subsequent impact on wellbeing, workload, stress and work-life balance.

Many staff started their comments with I like it here **but**… or I am lucky to work here **but**.. indicating there are often small immediate things getting in the way of their enjoyment of a great day at work or sometimes much larger things (travel, commutes, cost of living) that they are not able to control and meaning people are considering employment elsewhere.

The value of relationships, both good and bad played a key role in the commentary once again whilst other aspects, appreciation, facilities and car parking have reduced in volume.

The sheer fatigue of staff is easy to hear in the narrative however so is the enormous sense of pride many have for working at CUH, and the fact that despite these circumstances so many still offer their voice through the survey and contribute with their ideas to make it the best place it can be to work.

CUH is a great place to work but resources are becoming increasingly restricted and I often have to compromise with regard to ideal equipment.

"Great place to work but the last year or so has left colleagues tired and stressed and staffing levels , time constraints don't match the work load. I can see a change in the NHS and in the unit I work and everyone is going above and beyond to try to continue delivering the same standards of care despite lack of staff. However on a positive note there are many opportunities for change and development and support to improve patient care."

What we do well

We are compassionate and inclusive

CUH scored the highest in relation to this theme, including **above average** scores for compassionate culture, leadership and equality and diversity.

Staff engagement

Is our second highest scoring theme, with above average results in relation to **advocacy** demonstrating the pride and commitment staff have for working at CUH.

Raising concerns

Despite a small decrease from the previous year **67.5%** of staff feel safe to speak up, 7% above the National average.

Wellbeing

62.1% of staff saying the organisation takes positive action on health and wellbeing, well above the National average of 56.4%.

Our line managers

Responses in relation to questions about line managers scored consistently well and maintained consistency from 2020 to 2021. They were also mostly above average especially in relation to approaching managers to talk about flexible working, managers asking staff opinions and managers taking an interest in staff health and wellbeing.

In summary

CUH results echo the National picture with significant declines in the responses around meeting conflicting demands at work, time pressures and staffing. Also in line with the National picture an increase in work related stress, musculoskeletal injuries and coming to work when feeling unwell despite a 9% decrease in this score last year. Our engagement score also saw a small decrease mainly attributed to a decline in motivation scores and a more significant decline in our recommending as a place of work score.

In the 2020 listening exercises and National Staff Survey we had started to see an emerging pattern in the data in relation to the new ways staff were being required to work. As these working practices have continued so has the trend that those staff working on Covid-19 wards or areas, or those redeployed have less positive experiences than those who are working remotely or from home. A subsequent layer to add on this picture are those with parental or caring responsibility. And for some, working from home has been a benefit offering opportunity and autonomy over the working day whilst for others working in new and unfamiliar ways adding complexity and exacerbating previous barriers to flexible working.

We continue to see the pattern that those from minority communities (those with protected characteristics) have a less positive experience at work, both locally and Nationally. Small decreases in relation to BAME staff experiencing harassment, bullying and abuse from managers, patients or colleagues however an increase in BAME results regarding discrimination from managers, patients and colleagues and a significant 10% gap continues in experience between white and BAME staff. New for this year data around gender identity provides fresh insight in to fairness and career progression for those who prefer to self describe or not to say.

Board of Directors

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Report to the Board of Directors: 11 May 2022

Agenda item	13
Title	Education, Learning, Development and Training
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	Arun Gupta, Director of Post Graduate Medical Education; Gary Parlett, Head of Education: Nursing, Midwifery and Allied Health Professionals Karen Clarke, Associate Director of Workforce
Purpose	To provide the Board of Directors with an update on education, learning, training and development across CUH.
Previously considered by	Management Executive, 5 May 2022

Executive Summary

This paper provides an update on multi-professional education, learning and development activity. This paper sets out progress since the last Board report aligned to themes set out in the Trust's Multi-professional Education, Learning and Development Strategy.

Related Trust objectives	Improving patient care; Supporting our staff
Risk and Assurance	Inadequately trained staff Inability to recruit and retain staff Inability to develop shortage skills and staff
Related Assurance Framework Entries	Health Education England, Quality framework for education
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	Yes

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

Board of Directors

Education, Learning, Development and Training

David Wherrett, Director of Workforce

1. Introduction/Background

1.1 This paper provides an update on multi-professional education, learning and development at CUH; its purpose is to provide information about a number of key developments, against the Trust's priorities, since the last report to the Board in November 2021.

1.2 The eight themes of the Trust's multi-professional education, learning and development strategy and work plan are:

Theme 1: Good learning experience for all students/learners
Theme 2: Sustainable Continuous Professional Development (CPD) and multi-disciplinary learning
Theme 3: Apprenticeships and Widening Access to training and employment
Theme 4: Great leadership and management development
Theme 5: Innovation leading to new roles and routes to training and employment
Theme 6: Modern fit for purpose education facilities and resources
Theme 7: Opportunity to learn and develop speciality skills in a high-quality environment.
Theme 8: Strong partnership working with education providers

This quarter the focus of the report to the board is on themes 1, 2 and 6.

2. Theme 1: Good learning experience for all students/learners

2.1 CUH provides a range of formal learning experiences for a range of staff including undergraduate and postgraduate students who spend time with the Trust as part of formal education/rotation programmes. This element of strategy sets out our ambition to consistently seek to improve the experience of the 'learner' and provide an excellent leaning experience, specifically for those who come to CUH as part of a formal training programme.

2.2 As outlined previously the pandemic period saw considerable turbulence in the long-established learning arrangements, the ambition has been to seek to return to 'normal' practice and to support individuals to recover from the time lost from formal education programmes.

Postgraduate Medical Education

2.3 **GMC Survey:** The General Medical Council (GMC) National Training Survey 2022, opened on the 22nd March and closes on the 3rd May 2022. The survey asks doctors in training for their views about the training they receive. As part of the survey, trainees will be able to provide comments relating to patient safety and bullying and undermining, with Health Education England (HEE) escalating any concerns to the individual Trusts for their response. The Trust's Workforce and Education Committee will discuss the results and the resulting action plans. We can expect to see some considerable learning through this process including about the COVID-19 recovery period.

2.4 **Health Education England Internal Governance Processes:** Alongside this this annual GMC process, HEE has, through its Internal Governance Processes, identified two training areas requiring improvement; training plans within Plastic Surgery and Renal medicine were developed and returned to HEE East of England (EoE). HEE EoE has reviewed these improvement plans and are satisfied with the actions taken. No further information is required.

2.5 **HEE Recovery Funding:** Following the major disruption to postgraduate medical education during the COVID-19 pandemic, HEE secured funding to facilitate training recovery. CUH was allocated £100,000 from the Regional Recovery fund with the Director of Medical Education (DME), overseeing its allocation. The resulting investments include: refurbishment of a room in outpatients for the delivery of telemedicine appointments, practical teaching courses, and new simulation equipment including Paediatric mannequins.

2.6 **HEE Radiology and Endoscopy Academy:** HEE are supporting development of radiology and endoscopy academies to address the national skill deficits in these specialties. HEE EoE are planning to fund a radiology and endoscopy academy at CUH.

Non-medical pre-registration student placements

2.7 **Pre-registration student placement experience:** Work is currently underway to develop an online Trust wide non-medical student placement evaluation tool; this is currently in the pilot testing phase with further developments scheduled to take place over the coming weeks. The placement evaluation tool has been built around the Health Education England 2021 Quality Framework which focuses on the following areas: learning environment and culture; governance and quality; supporting learners; developing and supporting supervisors; curriculum development and developing a sustainable workforce. Using this tool, early feedback from 1st year student nurses (n=75) indicates high levels of overall satisfaction (75%) with their placements across the Trust. Narrative comments also support high levels of satisfaction with some minor areas for development including helping students to maximise learning opportunities in busy clinical areas.

2.8 **Development of a 'Quality Dashboard' for non-medical education:** Work is also underway to collate data from across CUH non-medical education provision which will feed into a quality dashboard for non-medical education. The dashboard key performance indicators have been aligned to HEE Quality Framework domains and key Trust education priorities. The Quality Dashboard will focus on a number of areas including, learning culture, equality diversity and inclusivity, efficacy of teaching and learning, raising concerns, impact on future practice, choice of employer, OSCE (Objective Structured Clinical Examination) pass rates, funded learning approval rates, apprenticeship performance and attrition. The dashboard will be updated on a contemporaneous basis with monitoring and scrutiny by relevant professional committees.

2.9 **Recommendations**

The Board is asked to note:

- The steps being taken to understand and improve the experience of undergraduate and postgraduate students who spend time with the Trust as part of formal education/rotation programmes.
- The establishment of a radiology and Endoscopy Academy at CUH.
- Trust wide non-medical student placement evaluation tool and plans for an improved quality dashboard for non-medical education.

3. Theme 2: Sustainable continuous professional development and multi-disciplinary learning

Continuous Professional Development (CPD)

3.1 Continuous Professional Development (CPD) is an important component in supporting all CUH employees remain skilled and confident in their roles.

3.2 In recent years HEE have recognised the importance of CPD, particularly for clinical registered staff and have identified additional funding to support it by providing a funding stream for nursing, midwives and allied health professions. This three-year funding stream March 2023 aims to provide an allocation based on £1k per employee. In 2021/22 received £1.3m for this from HEE.

3.3 In addition to the targeted HEE funded CPD budget CUH has ordinarily allocated a £800k CPD budget (CUH reduced this to £400k 2021/22). This funding is intended for education, training and CPD for all non-medical staff in clinical and non-clinical roles.

3.4 Total CPD funding 2021-22 from both funding streams:

Funding Stream	Funding in place 2021-22	Remaining
HEE	1,322,667	273,110*
CUH	400,000	90,315
Total	**1,722,667**	

*HEE funds as part of the 3 year CPD committed plan ending in March 2023 has yet to be provided; the HEE remaining 2021-22 allocation will be added to the new funding.

3.5 A summary of the funding allocated by the Trust's Funded Learning Assessment Group (FLAG) for 2021/22, including CPD funding, is provided below. FLAG meets monthly to consider applications received. Applications for funded learning range from requests to fund individual study days through to funding for full MSc/Doctoral pathways.

3.6 FLAG also consider applications from CUH specialist clinical teams who are delivering additional training and education for CUH staff on key areas such as mental health and equality, diversity and inclusion. A total of £1.6 million was awarded by FLAG between 1 April 2021 and 31 March 2022 to support the education, training and development of non-medical healthcare staff within the organisation.

3.7 Applications received by FLAG between 1 April 2021 and 31 March 2022.

Table 2.1 Overall funded learning application approval rate	**99.6%**
Total number of standalone learning activities applications (e.g., modules, study days, conferences)	**752**
Total number of pathway applications (e.g., full BSc/MSc awards)	**65**
Total approved	**814**
Declined	**3**
Total applications received	**817**

In comparison in 2020/21 there were 345 applications were received due to the pandemic and restrictions on training and education**.**

3.8 It is also important to note that funding is also provided to education teams and subject matter experts to enable education materials, purchasing of external provision and resources that benefit larger numbers of staff and staff groups;

new equipment in the mandatory training suite and the Deakin Centre for example.

3.9 The data demonstrates a very high approval rate (99.6%) for funded learning from CUH members of staff. This extremely favourable approval rate is reflective of the FLAG's commitment to promoting and demonstrating a strong commitment to lifelong learning and development. It is important to note that only three applications were declined during the 1 April 2021 to 31 March 2022 period; feedback and guidance from the panel resulted in two applicants being directed to more suitable courses.

FLAG applications – equality monitoring

3.10 There has been a detailed review of equality monitoring by protected characteristics. Whilst this report is focused purely on FLAG applications, there is far wider education, training and development activity across CUH. The WRES and WDES action plans will review this more broadly, for example accessing information about access to the wide range of training programmes contained with the CUH Learning Directory. Appendix 1 provides detailed information about applications across protected characteristics along with action plans.

3.11 This equality monitoring information will be provided to the Nursing, Midwifery and Allied Health Professionals Advisory Committee and will also be discussed with the Equality Diversity and Inclusion team and the lead for Staff Engagement. The data is consistent with issues raised in the Staff Survey 2021 feedback that highlights staff from a black, Asian and minority ethnic background, and those who have a disability or health condition say they do not believe CUH acts fairly when it comes to career progression and development.

Future CPD funding challenges

3.12 There is currently no indication of future HEE CPD funding beyond March, 2023. This will create enormous challenges as we know that access to education, training and development is important to staff development, attraction and retention as well as patient safety and experience. It is important to highlight that even during the pandemic over £1.7m was committed to staff training and development. During the course of 2022/23 this investment will be discussed as part of business planning and investment committee processes.

Support for the welcoming and developing international nurse recruits

3.13 The support provided to international nurse recruits is a major work stream for education teams across the Trust; it is hoped that the appointment of divisionally aligned clinical educators will enhance existing support and promote ongoing professional development.

3.14 **International Nurse Recruitment:** This supply pipeline remains strong with a projected plan of 360 international nurse recruits during 2022 at a rate of approximately 30 arrivals per month. CUH was awarded £1.080 million by NHSE/I in December 2021 to support international nurse recruitment during 2022 with a particular emphasis on pastoral care alongside existing support which is focussed on OSCE attainment. The funding awarded by NHSE/I is facilitating the recruitment of Clinical Educators and an Integration/Pastoral Coach on a 12 month fixed-term basis. Recruitment to these posts is currently underway with a projected start date of mid-May 2022 (subject to satisfactory recruitment). In response to feedback from current international colleagues, clinical educators will be aligned to Divisions who are supporting international recruits. This new approach will enable educators to work alongside international recruits on a whole/partial shift basis thus helping with transition to UK healthcare practice. The divisionally aligned Clinical Educators will also have oversight responsibility for international nurses within their respective divisions; this process will be overseen by the Senior Nurse for Post-Registration Education.

3.15 **International Midwifery Recruitment:** We plan to recruit up to 28 international midwives during 2022. The recruitment process commenced in November 2021 with 1 international midwife arriving in January 2022 who has now successfully passed their OSCE and is now working as a Registered Midwife within the Trust. Two further international midwives arrived in February 2022; these two individuals are currently undertaking preparation for their forthcoming OSCE. This process is being supported by Practice Development Midwives. Early feedback from recruits is positive and with the first candidate becoming positively embedded into CUH maternity services.

3.16 **Refugee Nurse Recruitment:** As part of a national NHS pilot scheme to recruit refugee nurses, five Palestinian nurses commenced work within the Trust in February 2022. The group is among 27 refugee nurses from Lebanon and Jordan who arrived in the UK in January. A bespoke on-boarding/orientation programme ensured that smooth transition into clinical practice within the Trust in February 2022. These individuals will be working as Band 3 Healthcare Support Workers whilst they work towards their Occupational English Test (OET); it is anticipated this will take up to 6 months. Following successful completion of the OET, these individuals will be enrolled on to the international nurse OSCE preparation programme which, if successfully completed will lead to registration with the Nursing and Midwifery Council.

Pharmacy Update

3.17 The creation of pharmacy technician job roles at pace within primary care is a significant factor contributing to a national shortage of qualified pharmacy technicians. The Pharmacy department has successfully secured approval from the Investment Committee to enable a significant expansion of the pharmacy technician training programme at CUH. The investment proposal included partial salary support for the additional trainees (to cover shortfall after HEE commissioned funds applied) and additional educator support for the wider trainee cohort. This will lead to a doubling of our previous training capacity to increase from an intake of 3 to 6 trainees per annum, with the intention being to secure these trainees into qualified posts at the end of their training.

HEE has supported the funded of a fully funded trainee pharmacy technician post that will undertake a split programme with community pharmacy.

3.18 **Recommendations**

The Board is asked to note:

- The support for continuous professional development, funding received and allocations made.
- The equality monitoring report for development funding.
- Challenges for CPD funding beyond March 2023.
- An update on international recruitment and support for development including CUH's support of the national refugee pilot scheme.
- An update on developments within science and pharmacy education and training.

4. Theme 6: Modern fit for purpose education facilities and resources

Education and teaching space

4.1 Simulation Centre: The refurbishment of the centre to increase capacity has been completed, with the space being reconfigured to offer a training room with mixed reality technology. Co-production of Mixed Reality scenarios with holographic patients are nearly complete. This is a new and exciting development in collaboration with GigXR, a Californian Tech company, to develop immersive, extended reality training tools. The first product is due to launch in May/June. CUH has reached a commercial agreement with the company.

4.2 CUH/Olympus Endoscopy Training: CUH and Olympus have entered into an agreement to utilise the Simulation Centre and Endoscopy Unit as a training and education resource. The endoscopy courses have commenced with around 8–9 a year taking place. These are sought after courses, with extensive waiting lists and excellent feedback from attendees.

4.3 The Evelyn Cambridge Surgical Training Centre: The lease of the Surgical Training Centre, which is located at PA Consulting, Melbourn ends on the 31 May. A number of locations for the new centre have been explored with the Quorum, Barnwell Road being the preferred option. The business case for the refurbishment of the ground floor of the Quorum has been approved by Management Executive, and will go forward to the Capital Advisory Board in mid-April. The refurbishment will not be completed until the first quarter of 2023.

On-site interim facilities to allow the delivery of some activity of smaller courses have been identified. We would like to thank the Clinical School for their assistance in allowing us access to their laboratory.

The first phase of the Quorum refurbishment will provide facilities for cadaveric work on the ground floor. Funding will need to be sought to develop the XR Hub on the second floor once the case has been approved.

4.4 Education and training space – on site

There is the potential for some education and training space at The Quorum to be accessible for other CUH education, training and development activity. This is being explored; it will not address the fact that we have not been able to keep pace with the increase in the number of staff, the requirements for training of staff and our education, learning and development ambitions. The Director of Estates and Facilities has commissioned a review of education and teaching facilities; meetings are scheduled for key stakeholders to be involved in this review.

4.5 Recommendations

The Board is asked to note:

- The closure of the Surgical Training Centre at Melbourn on 31st May, 2022, with the relocation of the facility to a new location in early 2023. The onsite interim facilities to allow some cadaveric training to continue while the new facility is being refurbished
- A review of on-site education space is underway.

5. Appendices

Appendix 1: CPD FLAG funding equality monitoring report and recommendations

Appendix 1: Access to education, training and development at CUH

Summary report of applications received by the Funded Learning Authorisation Group (FLAG) 2021/22 and equality monitoring

This annual report gives an overview of education that has been funded by the Trust's Funded Learning Assessment Group (FLAG) between 1 April 2021 and 31 March 2022.

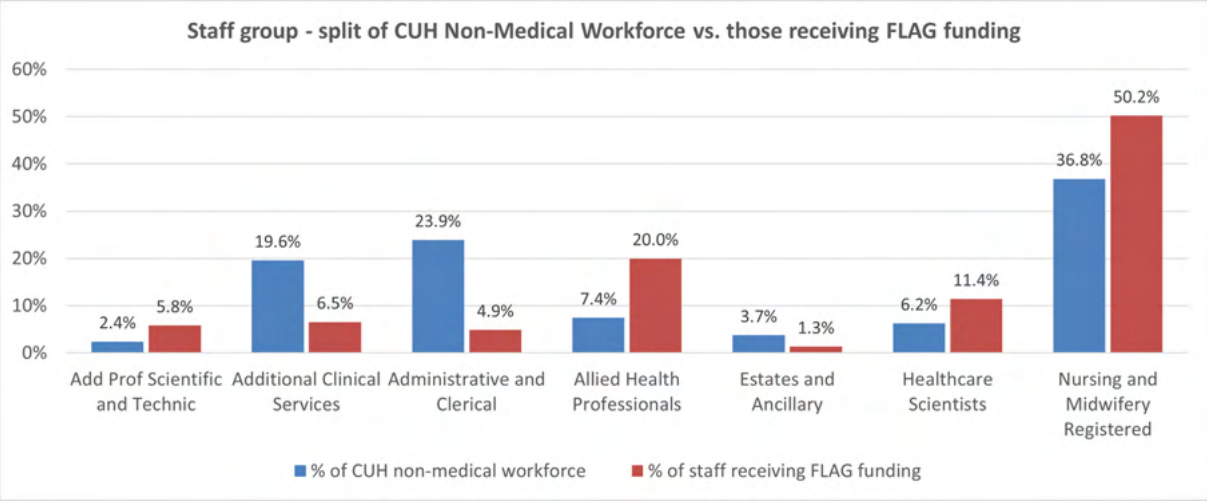
Analysis of FLAG data

The table below illustrates the total number of applications for funded learning that have been received by FLAG between 1 April 2021 and 31 March 2022.

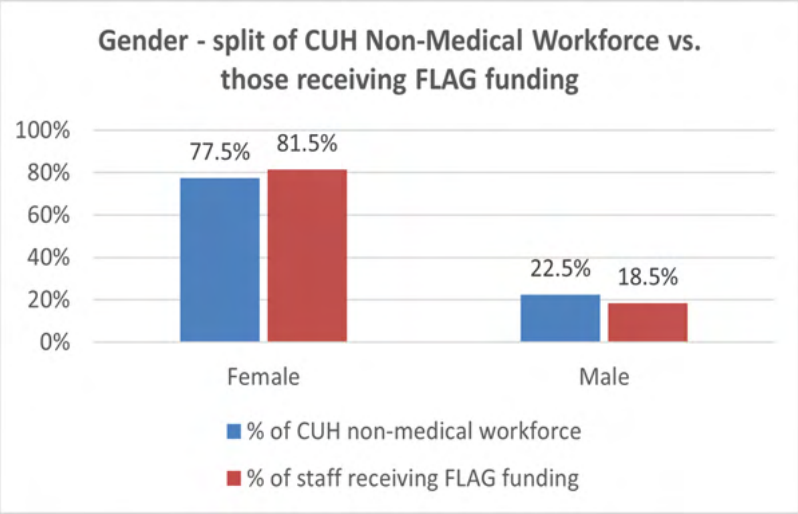
Table 1 Overall funded learning application approval rate	**99.6%**
Total number of standalone learning activities applications (e.g., modules, study days, conferences)	**752**
Total number of pathway applications (e.g., full BSc/MSc awards)	**65**
Total approved	**814**
Declined	**3**
Total applications received	**817**

Funding is also provided to education teams and subject matter experts to enable education materials, purchasing of external provision and resources that benefit larger numbers of staff and staff groups; this includes, for example, additional funding to deliver Sage & Thyme training to staff, new equipment in the mandatory training suite and the Deakin Centre for example.

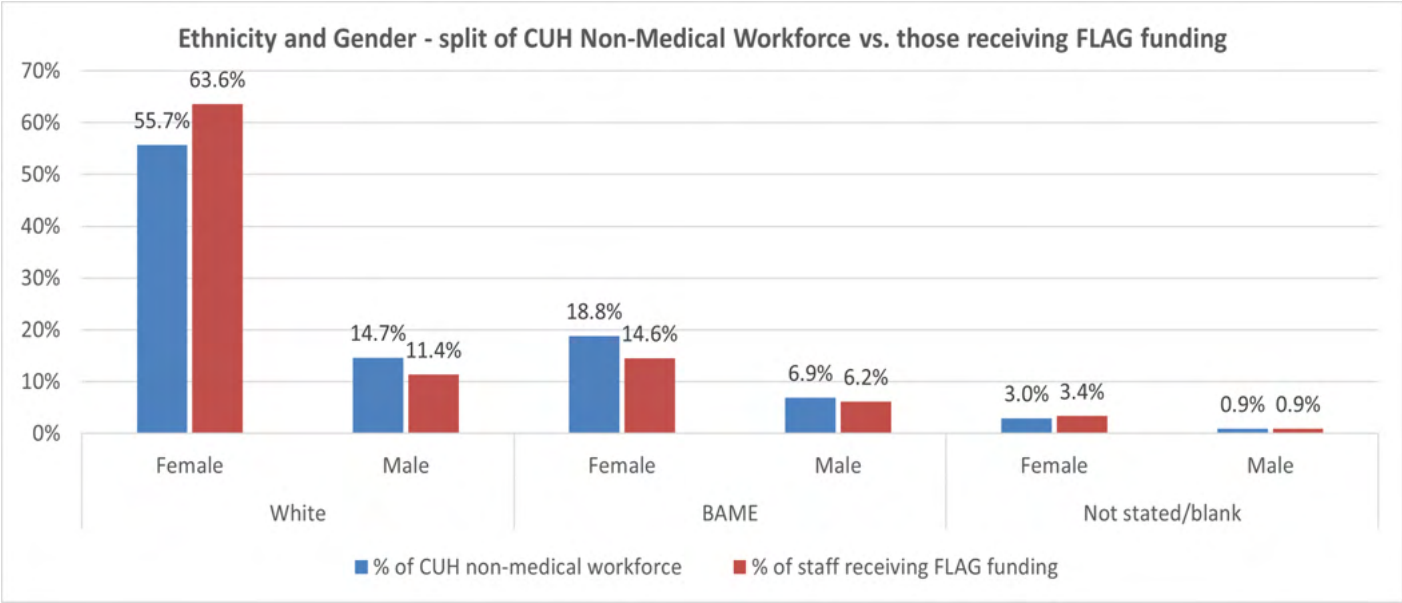
A summary of the staff groups accessing CPD FLAG funding



Summary of funded learning awarded to all non-medical staff - a review of applications by protected characteristics



Data relating to allocation of funding in relation to gender illustrates that the percentage of funding awarded is generally proportionate to the % of CUH non-medical workforce. This is, however, an area that requires ongoing monitoring to ensure that any gaps in proportionality are addressed particular in relation to males where there is a slightly lower divergence.

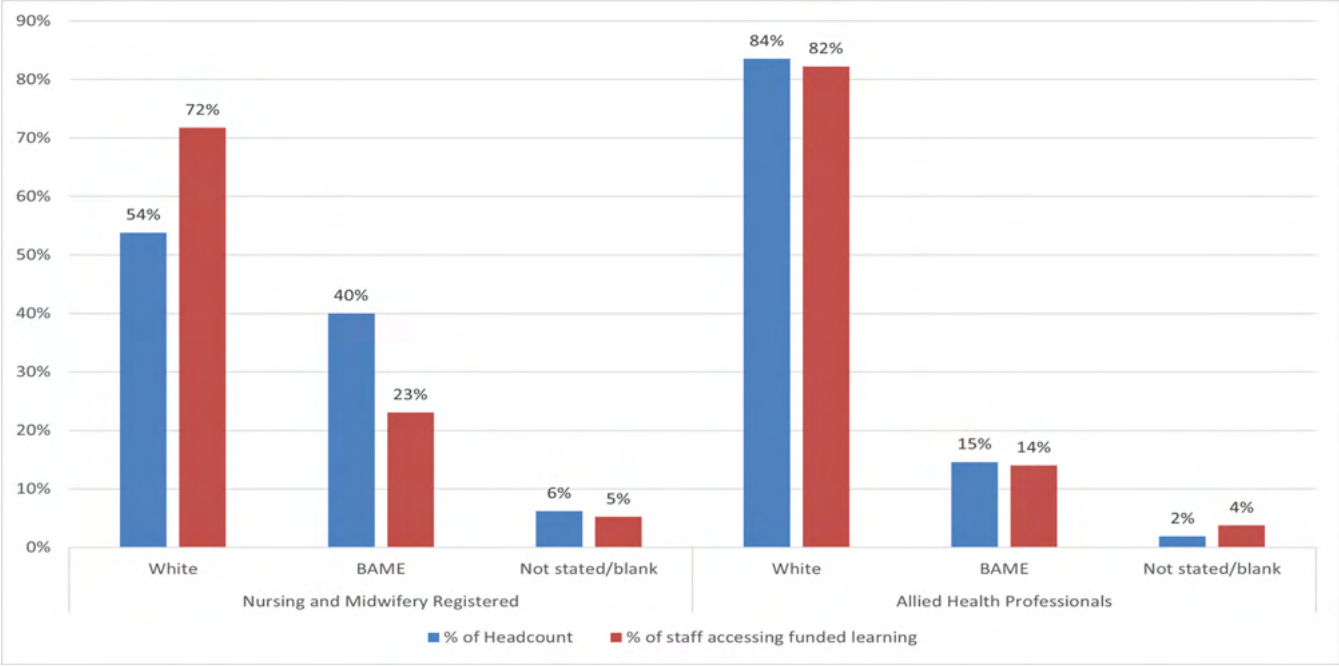


When examining data relating to gender and ethnicity, discrete differences are evident when comparing funded learning awarded to both white and staff from Minority Ethnic groups. This is again an area which needs to be closely monitored to ensure that any small differences which are evident do not become excessively disproportionate. It is, however, interesting to note that Ethnic Minority male staff are proportionately accessing funding learning at a greater level than their white colleagues.

Action

- Closely monitor trends in applications for funded learning in relation to gender and ethnicity.

Nursing, Midwifery and Allied Health Professionals accessing funded learning

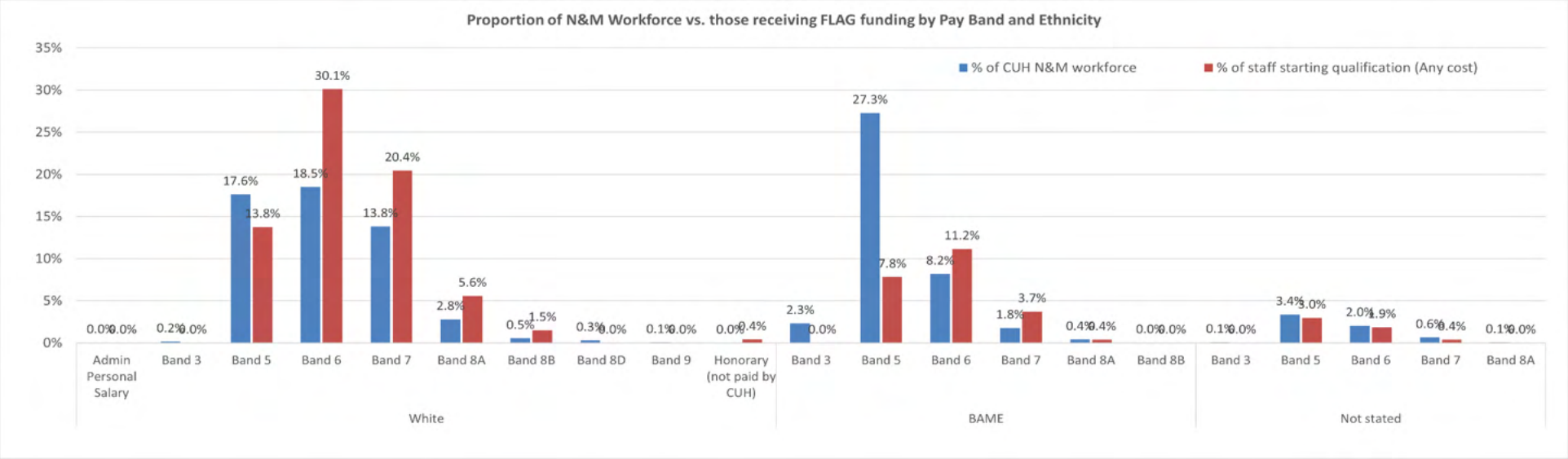


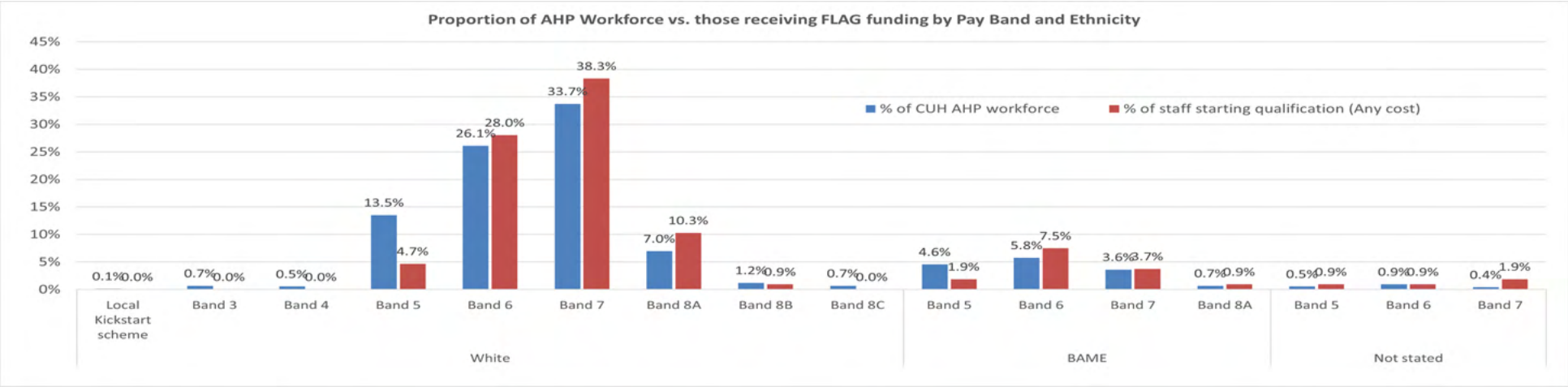
For Nursing and Midwifery Registered staff, the data above illustrates a lack of proportionality between white and Ethnic Minority staff with applications for funded learning from Ethnic Minority staff being much lower (17%) than the total Minority Ethnic % of headcount for the same professional group of staff. Applications for funded learning from white Nursing and Midwifery staff for funded learning are proportionately much higher (18%) than the total white % of headcount. In contrast, applications from Allied Health Professionals are unremarkable with an almost equal proportionate spread across both white and Ethnic Minority staff groups.

Action

- To work with teams across the organisation to increase the number of applications for funded learning from BAME Nursing and Midwifery Registered staff.

Allocation of funding by band, ethnicity and professional group (Nursing & Midwifery and AHP only)




Proportion of AHP Workforce vs. those receiving FLAG funding by Pay Band and Ethnicity
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
% of CUH AHP workforce
% of staff starting qualification (Any cost)
0.1%
0.0%
0.7%
0.0%
0.5%
0.0%
13.5%
4.7%
26.1%
28.0%
33.7%
38.3%
7.0%
10.3%
1.2%
0.9%
0.7%
0.0%
4.6%
1.9%
5.8%
7.5%
3.6%
3.7%
0.7%
0.9%
0.5%
0.9%
0.9%
0.9%
0.4%
1.9%
Local Kickstart scheme
Band 3
Band 4
Band 5
Band 6
Band 7
Band 8A
Band 8B
Band 8C
Band 5
Band 6
Band 7
Band 8A
Band 5
Band 6
Band 7
White
BAME
Not stated

Conclusion

The data highlights several significant points that require further consideration:

- Band 5 Minority Ethnic Nursing and Midwifery Registered staff are accessing a proportionately **much lower** level of funded learning than white Nursing and Midwifery registered staff; this trend is also evident within band 5 AHPs but at a much lower level.
- Bands 6 and 7 account for a large proportion of funded learning; this is perhaps reflective of career development into senior/specialist roles that require certain types of educational courses.
- Applications from unregistered staff are very low with some groups submitting less than 10 applications during the last financial year. This could be in part due to unregistered staff in bands 2 & 3 being supported to achieve the National Care Certificate on commencement, have access to HCSW skills call back days, functional skills (maths and English) tuition and are positively encouraged to consider nursing apprenticeships providing routes to degree level qualifications and access to NMC registration. Nevertheless there will be increased focus on support staff development.
- Band 4 staff are not generally accessing funded learning; however, this should start to improve with the introduction of Registered Nursing Associates who are employed at band 4.

Summary of Actions:

- Introduce regular career webinars for Ethnic Minority colleagues which are open to all staff regardless of grade across the organisation. This has recently been trialled by Division E with positive impact.
- Introduce career development webinars which showcase opportunities that are available for unregistered members of staff who work within nursing, midwifery and therapy areas.
- Monitor the number of applications received from Registered Nursing Associates with the aim of increasing these year on year as the Registered Nursing Associate role embeds within the organisation.
- Development of new marketing materials around funded learning which are given out at induction and a session focussed on funded learning at Qualified Practitioner Orientation.

- Integration of a session focussed on lifelong/funded learning within the International Nurse OSCE programme so that new recruits are aware of what development opportunities exist.

Cambridge University Hospitals
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Report to the Board of Directors: 11 May 2022

Agenda item	14
Title	Research and development
Sponsoring executive director	Ashley Shaw, Medical Director
Author(s)	John Bradley, Research and Development Director
Purpose	To provide an update on research and development activity.
Previously considered by	Management Executive, 5 May 2022

Executive Summary

This report from the Research Board provides the Board of Directors with a summary of issues relating to strategy, governance, performance and outputs.

Related Trust objectives	Improving patient care, Building for the future
Risk and Assurance	The report is the main source of assurance on governance issues relating to research and development.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors
The Board is asked to receive and discuss the report.

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

Board of Directors

Research and development

John Bradley, Research and Development Director

1. Nursing, Midwifery and Allied Health Professional (NMAHP) Research

1.1 Under Professor Christi Deaton's leadership, NMAHP research continues to expand. The NMAHP Research Strategy has been revised and approved through the Nursing, Midwifery and Allied Health Professional Advisory Committee (NMAAC), and sets out four4 priorities for development:

- 1 Research Aware: To build confidence in our workforce to establish research and the application of evidence-based practice as a core activity for all NMAPs (Nursing, Midwifery and Allied Health Professionals).
- 2 Research Skilled: To provide access to research education and development opportunities for NMAPs.
- 3 Research Active: To maximise the opportunities for active involvement in research for NMAPs.
- 4 Research Leading: To ensure CUH as an organisation is a recognised leader in supporting and developing NMAP research and clinical academic careers.

1.2 A key strategic priority has been research capacity building:

a) NMAAC has approved a framework for Clinical Academic Leadership posts (50% clinical/50% research) for NMAHPs who are post-doctoral, and is working with Human Resources to ensure that there is a consistent Trust-wide policy related to research fellowships for staff.
b) The Health Education England (HEE) funded East of England internships and bridging fellowships (co-led by Christi Deaton) have since 2018 supported 30 NMAHPs on pre-masters research internships (12 from CUH), 20 on pre-doctoral bridging fellowship (nine from CUH) and three on post-doctoral bridging fellowships (two from CUH). This programme has also supported two writing workshops in the region, and co-funded eight NMAHPs (four from CUH) to attend the Research Skills for Clinicians Weekend Course.
c) NMAHP Addenbrooke's Charitable Trust (ACT) / Biomedical Research Centre (BRC) pump-priming fellowships have been integrated with the medical pump-priming awards.
d) HEE East in collaboration with Cambridge Academic Training Office (CATO) and Norwich Academic Training Office (NATO) have agreed to fund two post-doctoral awards (50% research time for up to four years) for NMAHPs in the East of England. These are analogous to Clinical Lecturer posts for medical staff, although will have a different name. Final terms are being agreed and expect to advertise soon.

e) HEE East has also funded a Chief Nurse Internship programme aimed at Band 5 NMAHP staff. These interns will be funded one day a week to develop research skills while addressing one or two of the Chief Nurse's priorities.
f) Increased support for NMAHP capacity building is planned, and there will be greater integration of research support for medical and non-medical researchers. Christi Deaton is the lead for BRC Research Capacity Building supported by three medical colleagues.
g) A group of 50 members of research interested/active staff meet monthly online for peer support, training and presentations. They range in experience from pre-Masters to post-doctoral.

1.3 Recent local highlights include:

a) Anuj Punnoose (physiotherapist) was successful in his application for a HEE/National Institute for Health Research (NIHR) Doctoral Research Fellowship. He will start April 2022.
b) Debbie Critoph (Specialist Nurse in Adolescent and Young Adult Cancer) was successful in obtaining a Cambridge/UEA Doctoral Research Fellowship (Wellcome Trust funded programme) and will start in October 2022.
c) This brings us to a total of 11 members of staff who have obtained externally funded (NIHR or Charities) doctoral research fellowships since 2017.
d) Seven of these 11 have been supported by ACT/BRC or HEE pre-doctoral pump-priming/bridging awards.
e) Currently three members of staff have post-doctoral bridging awards (ACT/BRC or HEE) and are developing post-doctoral/advanced fellowship applications.
f) Yaping Lian (Vascular Specialist Nurse) has a HEE/NIHR pre-doctoral research fellowship (started autumn 2021).
g) The Annual NMAHP Research Conference will be held 6 May in the Clinical School. Currently 120 people are registered to attend. An online half-day conference was held in November 2021 (60 people registered) but this will be the first full conference since 2019.

2. Cambridge Clinical Research Centre (CCRC)

2.1 The application for re-designation and funding of the NIHR Cambridge Clinical Research Facility (CRF) was successful, with funding of £15,200,000 from 1 September 2022 to 31 August 2027, representing an uplift of 30% on current funding. The review committee considered the quality and breadth of early translational and experimental medicine research and strategic plan to be strong, and that the application demonstrated very strong partnerships with industry, UK Research and Innovation (UKRI), other NIHR Infrastructure, charity partners and the wider NHS.

3. NIHR Cambridge Biomedical Research Centre (BRC)

3.1 The proposal for re-designation and funding of the NIHR Cambridge Biomedical Research Centre (BRC), led by Professor Miles Parkes, was submitted in October 2020, and a team from CUH and University of Cambridge attended for interview on 8 April 2022. The outcome is expected in May 2022.

4. MHRA inspection

4.1 Cambridge University Hospitals NHS Foundation Trust and University of Cambridge underwent a statutory Good Clinical Practice inspection by the Medicines and Healthcare products Regulatory Agency (MHRA) from 1 to 5 November 2021 as non-commercial sponsors of clinical trials. The inspection remains open as the inspectors visited a site that hosts a trial sponsored by Cambridge University Hospitals in February 2022, and further feedback is awaited.

5. Health Data Research (HDR) UK – Data Research Hub

5.1 The **Gut Reaction HDR UK Data Research Hub** is collating data from multiple sources on patients recruited to the NIHR Inflammatory Bowel Diseases BioResource. Data from electronic health records at NHS trusts is being combined with research, including genomic data. Gut Reaction passed its third milestone review in April 2022, and the review panel noted the excellent progress the Hub has made since Milestone 2, noting the Gut Reaction had:

a) Brought together range of unique datasets.
b) Successfully maintained both momentum and direction on the Hub's plan and approach.
c) Provided services to both commercial and academic clients and in a way that is flexible to the customer's needs.

6. Rare Diseases

6.1 The Department of Health and Social Care published the England Rare Disease Action Plan 2022 on 28 February 2022, and noted that one prominent initiative is the rare diseases component of the NIHR BioResource, which works in over 50 disease areas to link genetic information to clinical characteristics in order to provide greater understanding of disease mechanisms for the development of new treatments and diagnostics. As of December 2021, NIHR BioResource has recruited over 21,230 patients with rare diseases from 50 NHS trusts in England. All participants are genetically characterised and have given consent to be recalled for clinical studies, including trials for new treatments.

6.2 As part of the Action Plan the Secretary of State announced £40 million of new funding to the NIHR BioResource over the next 5 years.

7. COVID-19 research

Cambridge led clinical trials

HEAL-COVID (HElping to Alleviate the Longer-term consequences of COVID-19), Chief Investigator (CI) Charlotte Summers, is evaluating the effect of existing drugs on the long term effects of COVID-19 following discharge from hospital. HEAL-COVID has recruited over 1000 participants from 105 NHS trusts.

PROTECT-V (PROphylaxis for vulnerable paTiEnts at risk of COVID-19 infecTion), CI Rona Smith, is evaluating the use of agents to prevent COVID-19 in vulnerable patients, including kidney patients on dialysis or receiving immunosuppression for a renal transplant. The study is a 'platform trial', which allows new drugs to be added. The first drug to be evaluated is niclosamide, a drug used to treat intestinal worms, which has shown activity against SARS-CoV-2 in the laboratory and is being delivered as a nasal spray. Additional therapeutic agents for inclusion in PROTECT-V are under consideration. PROTECT-V has recruited over 700 participants from 34 sties.

NIHR COVID BioResource

The COVID-19 cohort of the NIHR BioResource offers patients and staff the opportunity to participate in research by providing biological samples and health data that allow us to better understand the disease and its impact. Over 7000 patients and healthcare workers have been recruited to the COVID-19 BioResource, supporting a number of studies that are providing insights into the clinical features, transmission and immunobiology of COVID-19 infection[1,2,3,4,5,6,7,8,9,10,11,12]. More recent studies have confirmed the importance of a 3rd dose mRNA vaccine in protecting against the Omicron variant and provided insights into why the Omicron variant causes less severe illness.

COVID-19 Clinical Neuroscience Study (COVID-CNS - https://www.liverpool.ac.uk/covid-clinical-neuroscience-study/) is using the COVID-19 BioResource infrastructure to investigate the neurological and neuropsychiatric effects of COVID-19.

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[1] Nat Commun. 2020 Dec 14;11(1):6385. doi: 10.1038/s41467-020-19761-2.
[2] Cell Rep Med. 2020 Sep 22;1(6):100099. doi: 10.1016/j.xcrm.2020.100099. Epub 2020 Sep 1.
[3] Cell Rep Med. 2020 Aug 25;1(5):100062. doi: 10.1016/j.xcrm.2020.100062. Epub 2020 Jul 15.
[4] Nat Struct Mol Biol. 2020 Oct;27(10):934-941. doi: 10.1038/s41594-020-0478-5. Epub 2020 Jul 31.
[5] Elife. 2020 Jun 19;9:e59391. doi: 10.7554/eLife.59391.
[6] Elife. 2020 May 11;9:e58728. doi: 10.7554/eLife.58728.
[7] Nat Med. 2021 Apr 20. doi: 10.1038/s41591-021-01329-2.
[8]Nature. 2021 Apr;592(7853):277-282. doi: 10.1038/s41586-021-03291-y.
[9] Nature. 2021 May;593(7857):136-141. doi: 10.1038/s41586-021-03412-7.
[10] Nature. 2021 Aug;596(7872):417-422. doi: 10.1038/s41586-021-03739-1.
[11] Nature. 2021 Nov;599(7883):114-119.
[12] Nature. 2022 Mar;603(7902):706-714.

8. Recommendation

8.1 The Board of Directors is asked to receive and discuss the report.

Cambridge University Hospitals NHS Foundation Trust

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Report to Board of Directors: 11 May 2022

Agenda item	15
Title	Learning from deaths
Sponsoring executive director	Ashley Shaw, Medical Director
Author[s]	Amanda Cox, Deputy Medical Director Freya Durrant, Head of Patient Safety
Purpose	To receive the quarterly report.
Previously considered by	Management Executive, 5 May 2022

Executive Summary

Between January 2022 – March 2022 [Q4], there were 403 deaths; of these 21 [5.2%] were in the Emergency Department, the remainder were inpatient deaths.

- 57 [14%] met the criteria for a Structured Judgement Review (SJR).
- 7% [4/57] SJRs completed to date identified problems in care [scores 1-3].

Between January 2022 and March 2022 there have been no deaths investigated as a Serious Incident.

There have been no Prevention of Future Deaths ordered between January and March 2022.

On a quarterly basis, representatives from across the system join the Learning from Deaths Committee. This includes Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), East of England Ambulance Service NHS Trust, Royal Papworth Hospital NHS Foundation Trust and the Senior Coroner for Cambridgeshire and Peterborough, with the focus on developing reliable and robust pathways to share learning both within and across organisational boundaries.

Related Trust objectives	Improving patient care
Risk and Assurance	The report provides assurance on the arrangements in place to ensure learning from deaths.
Related Assurance Framework Entries	n/a
Legal implications/Regulatory requirements	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors
The Board is asked to receive the learning from deaths report for 2021/22 Q4.

Cambridge University Hospitals NHS Foundation Trust

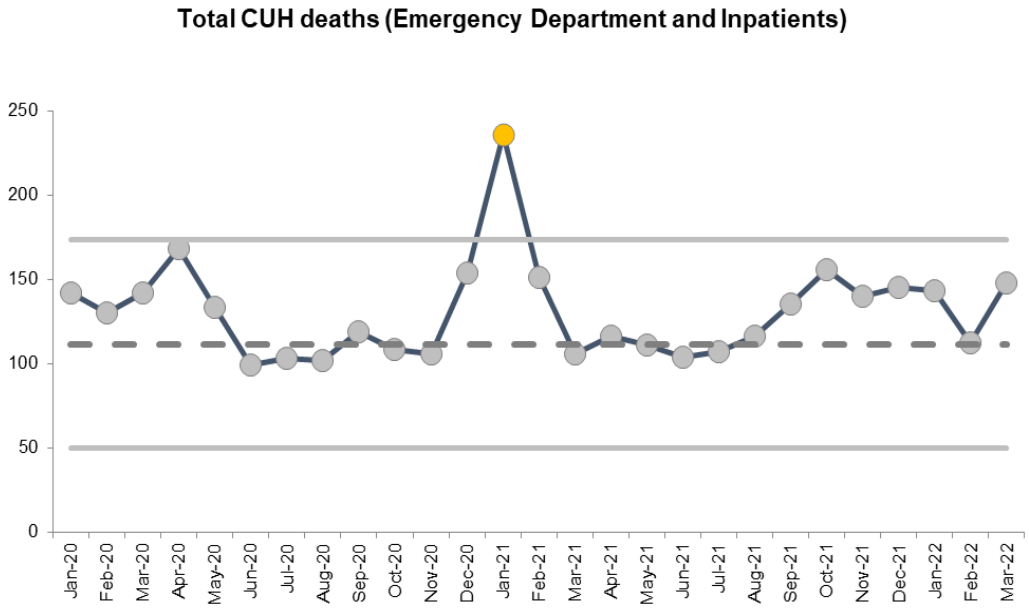
11 May 2022

Board of Directors

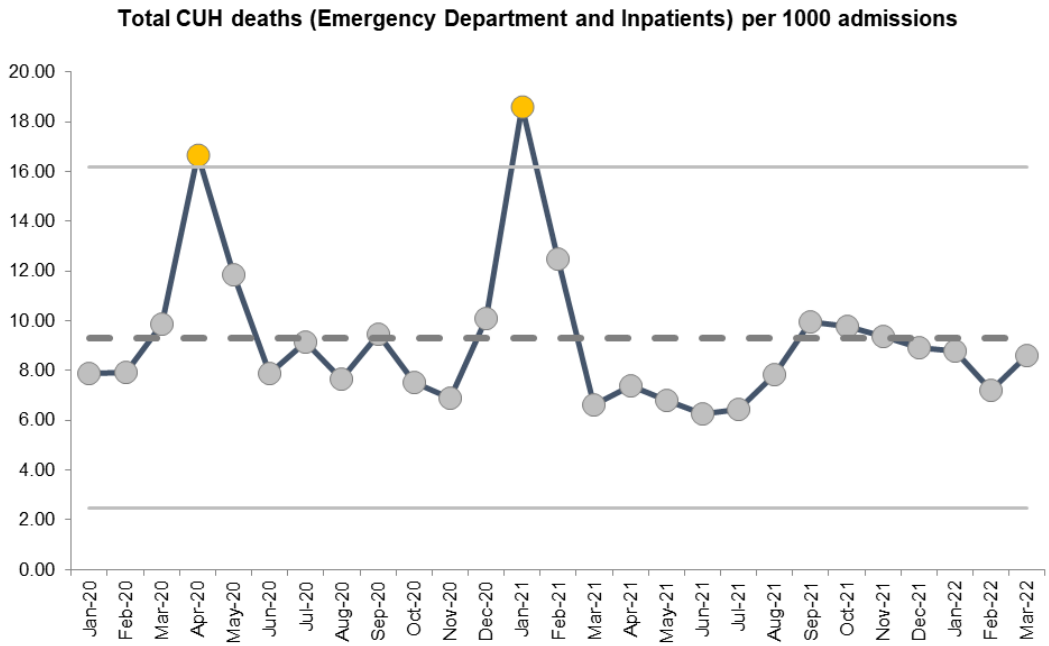
Learning from Deaths Quarterly Report

1. Number of deaths in Quarter

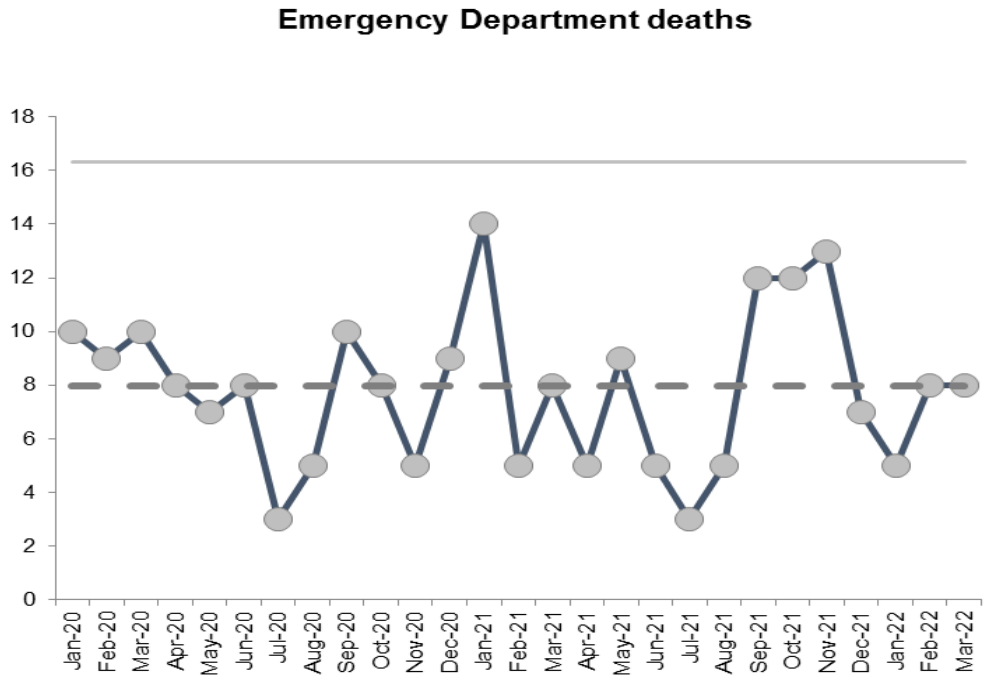
There were 403 deaths between January 2022 and March 2022 [Q4] [Emergency Department [ED] and inpatients], of which 5.2% [21/403] were in the ED and 94.8% [382/403] were inpatient deaths. The data in the graphs below show deaths that have been recorded on Epic since July 2019. Graph 1 shows total CUH deaths from January 2020 to March 2022. There was a statistically significant increase [single point] in January 2021. This may in part be attributable to the COVID-19 pandemic and the context of the operational demand of the hospital. Triangulation and scrutiny of other data sources did not suggest any other concern in relation to patient safety, or quality, for this trend and has now returned to within normal variance.



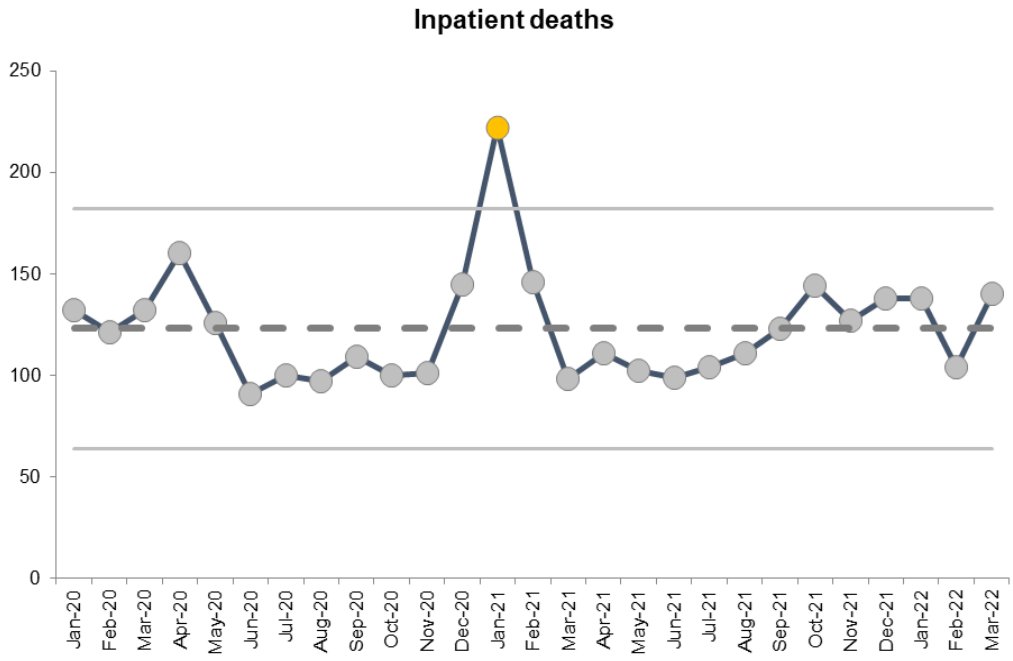
In graph 2, there were statistically significant increases [single points] in the total number of deaths at CUH per 1000 admissions in April 2020 and January 2021.



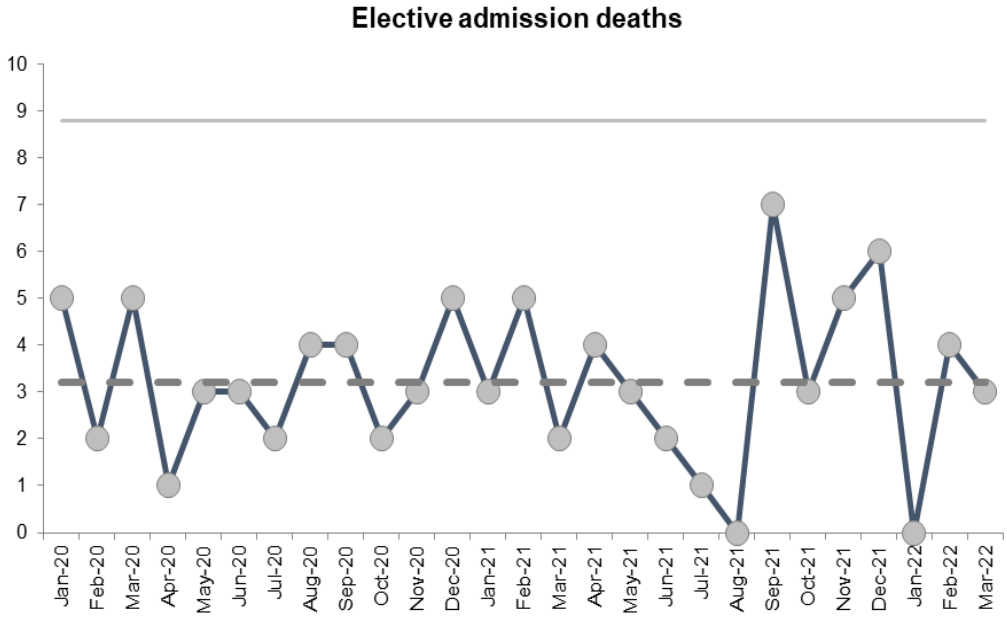
Graph 3 shows Emergency Department deaths only, from January 2020 to March 2022. There is currently normal variation in the number of Emergency Department deaths.



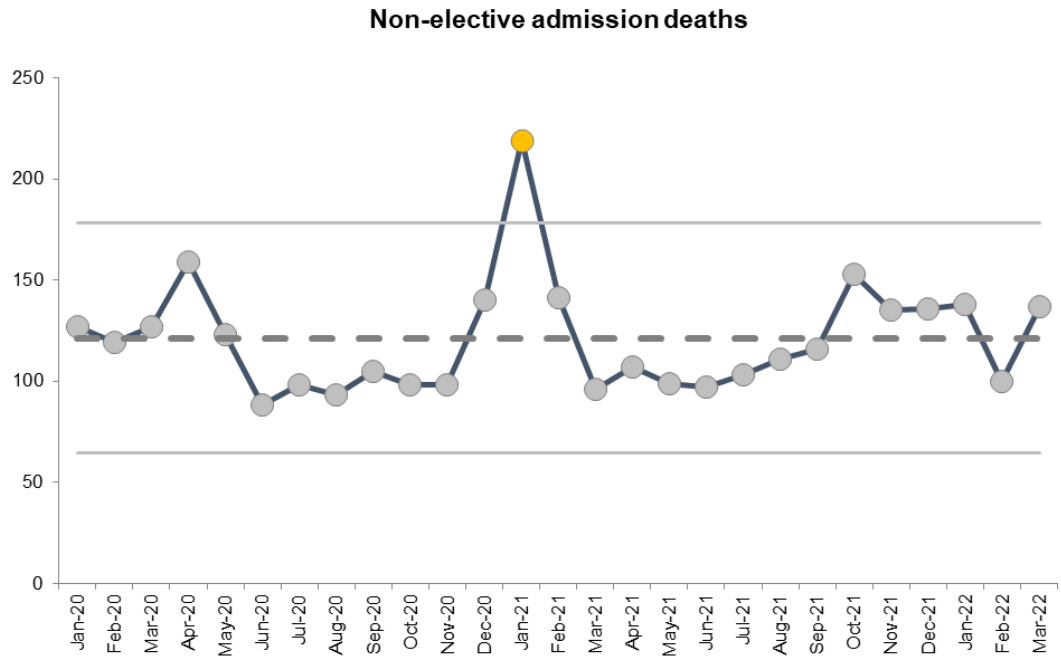
Graph 4 shows inpatient deaths only, from January 2020 to March 2022. There has been a statistically significant increase [single point] in January 2021. There is currently normal variation in the number of Inpatient deaths.



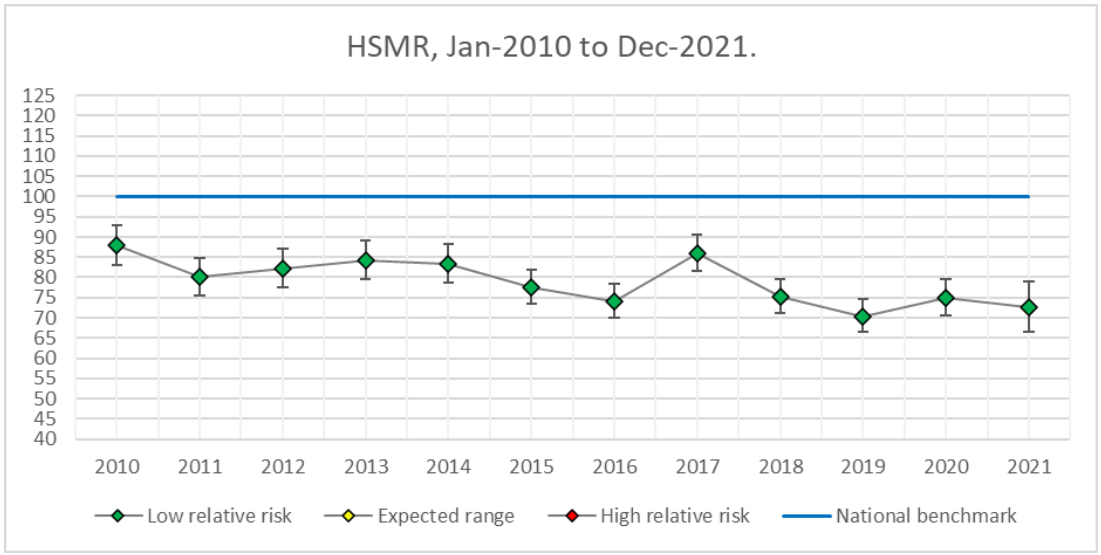
Graph 4a shows inpatient elective admission deaths only. From January 2020 to March 2022 there is normal variation.



Graph 4b shows inpatient deaths in a non-elective admission from January 2022 to March 2022 and it is currently within normal variation, apart from January 2021.



Graph 5 shows the latest Hospital Standardised Mortality Ratio [HSMR] by financial year from April 2009 to date.



2. Mortality case review process – Structure Judgement Review [SJR]

The table below shows a summary of learning from deaths key performance indicators [KPIs] in the 2021-2022 financial year

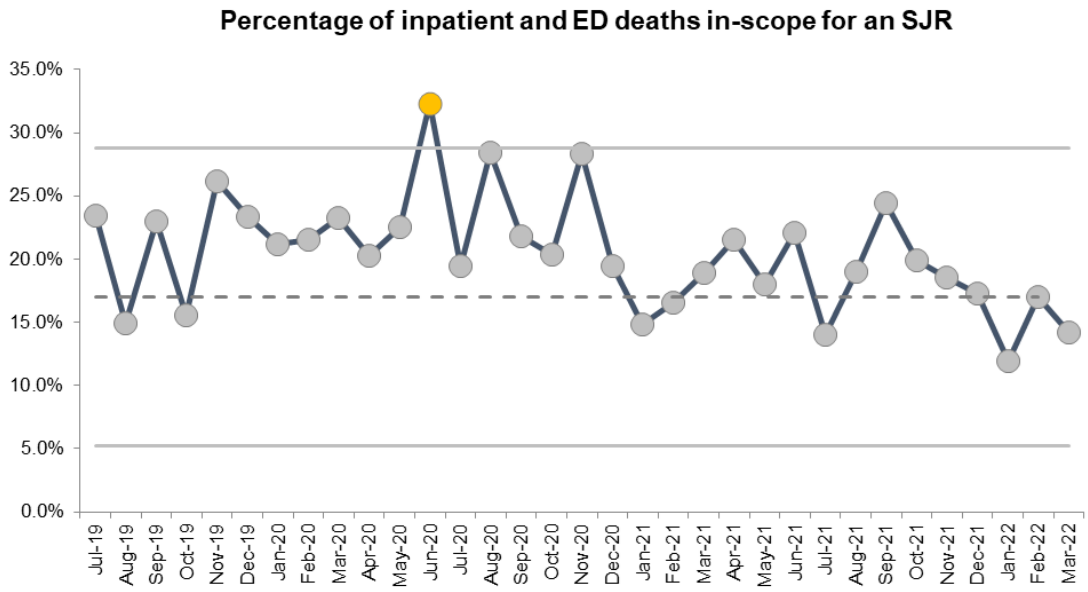
KPI	No. of deaths in month	No. of deaths in-scope	Compliance with SJRs		Problems in Care Identified [score 1-3]	Serious Incidents triggered by SJRs	% of problems in care (by deaths 'in scope')		% of all deaths with problems in care (by total deaths in month)		SJRs triggered by family / carers	SJR training compliance	PFD issued to CUH
			Number received	Number due			Month	Quarter	Month	Quarter			
Apr-21	116	25	84% 21	25	1	0	5% 1	21	0.9% 1	116	1	67% 14	21	1
May-21	111	20	90% 18	20	3	0	17% 3	18	2.7% 3	111	1	83% 15	18	0
Jun-21	104	23	91% 21	23	2	2	10% 2	21	1.9% 2	104	4	76% 16	21	0
Jul-21	107	15	87% 13	15	0	0	0% 0	13	0.0% 0	107	0	46% 6	13	0
Aug-21	116	22	86% 19	22	0	2	0% 0	19	0.0% 0	116	0	0% 0	19	0
Sep-21	135	33	70% 23	33	1	0	4% 1	23	0.7% 1	135	0	26% 6	23	0
Oct-21	156	31	71% 22	31	2	1	9% 2	22	1.3% 2	156	1	73% 16	22	0
Nov-21	140	26	73% 19	26	1	0	5% 1	19	0.7% 1	140	0	74% 14	19	0
Dec-21	145	25	72% 18	25	1	0	6% 1	18	0.7% 1	145	2	72% 13	18	0
Jan-22	143	17	76% 13	17	1	0	8% 1	13	0.7% 1	143	3	77% 10	13	0
Feb-22	112	19	68% 13	19	2	0	15% 2	13	1.8% 2	112	0	69% 9	13	0
Mar-22	148	21	43% 9	21	1	4	11% 1	9	0.7% 1	148	0	100% 9	9	INPUT
								10% 6 60		2% 6 331			
								2% 1 55		0% 1 358			
								7% 4 59		1% 4 441			
								11% 4 35		1% 4 403			

3. Structured judgement review [SJR] compliance

3.1. Deaths in-scope

Between January 2022 and March 2022, 57 [14%] of patient deaths met the in-scope criteria for a structured judgement review.

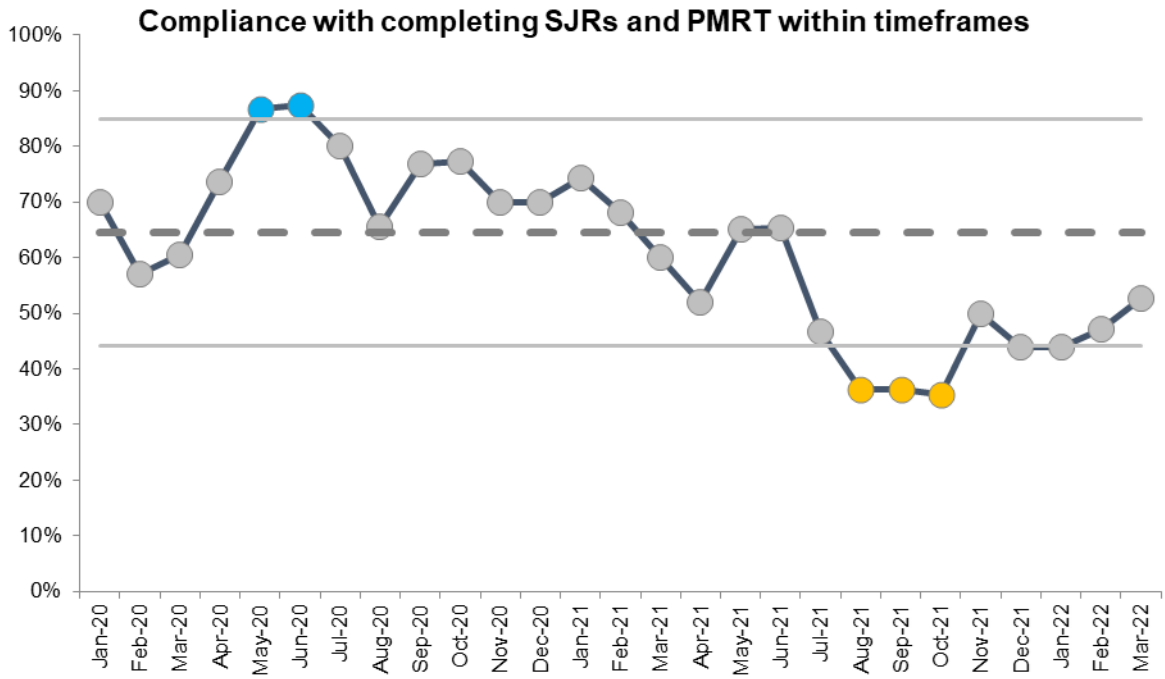
Graph 6 shows the percentage of CUH deaths which were in-scope for an SJR since July 2019. On average, 17% of deaths are in-scope for an SJR.



For Q4, of the 57 in-scope deaths, 27 SJRs have been completed to date; therefore compliance with completion of SJR for patients who died in Q4, January 2022 – March 2022 is currently 49% [27/57]. The compliance by the thresholds for completion and by divisions is shown in the table below.

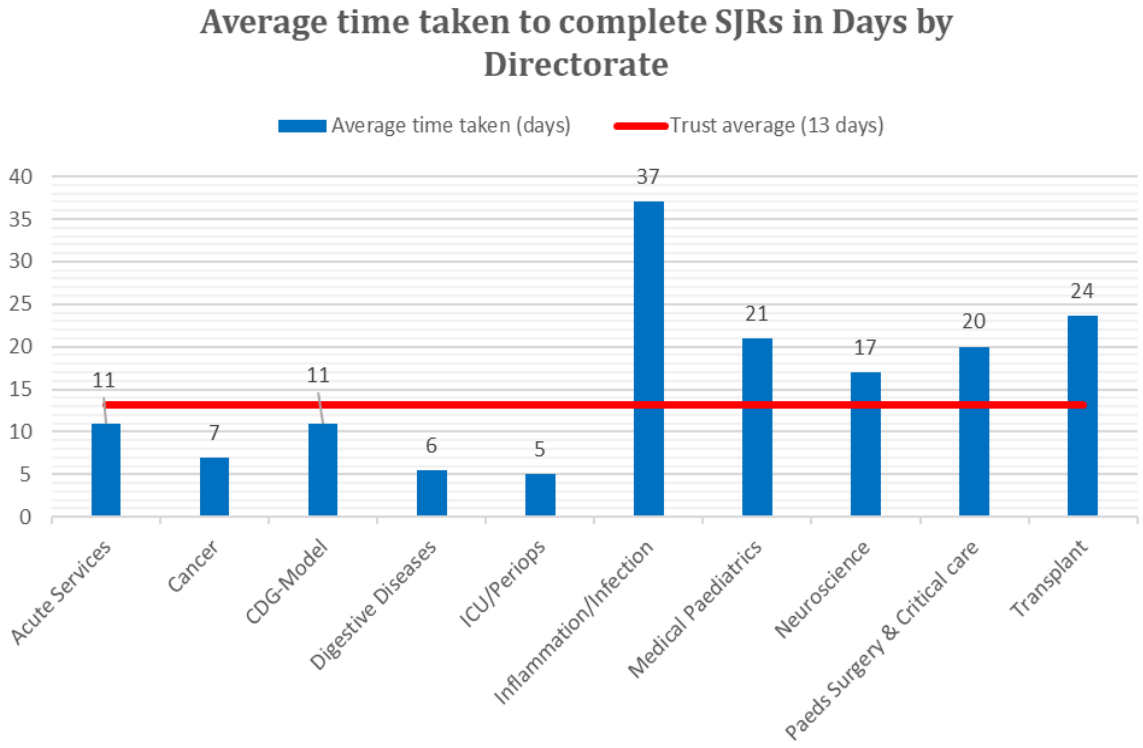
KPI	SJR + PMRT compliance by timeframes	A	B	C	D	E
Apr-21	52% [12/23]	100% [1/1]	100% [1/1]	90% [9/10]	100% [6/6]	57% [4/7]
May-21	65% [13/20]	75% [3/4]	N/A [0/0]	92% [12/13]	100% [3/3]	N/A [0/0]
Jun-21	65% [15/23]	100% [4/4]	100% [1/1]	100% [10/10]	100% [3/3]	60% [3/5]
Jul-21	47% [7/15]	67% [2/3]	N/A [0/0]	100% [6/6]	100% [1/1]	80% [4/5]
Aug-21	36% [8/22]	100% [2/2]	N/A [0/0]	100% [11/11]	100% [2/2]	50% [3/6]
Sep-21	36% [12/33]	50% [2/4]	0% [0/3]	83% [15/18]	50% [1/2]	75% [3/4]
Oct-21	35% [11/31]	N/A [0/0]	0% [0/2]	86% [12/14]	86% [6/7]	60% [3/5]
Nov-21	50% [13/26]	100% [1/1]	100% [2/2]	82% [14/17]	N/A [0/0]	67% [2/3]
Dec-21	44% [11/25	67% [2/3]	N/A [0/0]	90% [9/10]	100% [1/1]	75% [6/8]
Jan-22	47% [8/17]	100% [1/1]	N/A [0/0]	77% [10/13]	N/A [0/0]	20% [1/5]
Feb-22	53% [10/19]	50% [1/2]	0% [0/1]	77% [10/13]	N/A [0/0]	40% [2/5]
Mar-22	43% [9/21]	50% [1/2]	0% [0/1]	78% [7/9]	25% [1/4]	0% [0/8]

Graph 7 shows the percentage of SJRs that are completed within their timeframe [25 working days for SJR and 85 working days for Perinatal Mortality Review Tool (PMRT) as of January 2020]. Statistically we can expect between 40% and 88% of reviews to be completed within their timeframes:



3.2. Length of time taken to complete SJRs

Graph 8 reflects the average length of time taken to complete an SJR, as reported by Consultants for the SJRs undertaken between January 2022 and March 2022. The average length of time is 13 days.



4. Serious Incidents [SIs] following Structured Judgement Review [SJR]

4.1. SI investigations commissioned between January 2022 – March 2022

There has been no Serious Incident investigation commissioned by the Trust's SI Executive Review Panel following an SJR between January 2022 and March 2022.

4.2. Structure Judgement Review scores for likelihood of deaths being due to problems in care

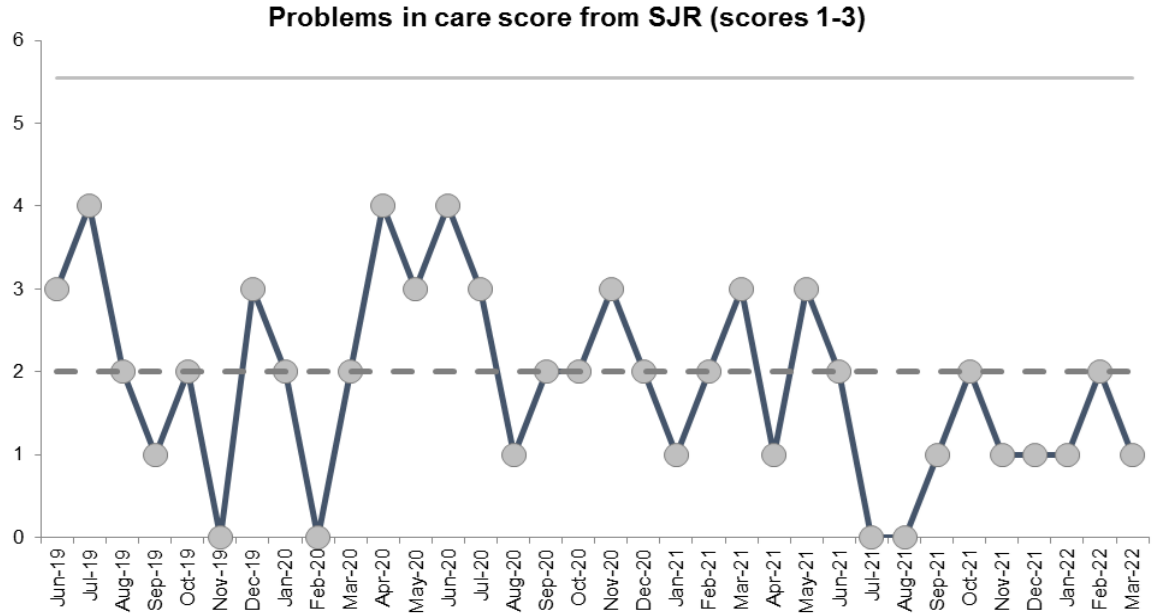
The percentage of deaths with problems in care identified through the SJR January 2022-March 2022 is 7% [4/57]. The distribution of these scores are shown in the table below:

	Poor quality of care [1]	Less than satisfactory [2]	Room for improvement [3]	Room for improvement [4]	Room for improvement [5]	Good practice [6]
	Multiple aspects of clinical &/or organisational care that were well below what you consider acceptable.	*Several aspects of clinical &/or organisational care that were well below what you consider acceptable*	*Aspects of both clinical and organisational care that could have been better.*	*Aspects of organisational care that could have been better and may have had an impact on the patient's outcome.*	*Aspects of clinical care that could have been better but not likely to have had an impact on the outcome.*	*A standard that you consider acceptable.*
Apr-21	0	0	1	0	6	9
May-21	0	0	3	1	4	8
Jun-21	0	0	2	2	4	10
Jul-21	0	0	0	0	4	2
Aug-21	0	0	0	0	0	0
Sep-21	1	0	0	1	5	2
Oct-21	0	1	1	2	7	8
Nov-21	0	0	1	1	0	10
Dec-21	0	0	1	3	3	7
Jan-22	0	0	1	1	2	8

Feb-22	0	1	1	0	4	7
Mar-22	0	1	0	1	0	7

All 4 deaths that scored 1-3 [death with problems in care score] were further investigated via the Serious Incident Executive Review Panel [SIERP] process.

Graph 9 shows the number of SJRs scored 1-3. There is currently normal variation in the number of SJRs scored 1-3:



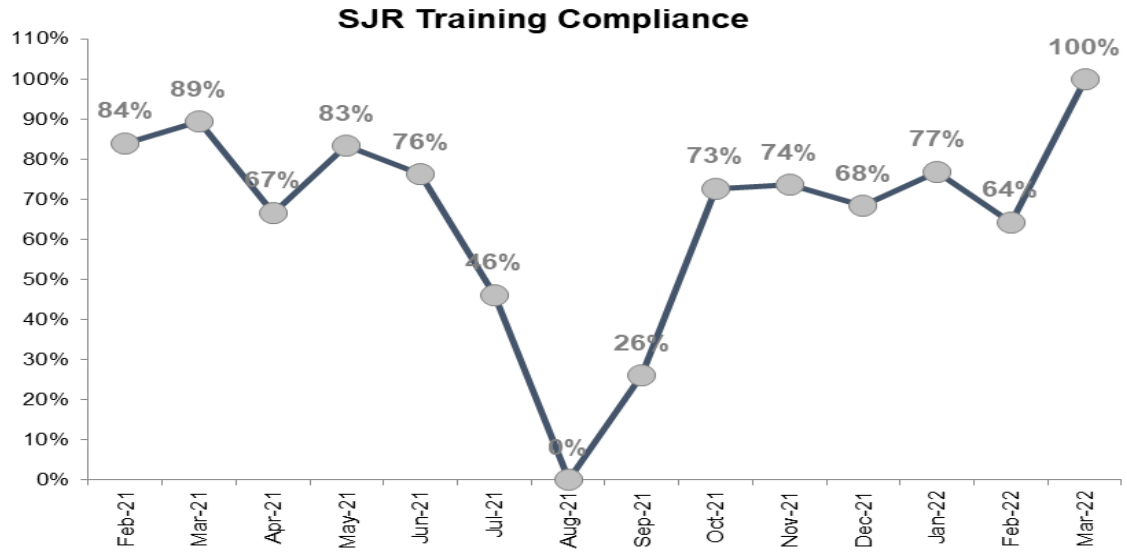
5. Structured judgement reviews triggered by family/carers

Two SJRs were initiated by family or carers concerns raised through the Medical Examiner's Office between January 2022 and March 2022. No problems in care were identified.

6. Consultant training compliance

Of the SJRs completed for patients who died January 2022 – March 2022, an average of 80% of SJRs were reviewed by a consultant who had completed the SJR training.

The figure for August 2021 has not been added due to data corruption.



7. Prevention of future death reports issued to Cambridge University Hospitals

There has been one Prevent Future Death report issued to CUH [April 2021] in this financial year in relation to Venous thromboembolism (VTE) prophylaxis.

8. Learning

8.1. Learning from Serious Incidents

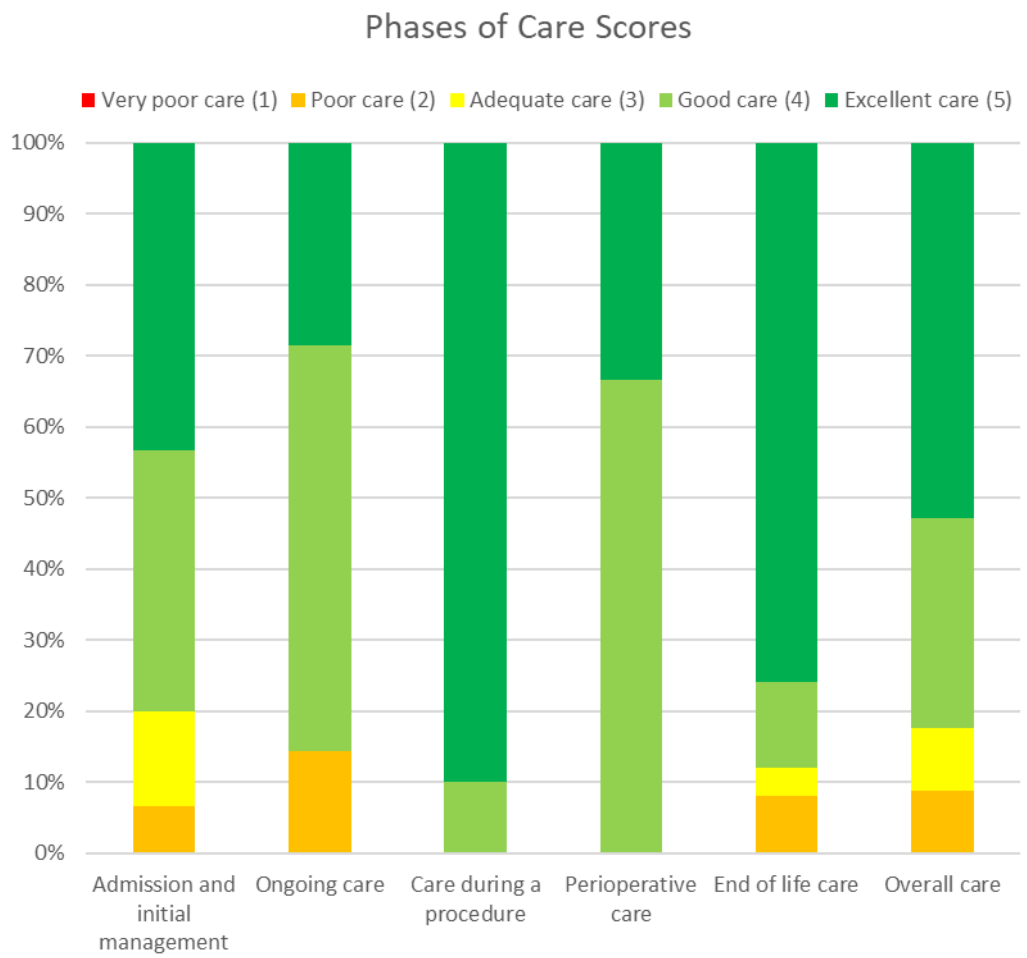
There is no serious incident we have reported to our commissioners [see item 4.1] between January 2022 and March 2022:

Quarter	2017/2018		2018/2019		2019/2020		2020/2021		2021/2022	
Q1	4	11	2	11	4	13	3	12	2	5
Q2	1		5		4		2		2	
Q3	5		1		2		5		1	
Q4	1		3		3		2		0	

There were no Serious Incident investigation reports [category: Unexpected/potentially avoidable death] completed and submitted in Q4, 2021/22

8.2. Learning from phases of care

Scores allocated to each of the phases of care are displayed in the graph below for all completed SJRs between January 2022 to March 2022:



N.B. Poor care does not automatically indicate the problems in care score allocated.

9. Learning from deaths improvement plan:

The Quality Improvement (QI) Plan for the last financial year came to its end in Q4, with some actions still outstanding. The QI plan will be continued to be reviewed by the Mortality Improvement Group.

10. Recommendations

10.1 The Board of Directors is asked to receive the learning from deaths report for 2021/22 Q4.

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Together
Safe
Kind
Excellent

Report to the Board of Directors: 11 May 2022

Agenda item	16
Title	Board Assurance Framework and Corporate Risk Register
Sponsoring executive director	Ian Walker, Director of Corporate Affairs Lorraine Szeremeta, Chief Nurse
Author(s)	Jumoke Okubadejo, Director of Clinical Quality; Elke Pieper, Head of Risk and Patient Outcomes; Ian Walker, Director of Corporate Affairs
Purpose	To receive the latest versions of the BAF and CRR.
Previously considered by	Risk Oversight Committee, 28 April 2022

Executive Summary

The Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) are refreshed on a monthly basis through discussion with the Executive Director leads for each risk and presented to the Risk Oversight Committee for review. The risks are assigned to Board assurance committees for oversight and they are also received by the Board four times a year (most recently in March 2022).

This paper provides the Board with the latest version of the BAF which contains 13 principal risks to the achievement of the Trust's strategic objectives. Nine of these risks are currently rated at 15 or above.

The paper also provides a summary of the current CRR risks, as reviewed by the Risk Oversight Committee in April 2022.

Related Trust objectives	All objectives
Risk and Assurance	The report sets out the principal risks to achievement of the Trust's strategic objectives.
Related Assurance Framework Entries	All BAF entries.
Legal implications/Regulatory requirements	The BAF is a key document which informs the Annual Governance Statement.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to receive and approve the current versions of the Board Assurance Framework and the Corporate Risk Register.

Cambridge University Hospitals NHS Foundation Trust

11 May 2022

Board of Directors
Board Assurance Framework and Corporate Risk Register
Ian Walker, Director of Corporate Affairs
Lorraine Szeremeta, Chief Nurse

1. Introduction

1.1 The Board Assurance Framework (BAF) provides a structure and process which enables the Board of Directors to focus on the principal risks which might compromise the achievement of the Trust's strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks and the sources of assurance available to the Board regarding the effectiveness of the controls. The BAF is received by the Board four times a year (most recently in March 2022).

1.2 The Board also receives a report four times a year on the Corporate Risk Register (CRR) to provide additional assurance that key operational risks are being effectively managed.

1.3 Board assurance committees review both the BAF and the CRR risks assigned to them at each meeting. The BAF and CRR are refreshed on a monthly basis in discussion with the lead Executive for each risk and then reviewed by the Risk Oversight Committee.

2. Board Assurance Framework

2.1 The April 2022 version of the BAF is attached at Appendix 1. It incorporates updates from monthly reviews undertaken since the last report to the Board in March 2022. These have been reviewed by the respective Board assurance committees.

2.2 There are currently 13 risks on the BAF, unchanged from the previous version received by the Board.

2.3 A detailed log of monthly amendments and updates to the BAF as reviewed by the Risk Oversight Committee is available to Board members on request. There have been a number of updates to controls and assurances and to actions to address gaps in controls and assurance over the past two months.

2.4 In terms of significant amendments during this period, the following are highlighted:

- The BAF was been updated, as agreed in February 2022, to reflect the impact of the current macroeconomic environment in terms of rising inflation and supply constraints on risks 009 (new hospitals developments) and 011 (financial sustainability). It was agreed that further consideration should be given to reflecting in the BAF (and the CRR) the impact of the rising cost of living on staff.
- Risk 001 (capacity and flow) has been reviewed and reference included to the changes to Covid infection prevention and control guidance agreed by Management Executive and implemented this week.
- Within Risk 001, it is also noted that a decision will need to be taken on the initial balance of use of the 56-bedded unit when it opens later this year between providing additional acute capacity and decant space for fire safety and other essential works.
- Risk 007 has been reviewed and reorganised to more explicitly set out the controls in place in relation to both staff recruitment and retention.
- The IT risk (003) will be reviewed following the Board's endorsement of the revised Digital Strategy.

2.5 Of the 13 current BAF risks, nine are 'Red' rated at 20, 16 or 15 as follows:

- Capacity constraints and patient flow (20)
- Fire safety (20)
- Estates backlog maintenance and statutory compliance (20)
- Staffing availability (20)
- Effective prioritisation of patients in greatest clinical need (16)
- Equality and diversity (16)
- Financial sustainability (16)
- Staff health and wellbeing (16)
- Prioritisation of IT resources (16)

2.7 The Trust's risk scoring matrix is appended to the BAF for reference.

2.8 The table below summarises the mapping of the BAF risks to the Trust's strategic objectives (as appended to the BAF).

Table 1: Strategic objectives and associated BAF risks

Strategic objective	Associated BAF risks
A1	001, 002
A2	001, 003
A3	004, 005, 006
B1	007

B2	007, 013
B3	008
C1	009
C2	010, 011
C3	012

2.9 As presented to the Audit Committee in February 2022, work is being undertaken to develop explicit three-year risk trajectories for each BAF risk, linked to the revised Trust strategy.

3. Corporate Risk Register

3.1 The risks on the CRR are reviewed on an ongoing basis by the Risk Oversight Committee and the relevant Board assurance committees.

3.2 The current CRR is summarised at Appendix 1. There are currently 35 risks on the CRR.

3.3 In terms of significant amendments including changes to risk scores during this period, the following are highlighted:

- An increase in the current risk rating for CR52 – potential short-term supply shortages – from I4xL3=12 to I4xL4=16 to reflect growing pressure on international supply chains, in part associated with developments in eastern Europe.
- A decrease in the current risk rating for CR48 - management of Covid surge capacity – from I4xL3=12 to I4xL2=8 (in line with the target rating) and to de-escalate it from the CRR, due to the controls having been integrated into risks CR05a-e (capacity).
- A decrease in the current risk rating for CR53 – lack of available deployable staff following implementation of mandatory vaccination – from I4xL2=8 to I4xL1=4 (in line with the target rating) and to de-escalate it from the CRR following the legislation being revoked.
- The de-escalation of CR47 (failure to effectively manage outsourced service contracts) from the CRR to the Finance risk register following a reduction in the current risk score from C4xL3=12 to C3xL3=9. A rating of Significant Assurance (with minor improvement opportunities) was received in the Internal Audit report which was considered by the Audit Committee in April 2022.
- That the following infection prevention and control related risks (CR07a, Cr07b, CR08 and CR40) will be reviewed collectively in May 2022 following the recent changes to Covid-19 infection prevention and control guidance.
- That a candidate risk will be prepared for review by the Committee in May 2022 relating to the capacity of the Clinical Engineering team to

maintain and service medical equipment following a significant increase in medical equipment over the Covid period.

4. Recommendations

4.1 The Board of Directors is asked to receive and approve the current versions of the Board Assurance Framework and the Corporate Risk Register.

Appendix 1: Corporate Risk Register summary, April 2022

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-22	Mar-22	Apr-22
CR05a	Insufficient urgent and emergency capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05c	Insufficient outpatient capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05d	Insufficient diagnostic capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR05e	Insufficient surgery capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR29	Imaging reporting backlog	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR42a	Compliance with Fire Safety Regulations – Trust-wide buildings	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x3=15 (Red)	Same	Same	Same
CR42b	Compliance with Fire Safety Regulations in A Block	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x3=15 (Red)	Same	Same	Same
CR42c	Fire safety systems in the Addenbrooke's Treatment Centre	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x2=10 (Amber)	Same	Same	Same
CR42d	Fire Alarm – operation of fire system evacuation key switches	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x2=10 (Amber)	Same	Same	Same
CR43	Insufficient staffing on adult wards	Safe	Chief Nurse	Quality	4x5=20 (Red)	4x5=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR04	Replacement of unsupported/aging/unsuitable medical equipment	Safe	Medical Director	Performance	5x5=25 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-22	Mar-22	Apr-22
CR07a	Failure to reduce incidence of Healthcare Acquired Infections	Safe	Medical Director	Quality	5x5=25 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	Same	Same
CR08	Capacity to deal with winter pressures	Responsive	Chief Operating Officer	Performance	4x4=16 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	Same	Same
CR40	Outbreak prevention and preparedness	Responsive	Medical Director	Quality	5x4=20 (Red)	4x4=16 (Red)	2x2=4 (Yellow)	Same	Same	Same
CR41	Pathways for patients with mental health conditions	Responsive	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR46	Expiry of LMB building lease housing Histopathology services	Well-led	Director of Strategy and Major Projects	Performance	4x5=20 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR50	Failure to deliver digital requirements due to staffing levels in e-Hospital department	Responsive	Director of Improvement and Transformation	Performance	5x5=25 (Red)	4x5=20 (Red)	3x2=6 (Yellow)	**Increased**	Same	Same
CR03	Risk of water borne infection	Safe	Director of Capital, Estates and Facilities Management	Quality	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR10	Capacity and resilience of the High Voltage Electrical Infrastructure	Safe	Director of Capital, Estates and Facilities Management	Performance	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR36	Covid-19 Secure Environment	Safe	Director of Capital, Estates and Facilities Management	Quality	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR38	Deteriorating patient and Sepsis	Safe	Chief Nurse	Quality	5x4=20 (Red)	5x3=15 (Red)	5x1=5 (Yellow)	Same	Same	Same
CR07b	Compliance with Hygiene Code - adherence to infection prevention and control procedures and policy	Safe	Medical Director	Performance	4x5=20 (Red)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR23b	Performance of FM contract in the Addenbrooke's Treatment Centre	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-22	Mar-22	Apr-22
CR23c	Delivery of services under the PFI Project Agreement	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR24	Compliance with critical ventilation requirements	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same
CR44	Meeting blood transfusion regulations	Safe	Medical Director	Quality	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR47	Effective management of outsourced service contracts	Responsive	Chief Finance Officer	Audit	4x3=12 (Amber)	**3x3=9 (Amber)**	3x2=6 (Yellow)	Same	Same	**Decreased**
CR49	Risk of building collapse at or closure of another hospital caused by RAAC panel failure	Responsive	Chief Operating Officer	Performance	5x3=15 (Red)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR52	Potential short-term supply issues	Safe	Chief Finance Officer/ Medical Director	Quality	5x4=20 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	**Increased**	**Same**
CR17	Maintaining a suitably skilled workforce	Well-led	Director of Workforce	Workforce	3x5=15 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR25	Compliance with the Accessible Information Standard	Safe	Chief Nurse	Quality	4x5=20 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR20	Expansion of the Cambridge Biomedical Campus impacting access to and from the Campus due to inadequate local transport	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR32	Cyber security protection	Safe	Director of Improvement and Transformation	Audit	5x3=15 (Red)	5x2=10 (Amber)	4x1=4 (Yellow)	Same	Same	Same
CR06	Medication management	Safe	Medical Director	Quality	3x5=15 (Red)	3x3=9 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR45	Failure to meet patients' equality and diversity needs	Well-led	Chief Nurse	Quality	3x4=12 (Amber)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same

Cambridge University Hospitals NHS Foundation Trust
Board Assurance Framework: April 2022
Board Assurance Framework overview – ranked by current risk rating

Risk ref.	Projected risk score (Jul 22)	Current risk score	Risk description	Lead Executive	Board monitoring committee
001	16	20	Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to sustainably restore services to pre-Covid levels and reduce waiting lists, while at the same time managing future Covid surges and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.	Chief Operating Officer	Performance and Quality
005	20	20	A failure to address life safety estate infrastructure systems and statutory compliance priorities caused by a backlog of works, insufficient capital funding commitment and decant capacity impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.	Director of Capital, Estates & Facilities Mgt	Performance
006	20	20	A failure to address fire safety statutory compliance priorities caused by insufficient capital funding and decant capacity impacts on patient and staff safety and continuity of clinical service delivery.	Director of Capital, Estates & Facilities Mgt	Board of Directors
007	12	20	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.	Director of Workforce	Workforce and Education
002	8	16	As a result of a reduced ability to identify, review and treat patients in a timely way due to the ongoing impact of Covid-19, there is a risk that the Trust is not able to effectively prioritise those patients in greatest clinical need which results in patient harm and poorer outcomes and experience for patients.	Chief Nurse and Medical Director	Quality
011	12	16	There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.	Chief Finance Officer	Performance
008	16	16	The Trust does not develop and implement effective actions to achieve greater equality and diversity in the CUH workforce and therefore does not realise the benefits of being a truly diverse and inclusive organisation from a workforce perspective, which impacts adversely on staff wellbeing and the quality of patient care.	Director of Workforce	Workforce and Education
013	16	16	There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce, particularly in the context of the effects of the Covid-19 pandemic, which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.	Director of Workforce	Workforce and Education
003	12	16	The Trust does not prioritise and deploy to best effect the limited resources available for IT investment to support staff to deliver improved patient care and experience.	Director of Improvement and Transformation	Audit
004	12	12	The Trust does not have a common framework across all areas within which we can consistently measure, track and improve standards of care, including patient experience and outcomes and provide assurance.	Chief Nurse and Medical Director	Quality
009	12	12	Campus development proposals fail to meet the needs of the Trust and the ICS and are not developed, approved or built in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits.	Director of Strategy and Major Projects	Addenbrooke's 3/ Board of Directors
010	12	12	The Trust does not work effectively with partners across the Integrated Care System (ICS), within the local Integrated Care Partnership/South Alliance and across the east of England (particularly in relation to specialised services), resulting in a failure to improve services for local and regional patients and regulatory intervention and/or the recurrence of a financial deficit.	Director of Strategy and Major Projects	Board of Directors
012	6	9	The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.	Director of Strategy and Major Projects	Board of Directors

BAF risk	001	Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to sustainably restore services to pre-Covid levels and reduce waiting lists, while at the same time managing future Covid surges and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.

Current risk rating: 20

Strategic objective	A1, A2
Latest review date	April 2022

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance, Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	5	20
Current (Apr 22)	**4**	**5**	**20**
Projected (Jul 22)	4	4	16

Change since last month

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 002	20	Effective prioritisation of patients
BAF 005/006	20	Estates backlog/fire safety compliance
BAF 007	20	Meeting workforce demand
CR43	20	Staffing on adult inpatient wards
CR05a, c-e	20	Capacity

Key controls

What are we already doing to manage the risk?

1. Clear strategy and objectives for 18 months, reviewed by Management Executive on a regular basis.
2. Clinically-led taskforces focused on increasing and sustaining capacity, balancing elective and non-elective activity (with ethical input) and flexible use of workforce/staff recovery.
3. Cohorting and configuration plan informed by modelling work and data-driven approach to optimise use of capacity in line with clinical need.
4. Changes to Covid Infection Prevention and Control guidance agreed by Management Executive in April 2022, based on updated assessment of balance of risk between Covid transmission and treatment capacity.
5. Implementation of regional surge centre – opening of Wards T2 and P2/Q2 in 2021 to provide additional capacity.
6. Pathway and other changes to create additional Urgent and Emergency Care (UEC) capacity – including use of EAU3 as discharge lounge and EAU4 as assessment area; opening of G2 as frailty unit in March 2022.
7. Development of expanded virtual ward offering to create additional acute capacity.
8. Use of independent sector and other off-site physical capacity, including surgical capacity at Ely.
9. Whole system focus on recovery and demand management via South ICP; continue to evolve UEC model including ED front door.
10. Programme of Executive meetings with specialties commenced in

Assurances on controls

How do we gain assurance that the controls are working?

1. Reporting to Management Executive via Covid Recovery Group.
2. Reporting to Performance and Quality Committees and Board of Directors on delivery of objectives.
3. Ongoing review of metrics including capacity as a percentage of pre-Covid baseline.
4. Virtual ward programme governed through Division C governance arrangements.
5. System reporting to Health Gold, System Leaders and ICS Board.
6. ICS and regional oversight through System Resilience Group and System Oversight and Assurance Group (SOAG).

October 2021. 11. Business case for 56-bed unit approved by Board in November 2021 and under construction.	

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Uncertainty over nature of further Covid-19 waves.		C1a. Implementation of Covid surge plans as required, taking account of learning from previous waves and maintaining non-Covid activity where possible. C1b. Restoring non-Covid activity as quickly as possible following Covid waves.	Ongoing
C2. Use of additional on-site physical capacity: C2a: 56-bed unit – including decision on balance between use for additional capacity and decant space to support fire safety and other essential works.		C2a: Construction in progress. Staffing plans in development. Agreement to be taken on balance of use between additional capacity and decant space. Opening scheduled for November 2022.	November 2022
C2b: 40-bed unit for elective surgical capacity.		C2b: Business case for modular theatres in development with scheduled opening date of early 2023 (subject to business case approval).	Early 2023
C2c: 3 currently closed neurosurgery theatres in A Block.		C2c: Available following fire improvement works to A Block.	March 2023
C3: Response to growth in non-elective demand.		C3. Revised plan developed with system partners and being implemented, overseen by System Resilience Group.	Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF risk	002	As a result of a reduced ability to identify, review and treat patients in a timely way due to the ongoing impact of Covid-19, there is a risk that the Trust is not able to effectively prioritise those patients in greatest clinical need which results in patient harm and poorer outcomes and experience for patients.

Current risk rating: 16

Strategic objective	A1
Latest review date	April 2022

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	5	3	15
Current (Apr 22)	4	4	16
Projected (Jul 22)	4	2	8

Change since last month

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 001	20	Capacity and patient flow

Key controls

What are we already doing to manage the risk?

1. Maximisation of capacity across theatres, outpatients and diagnostics – see BAF risk 001 - within constraints of responding to Covid-19 waves.
2. Ongoing review of balance between Covid/non-Covid and emergency/ elective activity in light of Covid-19 pressures, informed by data, ethical input and professional judgement.
3. All surgical specialties undertaking at least weekly clinical prioritisation reviews in line with national and Royal College guidance, feeding into decisions by Surgical Prioritisation Group.
4. Waiting list harm review process to minimise risk to patient safety.
5. Review of complaints and incidents and potential/actual harm at SIERP.
6. Messaging to patients and public on what to expect while waiting and who to contact with concerns, including letters to long-waiting patients.

Assurances on controls

How do we gain assurance that the controls are working?

1. Comparative data monitored by NHSE/I against other centres.
2. Review of harm review process by Management Executive in March/April 2021 and Quality Committee in May 2021, with external legal input.
3. Ongoing assurance role for Quality Committee on harm review process.
4. Outcomes data monitored through Board and Quality Committee.
5. Waiting lists monitored against trajectory.
6. Established monitoring of patient feedback and experience.
7. Robust oversight of delivery of actions through relevant taskforce boards (UEC, Surgery and Critical Care, Outpatients and Diagnostics, Primary Care).
8. Close monitoring of incident reporting (including no harm/near miss) overseen by SIERP, Patient Safety Group and through IPR to Board – including capturing learning to improve processes.

Gaps in control	Gaps in assurance
C1. Insufficient physical/staffing capacity to reduce waiting lists by increasing treatment volumes. C2. Patients not presenting to GPs during pandemic. C3. Limited capacity to review newly-referred patients during Covid waves.	

Actions to address gaps in controls and assurances	Due date
C1. See BAF risks 001 and 007.	
C2. Emphasising national/local messaging via website/social media on importance of continuing to access NHS services.	Ongoing
C3. Messaging (including direct letters) to patients on who to contact if their condition deteriorates while on a waiting list.	Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	20	20	20	20	20	20	16	16	16	16	16	16	16

BAF risk	003	The Trust does not prioritise and deploy to best effect the limited resources available for IT investment to support staff to deliver improved patient care and experience.

Current risk rating: 16

Strategic objective	A2
Latest review date	April 2022

Lead Executive	Director of Improvement and Transformation
Board monitoring committee	Audit

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	3	12
Current (Apr 22)	4	4	16
Projected (Jul 22)	4	3	12

Change since last month
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Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 011	16	Financial sustainability
CR50	16	eHospital team staffing

Key controls
What are we already doing to manage the risk?

1. Commodity IT services through Telefonica Tech (formerly CANCOM) with enhanced specifications and contract management from Nov 2019.
2. Transformation programme of work ongoing to include network infrastructure and end user device refresh, operating systems upgrades and enhanced cyber security offering.
3. Significantly increased remote access capacity with security controls.
4. Incident response plan and business continuity plans in place.
5. New governance arrangements, contract and SLA management.
6. 6-monthly cycle for deploying new Epic versions/EPR work programme.
7. Enhancing clinical information sharing with patients (MyChart) and between providers (e.g. GP Connect and EpicCare link).
8. Shared Care Record (SCR) - funding award & tender process complete.
9. Board approval of revised Digital Strategy in April 2022.

Assurances on controls
How do we gain assurance that the controls are working?

1. Review of monthly performance reports and annual review of Telefonica Tech service by eHospital SMT Board and Digital Board.
2. Regular reports to Performance Committee.
3. Active review of Business continuity response to IT outages by CIO, Director of Digital and eHospital SMT Board.
4. Monthly eHospital SMT Board overseeing all aspects of IT services governance, reporting to Digital Board.
5. Internal Audit programme reviewed by Audit Committee.
6. Transformation Benefits plans reviewed by Digital Board.
7. Biannual Information Governance/cybersecurity report to Audit Committee.
8. Reporting to Board of Directors on development of digital strategy.
9. ICS governance structure in place to oversee SCR implementation.

Gaps in control	Gaps in assurance
C1. Development of broader digital strategy for CUH & system. C2. Tracking of benefits of the revised digital strategy. C3. Increased Digital Team staffing pressures reflecting commercial environment for skilled IT staff. C4. Implementation of Shared Care Record behind trajectory. C5. Trust resource prioritisation process requires review.	

Actions to address gaps in controls and assurances	Due date
C1. Board sign off on digital strategy.	Completed
C2. Strengthening of Digital Board.	July 2022
C3. Recruitment & retention plan being revised/implemented.	Ongoing
C4. ICS Digital Enabling Group developing revised plan.	Ongoing
C5. Develop a robust resource prioritisation process at organisational level.	September 2022

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	12	12	12	12	12	12	12	12	12	12	16	16	16

BAF risk	004	The Trust does not have a common framework across all areas within which we can consistently measure, track and improve standards of care, including patient experience and outcomes and provide assurance.

Current risk rating: 12

Strategic objective	A3
Latest review date	April 2022

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Jun 19)	4	3	12
Current (Apr 22)	**4**	**3**	**12**
Projected (Jul 22)	4	3	12

Change since last month

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Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
CR 06	9	Medication errors
CR 07a/07b	12	Infection prevention and control
CR 38	15	Deteriorating patients and Sepsis

Key controls
What are we already doing to manage the risk?

1. Trust strategic programme on Ward Accreditation is being developed with an education plan behind it.
2. Fundamentals of Care and accreditation committee is led by Head of Nursing for Assurance and Quality team, reporting into NMAAC.
3. Management Executive support for approach to ward accreditation.
4. Clinical policies and guidelines group leading adoption of Marsden manual.
5. Package of education being developed for fundamentals of care.
6. Education for development of Matrons is being developed.
7. Matron quality rounds being standardised & digitalised so data is transparent.
8. Value management boards for wards. Divisions and corporately are being developed to highlight improvement work across the Trust.
9. Transformation team are linking in with value management initiative.

Assurances on controls
How do we gain assurance that the controls are working?

1. Reporting to Patient Experience, Clinical Effectiveness and Patient Safety Groups.
2. Divisional quality meetings and monthly Performance Review meetings.
3. Reporting to Quality Committee and Board of Directors via IPR.
4. Outcome of CQC inspections and review of CQC outlier reports.
5. CQC peer review programme and Matron Quality Rounds.
6. Findings of reviews commissioned by the Trust.
7. First draft of ward accreditation metrics developed.
8. Clinical Fridays, twilight shifts and Executive visits.
9. Clinical audit programme.
10. Feedback from patients and staff.

Gaps in control	Gaps in assurance
C1. No systematic approach to overview of standards across all wards/clinical areas. C2. Insufficient staff engagement and ownership in improving practice standards. C3. Resources to take forward fundamentals of care.	

Actions to address gaps in controls and assurances	Due date
C1a. Development and piloting of ward accreditation programme on one ward with use of QI methodology.	May 2022
C1b. Full roll-out of ward accreditation programme.	September 2022
C2. Development of a model of shared governance.	Ongoing
C3. Fundamentals of care standards launched across the organisation.	Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	12	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**

BAF risk	005	**A failure to address life safety estate infrastructure systems and statutory compliance priorities caused by a backlog of works, insufficient capital funding commitment and decant capacity impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.**

Current risk rating: 20

Strategic objective	A3, C3
Latest review date	April 2022

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Performance

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	5	4	20
Current (Apr 22)	**5**	**4**	**20**
Projected (Jul 22)	5	4	20

Change since last month

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Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 006	20	Fire safety compliance
CR 03	15	Water quality
CR 07a/07b	12	Infection control
CR 10	15	Electrical infrastructure resilience
CR 23b	12	FM contract performance in the ATC
CR 24	12	Ventilation requirements
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	20	Non-compliance with fire safety regulation in A block
CR42c	20	Failure of fire safety systems in the ATC
CR42d	20	Fire Alarm risks – operation of fire system evacuation key switches

Key controls
What are we already doing to manage the risk?

1. Policies, procedures and protocols in place to support management of building and engineering maintenance and direct future life safety infrastructure systems and compliance works.
2. Skilled maintenance and engineering staff.
3. Authorising engineers and appointed persons in place for each HTM discipline and training matrix established identifying key competency requirements. Training and refresher programme in place.
4. HTM subgroups to the CEFM Health and Safety Group established with quarterly reporting.
5. Up to date condition survey, in 2019, refreshed and reviewed annually.
6. Condition survey forms basis of backlog register and annual priorities.
7. Capital allocated via Capital Advisory Board (CAB).

Assurances on controls
How do we gain assurance that the controls are working?

1. Critical infrastructure and life safety systems register with risk rated entries presented annually to CAB, and reports to Board of Directors.
2. Spend on life safety systems reviewed by CAB.
3. QSIS reports of failures/incidents.
4. Health and safety related items from Divisional quality managers at Health and Safety Committee.
5. Infection Prevention and Control reports on infections associated with water quality.
6. Training records.
7. Compliance reporting to FMHSG.

8. Comprehensive maintenance agreements in place for key infrastructure.
9. Facilities Management Health and Safety Group (FMHSG).
10. Review of Risk register entries and QSIS incident reports at quarterly governance meetings.
11. Reports to Management Executive following quality incidents.
12. 24/7 Shift Technical Managers on duty, along with on-call engineering rota.
13. Annual external Authorising Engineer reports.
14. Bids to STP capital resulted in allocation of £19.2m for decant capacity in 2018. Regional surge centre (£49.2m) superseded £19.2m scheme. To be fully operational from June 2022. Part of the additional capacity (1 ward only) will be used as fire safety and critical infrastructure decant.
15. Capital allocation to continue with fire alarm upgrade project.
16. Ring-fenced revenue allocation over a number of financial years dedicated to fire compartmentation works.
17. Work continues to support development of the Cambridge Cancer Research Hospital with government funding announced in October 2020.
18. Work continues to support development of the Cambridge Children's Hospital as part of STP wave 4 allocation – now incorporated into New Hospitals Programme.
19. Forward planning work underway as part of Estates Masterplan works and emerging development control plan.

Gaps in control	Gaps in assurance
C1. Capital allocation does not meet the high risks and significant risks (£11.4m) in life safety systems, and £7.7m approved to date for 2021/22. Investment priorities for 2022/23 presented to Capital Advisory Board (CAB) in March 2023. Early funding allocation made through CAB for works to continue. C2. Work continues to improve overall governance, data quality and pace of the statutory compliance groups, using Premises Assurance Model. C3. Not all failures can result in replacement and proactive replacement is not always possible.	A1. Not all infrastructure failures are reported, as staff respond to emergencies and deal with these as they arise.

Actions to address gaps in controls and assurances	Due date
C1.Risks associated with critical infrastructure and life safety systems to be considered as part of all organisational risks, including operational capacity. Multi-year ring-fenced fund to continue fire safety remedial works. Following the allocation of the 2021/22 capital programme, document risk assessment associated with available capital allocation not meeting required levels of investment to fully address the backlog risks. An additional £1.1m revenue ring-fenced fund to further address life safety risks. Funding allocation via CAB for 2022/23 pending.	Ongoing
C2 and A1. Targeted work continues to improve the governance, supported by external authorising engineers.	Ongoing
C3. As part of forward planning in 2022/23, incorporate high risk systems for replacement during the ward fire safety works which are programmed as part of the Stage 2 accelerated works.	Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF risk	006	A failure to address fire safety statutory compliance priorities caused by insufficient capital funding and decant capacity impacts on patient and staff safety and continuity of clinical service delivery.

Current risk rating: 20

Strategic objective	A3
Latest review date	April 2022

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Dec 17)	5	4	20
Current (Apr 22)	**5**	**4**	**20**
Projected (Jul 22)	5	4	20

Change since last month

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Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 005	20	Life safety critical infrastructure systems
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	20	Non-compliance with fire safety regulation in A block
CR42c	20	Failure of fire safety systems in the ATC
CR42d	20	Fire Alarm risks – operation of fire system evacuation key switches

Key controls

What are we already doing to manage the risk?

1. Fire policy, protocols and risk assessments in place for all areas.
2. Authorising engineer for Fire is appointed and Fire Safety Team and Fire Response Team in place.
3. Skilled fire managers and fire advisers appointed.
4. HTM subgroup to the CEFM Health and Safety Group established with bi-monthly reporting.
5. Fire alarm upgrade continues as part of a multi-year programme.
6. Evacuation strategy and plan and equipment in place, including two fire evacuation lifts in A Block and installation of evacuation aids.
7. Fire safety awareness training in place – predominantly e-learning during Covid.
8. Ring-fenced revenue allocation for fire safety remedial works in place, administered via Capital Advisory Board (CAB) from 2021/22.
9. Approach to remedial works agreed by Board of Directors.
10. Opportunity for investment in fire risks as they arise, funded through CAB, if the ring-fenced revenue allocation cannot cover the costs.
11. Decant capacity now being delivered as part of Regional Surge Centre – works commenced in September 2020 with first phase completed in June

Assurances on controls

How do we gain assurance that the controls are working?

1. Review of Trust plans by Cambridgeshire Fire and Rescue Service (CFRS) - regular meetings continue to take place and future meetings are scheduled. CFRS planned audit programme to inspect the CUH premises re-commenced in summer 2021.
2. Quarterly reports to the Board of Directors to provide updates and assurance on plans.
3. Authorising Engineer audit report and Trust action plan reviewed by Audit Committee in February 2021.
4. Work to develop capacity plans – see BAF 001. Vacancies within fire safety team being addressed as soon as possible.

2021 and 56 beds due for delivery in late 2022 (see BAF risk 005). 12. Accelerated Stage 2 works scheme developed as a further step to compliance ahead of full decant. Accelerated Stage 2 works due to commence in April 2020 were paused due to Covid-19 but then restarted, with Ward D8 works completed in September 2020. Ward C2 accelerated stage 2 works completed in January 2022. 13. Authorised Engineer (AE) for Fire report on the A-block fire safety risks have been discussed at ROC with associated elements risk rated. Main programme of building works planned for a 92-week programme. Detailed design complete pending final sign offs and tender process in progress with a target operational date of March/April 2023.	

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Detailed and definitive long-term fire safety improvement plan agreed with CFRS and progress monitored on a six-monthly basis, but does not show a definitive end date. C2. Large proportion of fire risk assessments are past their review dates. C3. AE report highlighted lack of local ownership for fire safety. C4. Fire training needs analysis to be refreshed and fire training in line with HTM paused due to Covid-19, with additional e-learning established but a reduction in face-to-face evacuation training. C5. Fire alarm evacuation key switches may not operate correctly or provide coverage to all areas. C6. Although vacancies reinstated, insufficient qualified staff to undertake the volume of work until fully recruited to. C7. Fire safety risks and operational challenge risks to be considered to develop a credible fire safety forward plan. Fire Safety Manager vacancy.	A1. Forward plan for Stage 2 works is contingent on decant capacity being made available. The Stage 2 forward programme has a predicted closure date of 2027, although it remains untested given Stage 2 works as part of the decant capacity do not commence until 2022/23.	C1. Being developed as part of ME discussions about capacity, fire safety and operational challenges. C2. Recruitment to vacancies in fire team. C3. Forms part of action plan. C4. Forms part of action plan. On-line training to be developed to improve mechanism for evidencing knowledge acquisition and develop a blend of face-to-face and e-learning. C5. Fire alarm system programming to bring the Trust in line with HTM 05-03 Part B cause and effect recommendations has been brought forward. Re-programming of the key switch operation and areas covered is currently being undertaken. Detailed strategy developed to address the risks over an 18 month period. C6. Prioritisation of duties and tasks. C7. As per C1. Interim support mobilised to support fire safety competent advice. Substantive appointment to head of fire safety made, postholder commenced on 4 April 2022. A1. As per C1.	C1. Ongoing – CFRS updated regularly. C2.-C6. Ongoing and incremental, with priority on fire alarm works over culture work. C7. See C1. A1. See C1.

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF risk	007	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.

Current risk rating: 20

Strategic objective	B1, B2
Latest review date	April 2022

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	4	16
Current (Apr 22)	4	5	20
Projected (Jul 22)	4	5	20

Change since last month

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Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
CR43	20	Insufficient staffing on adult inpatient wards

Key controls

What are we already doing to manage the risk?

Recruitment

1. Multi-source recruitment pipeline for nursing and medical recruitment, including apprenticeships, local, national and international supply.
2. Comprehensive calendar of recruitment activity, both CUH bespoke and part of the wider system.
3. Daily review and programme of redeployment of staff to maintain safety.
4. Identification of staffing requirements and review of staffing ratios and ways of working in response to capacity pressures.
5. Use of Bank enhancements and agency with strong governance and scrutiny of cost.
6. Board approval in November 2021 to commence recruitment for 56-bed unit.
7. Changes to recruitment plan to attract candidates to roles traditionally recruited locally, in the context of relatively high local employment levels.
8. Investment at scale in new registered nursing supply route: Graduate Nurse Apprenticeships.
9. Outline plan for the Trust to become an anchor institution for learning.
10. Collaboration on international recruitment of nurses and midwives with east of England partners.
11. Development of new roles such as Nursing Associate role (first recruitment wave completed).

Assurances on controls

How do we gain assurance that the controls are working?

1. Daily site safety meetings to evaluate staff levels and mitigate against shortfalls.
2. Weekly pay review meetings to consider bank fill rates vs enhanced payments.
3. Monthly nursing/midwifery safe staffing report to Board of Directors, including tracking of progress against nursing pipeline through safe staffing Board report from Chief Nurse.
4. Monthly data in Integrated Performance Report on turnover, vacancies, bank/agency fill rates/etc. reviewed by Performance Committee and Board.
5. Staff Survey (annual and quarterly FFT) recommender scores.
6. Quarterly reporting to Board by Guardian of Safe Working for junior doctors.
7. Workforce and Education Committee oversight (quarterly).
8. NHSE/I Oversight and Support Meetings.

Retention 1. Use of data analysis to identify reasons for attrition in order to develop response plan. 2. Development of retention plan focusing on five workforce priorities. 3. Benchmarking with regional and national trusts to review recruitment and retention premium (RRP) payments and put in place where required. 4. Enhanced wellbeing programme, supported by ACT funding. 5. Partnership working on real living wage, transport links and affordable housing.	

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Potential national visa processing delays due to prioritisation of Ukrainian refugees.		C1a. Continue to broaden pipeline to reduce dependency on any one recruitment stream. Bringing forward pipeline in accordance with quarantine regulations. Working with international agencies to increase pipeline of "ready now" nurses. C1b. Continue to submit visa applications as early as possible.	C1 – March 2023 aim to achieve 5% vacancy rate
C2.Very limited on-site accommodation impacting on numbers of new international recruits we can start.		C2. Sourcing private sector accommodation as alternatives are fill. Royal Papworth agreement in principle to provide access to additional accommodation at Waterbeach.	C2. June 2022
C3. Ability to attract recruits due to high levels of employment in Cambridge.		C3. Develop unique offer based on education, opportunity and development roles.	C3. Ongoing
C4. High cost of living in Cambridge.		C4. Work with stakeholders and system partners to source affordable, accessible accommodation.	C4. Ongoing
C5. Continued sickness and isolation rules due to Covid-19 resulting in high levels of short-notice staff absence and increases in carer's leave during potential Covid-19 surges.		C5a. Prospective review of rosters and daily review of staffing pressures. C5b. Increasing enhancements to support operations pool fill.	C5. Ongoing
C6. Workforce plan for 40/56 bed units identified but commencement of recruitment for 40 beds not yet approved.		C6a. Strong pipelines in place and targeted campaigns will be launched when approval given (6 month lead time). C6b. Working with system partners.	C6. Awaiting business case approval
C7. National shortage of training places in specific professions.		C7a. Introduction of AHP apprenticeship roles. C7b. Work regionally and nationally to identify options to increase training places within C&P system, including apprenticeships across nursing, admin and AHPs.	C7.Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF risk	008	The Trust does not develop and implement effective actions to achieve greater equality and diversity in the CUH workforce and therefore does not realise the benefits of being a truly diverse and inclusive organisation from a workforce perspective, which impacts adversely on staff wellbeing and the quality of patient care.

Current risk rating: 16

Strategic objective	B3
Latest review date	April 2022

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	3	12
Current (Apr 22)	**4**	**4**	**16**
Projected (Jul 22)	4	4	16

Change since last month

⟺

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
CR45	12	Failure to meet patients' equality and diversity needs

Key controls

What are we already doing to manage the risk?

1. The explicit inclusion of workforce diversity and inclusion in the Trust strategy and core objectives.
2. A Non-Executive director appointment with a portfolio that includes EDI.
3. Establishment of staff networks aligned to EDI minority groups, with board level sponsorship and active promotion of meetings/events.
4. Driving of the WRES and WDES agenda, including establishing an oversight at board level of ambitious action plans and audit or progress.
5. Sign up to and active participation in regional (East of England) Anti-Racism Strategy.
6. Introduction of operational interventions:
   - Diversity leads participating in senior appointment processes and decision making – successful campaign for Diversity Panellists
   - Cultural ambassadors introduced to disciplinary processes
   - Introduction of formal triage process prior to ER investigations
7. Established and Board level Reverse Mentoring Programme.
8. Response to Covid-19 global pandemic: BAME staff health taskforce and monitoring vaccination uptake among BAME staff.
9. Roll out of individual health risk assessment with high level of completion, with reference to ethnicity.
10. Monitoring of Gender Pay gap.

Assurances on controls

How do we gain assurance that the controls are working?

1. Annual staff survey results, specifically the experiences of and engagement of minority groups.
2. Quarterly Staff FFT results including local questions.
3. Monitoring by Equality, Diversity and Dignity Steering Group.
4. Oversight by Workforce and Education Committee.
5. WRES and WDES implementation groups established to establish and ensure delivery of WRES and WDES action plans.
6. Diversity updates to Board (most recently WRES in September 2022).
7. Biannual reporting to the Board of Directors on Freedom to Speak Up.
8. CQC Well-led internal assessment in 2018/19.
9. Freedom to Speak Up index – CUH 2nd highest in Shelford Group.
10. Monitoring of BAME individual health staff risk assessments undertaken.
11. Equality Impact Assessment tool introduced to decision making in the Covid-19 command structure.
12. Annual report on Gender Pay Gap.

Gaps in control	Gaps in assurance
C1. Issues regarding equality highlighted in staff survey, including as they relate to BAME and disabled staff – significant deterioration in 2021 staff survey results relating to disability. C2. Consistently tackling inappropriate behaviours and demonstrating this is happening. C3. Poor representation of BAME colleagues at senior level (Band 6 and above).	

Actions to address gaps in controls and assurances	Due date
C1a. Implementation of staff survey action plan including action plans on bullying, WRES (informed by Anti-Racism Strategy) and WDES (including new 10-year BME staff targets from NHSE/I). Review and strengthening of action plan in response to 2021 survey results. C1b. HRD stakeholder in regional EDI programme C2a. Leadership, culture and behaviours programme of work. C2b. regional and national work C3. Review of recruitment practice and implementation of regional and national action plans.	Ongoing Ongoing – commenced December 2020 Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF risk	009	**Campus development proposals fail to meet the needs of the Trust and the ICS and are not developed, approved or built in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits.**

Current risk rating: 12

Strategic objective	C1
Latest review date	April 2022

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Addenbrooke's 3/ Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	4	12
Current (Apr 22)	**3**	**4**	**12**
Projected (Jul 22)	3	4	12

Change since last month
⟺

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
CR05a-e	16-20	Insufficient capacity for patient needs
CR20	8	Access to/from the campus due to inadequate local transport
BAF 005	20	Estates backlog
BAF 006	20	Fire safety
BAF 010	12	Effective ICS working
BAF 012	9	Impact of Trust and industry/research partners

Key controls

What are we already doing to manage the risk?

1. Joint Strategic Board (JSB) and underpinning governance including Joint Delivery Board (JDB) and workstreams in place for Cambridge Children's (CC) and for Cambridge Cancer Research Hospital (CCRH).
2. Director-led Addenbrooke's 3 working group meeting fortnightly.
3. Regular reporting to ME and Addenbrooke's 3 Board committee in place.
4. Monthly progress meetings with NHSE/I (regional & national) and DHSC and regular engagement with New Hospitals Programme (NHP).
5. Cancer SOC approved in November 2021 including approval of 2021/22 drawdown.
6. Addenbrooke's 3 Programme Business Case submitted in May 2021.
7. CCRH part of the first wave of the Government's NHP. CC now included in NHP although programme phase not yet known – meetings arranged with NHP to discuss and further work underway to 'twin' the projects.
8. All projects and their business cases underpinned by core objectives such as being an active partner within our ICS and region; transforming models of care; digital enablement; accelerating research benefits locally, regionally and nationally.
9. Addenbrooke's 3 project team working with system partners on

Assurances on controls

How do we gain assurance that the controls are working?

1. Monthly reporting on progress to JDBs and six weekly to JSBs. Progress reported and areas for escalation raised and resolved.
2. Addenbrooke's 3 programme work plan actively monitored in working group meeting and progress reported at Addenbrooke's 3 Board committee.
3. Addenbrooke's 3 Board committee overseeing progress and providing input to the overarching Addenbrooke's 3 programme and strategy.
4. Performance Committee review/sign off and Board sign off of business cases ahead of submission to regulators.
5. CCRH OBC submission date moved to June 2022 and CC OBC due for submission in July 2022.
6. The PBC options describe the phases of development of the CUH campus over the next 10-15 years.
7. Aspects of the business cases are shared with NHSE and DHSC on a regular basis for comment and input, to increase familiarity with our plans ahead of formal sign off.
8. Phase 1 work being developed into business cases/proposals for sharing externally (following internal approval).

Community Diagnostic Centre proposals recognising alignment with Addenbrooke's 3 strategy. Support given to Expression of Interest (EoI) submission for next wave of NHP for Princess of Wales Ely proposal – further work pending outcome of EoI. 10. Fundraising campaigns in place for CC and CCRH. Further work underway on commercial strategies. 11. Addenbrooke's 3 Phase 1 priorities identified with governance in place. Business case for 56-bed unit submitted to regulators. Approval given for £14.9m funding for addition of theatres to 40 bedded unit, short form business case submitted in late November 2021. Business proposal in development for Histopathology. 12. Learning from Covid-19, e.g. positive changes to models of care delivery, ways of working and design, being incorporated into development of Addenbrooke's 3 projects. 13. Patient engagement plan (You, Me and 3) was due to launch in September 2021 for 18 months – now will be early 2022. 14. Addenbrooke's 3 materials being developed to support conversations. Drafts being developed.	

Gaps in control	Gaps in assurance
C1. Following communication from DHSC on 2 October 2020 that only funding for CCRH will be allocated before 2025, through the Hospital Infrastructure Plan (HIP), in the current spending review the following gaps have been identified: C1a. Funding value for CCRH not confirmed – but sufficient funding thought to have been earmarked. All NHP schemes being impacted by high rate of inflation. C1b. Any additional CC scope will need to be defined in OBC. C1c. There is no allocated funding before 2025 for any further Addenbrooke's 3 projects, resulting in an impact on the ability of CUH to address the ED estates constraints and the critical infrastructure issues (see BAF risk 005). C2. Engagement and involvement plan and materials for all stakeholders, e.g. ICS partners/patients, still in development. C3. Full governance structure and resource for phase 3 developments, e.g. acute hospital, on hold due to funding.	

Actions to address gaps in controls and assurances	Due date
C1a. Confirmation being sought on funding envelope for CCRH.	Ongoing
C1b. Costs versus benefits of any scope increase for CC to be described within the OBC.	By July 2022
C1c. PBC for Addenbrooke's 3 describes phased plans for CUH campus for short (next 18 months), medium (2021–2025) and longer term (2025+).	Ongoing
C2. Communications and engagement plan shared with Addenbrooke's 3 Committee (June and September 2021). Launch of You Me and 3. Draft materials shared initially with the Committee in January 2022 and now being developed.	June 2022
C3. Will be established once scope of project is defined and funding secured.	tbc

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF risk	010	The Trust does not work effectively with partners across the Integrated Care System (ICS), within the local Integrated Care Partnership/South Alliance and across the east of England (particularly in relation to specialised services), resulting in a failure to improve services for local and regional patients and regulatory intervention and/or the recurrence of a financial deficit.

Current risk rating: 12

Strategic objective	C2
Latest review date	April 2022

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	3	12
Current (Apr 22)	4	3	12
Projected (Jul 22)	4	3	12

Change since last month: ⟺

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	12	Campus development proposals
BAF 011	16	Financial sustainability

Key controls
What are we already doing to manage the risk?

Integrated Care System

1. Appointments of Chair Designate (John O'Brien) and Chief Executive Officer Designate (Jan Thomas) of the ICB/ICS following national process.
2. System Delivery Director in post focused on elective recovery and implementation of the Long Term Plan (LTP).
3. Fully involved in ICS and regional planning and coordination for 2022/23. Internal business planning for 2022/23 aligned to ICS priorities.
4. CUH Executives lead and some contribute to all system-wide groups on Covid recovery, financial performance, workforce, estates, digital, etc.
5. Leadership and Organisational Development programme has been commenced, with expert external facilitators.

Integrated Care Partnership

6. South Provider Alliance driving clinical service transformation for local population, inc supporting winter resilience through discharge and flow.
7. Alliance will be evolving into a more formal Integrated Care Partnership (ICP). Interim MD for the ICP in post to lead development, based at CUH. Wider team supporting with further resources agreed. Engagement partners to define approach to joint working.
8. Work commencing on medium-term strategy for the ICP at CUH including building capacity and capability to take on appropriate functions in a safe, planned and phased manner. Will dovetail with ICS Most Capable Provider (MCP) Framework process. Conversations

Assurances on controls
How do we gain assurance that the controls are working?

1. Regular communication with ICS partners and the regional team, enabling concerns to be raised and issues discussed at an early stage.
2. Feedback and intelligence from Executive Team participation in, and leadership of some, system-wide groups.
3. Regular review of performance data at system level.
4. Triangulation of system-wide planning assumptions to ensure a consistent approach across all partners.
5. ICS and ICP development discussed regularly at Management Executive.
6. Ongoing partner, peer and regional team feedback on ICS and ICP planning and development.
7. Regular engagement with national teams on emerging policy and legislation, including through Shelford Group.

initiated with CCG on MCP process.

Specialised services

9. Commencing work on formation of provider collaborative(s) with other trusts in east of England, including proposals for taking on appropriate specialised commissioning responsibilities. Data analysis work complete.
10. Actively contributing to regional groups on specialised commissioning and provider collaboratives. Resource from CUH now secured and appointed; co-investment in resourcing across other trusts and the regional team being agreed.

Other

11. CUH working with Shelford Group and other experts to develop roles as an "anchor institution", including how as an employer, purchaser and partner we can support economic recovery, tackle inequalities and "level up". Discussion at CUH Board awayday in May and November 2021 and current work on strategy refresh is prominently featuring this work.
12. Digital strategy work identifies opportunities to use technology and data to improve population health and service integration.

Gaps in control	Gaps in assurance
C1. Ongoing operation as ICS dependent on financial framework and relations with regional team – progress made on national financial plan, more work needed on clear plan for delivery of LTP priorities and financial efficiencies. C2. Available time for ICS and ICP development activities being compromised by recovery planning and operational stretch. C3. Legislative and financial framework in 2022/23 may drive unhelpful changes or force the pace of change too quickly. C4. Work required on ICP development plan and ICS Most Capable Provider process to govern potential transfer of responsibilities over a 12-18 month period from July 2022, including additional resource. C5. Development of CUH "anchor institution" and health inequalities proposition. C6. Co-investment in specialised services team from partners.	

Actions to address gaps in controls and assurances	Due date
C1. Agreeing and implementing a clear plan to become an ICP, work currently underway and is well-developed. System work commencing on planning for 2022/23 following national guidance and financial framework, as well as a medium-term financial plan.	April 2022
C2. Work on recovery, Covid response and winter planning.	Ongoing
C3. Work with Shelford Group and Government to ensure policy framework supports development of systems like C&P seen to be less advanced.	Ongoing
C4. Skeleton team in place; working group meeting across CUH teams; commencing engagement with ICS to shape process.	December 2023
C5. Anchor institution, ICS, ICP and provider collaborative development fully reflected in CUH strategy.	June 2022
C6. CUH posts agreed to catalyse co-investment from partners.	Complete

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF risk	011	**There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.**

Current risk rating: 16

Strategic objective	C2
Latest review date	April 2022

Lead Executive	Chief Finance Officer
Board monitoring committee	Performance Committee

Risk rating	**Impact**	**Likelihood**	**Total**
Initial (Dec 20)	*Risk reframed in Dec 20*		
Current (Apr 22)	**4**	**4**	**16**
Projected (Jul 22)	4	3	12

Change since last month

⟺

Related BAF and Corporate Risk Register entries

ID	**Score**	**Summary risk description**
BAF 001	20	Capacity to restore services
BAF 003	12	Deployment of IT resources
BAF 010	12	Effective ICS working

Key controls
What are we already doing to manage the risk?

Financial planning and strategy

1. Cambridgeshire and Peterborough ICS has been provided with an indicative ICS financial allocation for the next three years (to 2024/25) which includes a 'convergence adjustment' to a target funding allocation – this will require the system to deliver additional efficiencies in order to maintain a breakeven position. The ICS has developed a medium-term financial plan at system level to quantify the scale of financial improvement required over the planning period which reflects the impact of the convergence adjustment.
2. Financial input into the development of plans for the Integrated Care Partnerships to ensure risks and opportunities are understood.
3. Improvement and Transformation team oversight of the Trust's improvement programme and development of a transformation programme.

Financial control:

4. Controls in place via Investment Committee to ensure appropriate governance and financial control on expenditure decisions (including in respect of Covid-related investments).
5. Regular reviews of the Trust's financial performance through the monthly internal and external financial reporting cycle, including regular assessments of the Trust's underlying financial position.

Assurances on controls
How do we gain assurance that the controls are working?

1. Oversight of the development of the ICS's medium-term financial plan is provided by the Financial Planning and Performance Group within the ICS's governance structure. Further oversight of the plan, including key assumptions, is provided the regional NHS England finance team, as well as through national NHS England oversight due to the ICS's status as a SOF4 system within the System Oversight Framework.
2. Oversight of the development of the Trust's long-term plan and strategy through Management Executive, Performance Committee and Board of Directors.
3. Oversight of the development of the Integrate Care Partnership through Performance Committee, Audit Committee and Board.
4. Oversight of the Improvement and Transformation programme through the Improvement and Transformation Steering Group, Performance Committee and Board.
5. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee.
6. Monthly reporting through divisional performance meetings, Management Executive, Performance Committee and Board.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1a. The ICS's medium term financial plan has not yet been agreed by regulators (NHSE/I)		C1a. Ongoing discussions with regional and national colleagues within NHSE/I to agree a financial plan for the ICS.	March 2022
C1b. Work commenced on development of the Trust's long-term financial plan and strategy to ensure a) the Trust receives a fair share of the funding allocated to the system; b) that the funding available to the Trust and to the wider system is maximised; and c) that investments are prioritised in line with the Trust's wider strategic objectives. The development of the Trust's long-term plan and strategy is not yet complete and in the absence of an agreed plan it represents a gap in control.		C1b. The Trust is seeking agreement with the ICS on its share of the ICS's funding allocation. The development of the Trust's long-term plan and financial strategy will be taken through the Trust's Management Executive, Performance Committee and Board of Directors for agreement.	Ongoing
C2. There remains uncertainty over the prevalence of Covid-19 and its impact on operational performance which could lead to additional costs, a reduction in income and the ability to deliver services efficiently.		C2. See BAF risk 001.	Ongoing
C3. The Trust has only limited control in respect of financial performance and actions of partner organisations across the Cambridgeshire and Peterborough health and care system which could have an impact on the Trust's financial sustainability (directly or indirectly).		C3. See BAF risk 010.	March 2023
C4. The ICS's proposed target funding allocation (set by NHSE) will lead to a 'convergence adjustment' beyond the next three years, requiring the continued delivery of above average efficiencies. The ICS does not therefore currently have a plan to ensure a long-term sustainable financial position.		C4. Within the timeframe of this risk (i.e. the next three years), the primary action will be agree a long-term target allocation which reflects the structural drivers of the ICS's allocation.	Ongoing
C5. The macroeconomic environment, including supply constraints and inflationary pressures, is likely to lead to cost pressures beyond the ICS's and Trust's financial allocation. The ability to control these pressures is largely outside the Trust's direct control.		C5. Ongoing discussions with NHSE/I to assess the impact of the macroeconomic environment on the Trust.	Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF risk	012	The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.

Current risk rating: 9

Strategic objective	C3
Latest review date	April 2022

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	3	9
Current (Apr 22)	3	3	9
Projected (Jul 22)	3	2	6

Change since last month
⟺

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	12	Campus development proposals

Key controls
What are we already doing to manage the risk?

1. CBC Strategy Group is undertaking public consultation on a vision for 2050, setting out how the Biomedical Campus can bring together the right set of research, education, healthcare delivery and industry partners; and what opportunities and requirements this generates for transport and other infrastructure, people and skills. CUH taking a leading role in community engagement. Particular issues raised by our neighbours are being actively addressed – further work required to address concerns.
2. Through CBC Strategy Group we are supporting the further development of the Campus expansion proposals, including improving the existing Campus and work on masterplanning. CUH materplanning work to be aligned.
3. CUH is a founding member of CBC Ltd spanning key current occupants of the CBC to drive forward implementation of the Vision.
4. Material on the Cambridge offer in the next stage of the pandemic being produced, following workshops to gather and articulate Cambridge's distinctive assets nationally and globally.
5. Specific work on how the CBC can support the ICS, in particular elective recovery and diagnostics; and wider priorities including economic growth and levelling up.
6. Continuing to develop world-class research infrastructure at the Cambridge Biomedical Research Centre and Clinical Research Facility. Commencing work on a digital strategy for CUH that will include

Assurances on controls
How do we gain assurance that the controls are working?

1. Regular updates to Board of Directors on CUHP, CBC and life sciences, most recently in April 2021.
2. Board Committee established for Addenbrooke's 3 programme to increase Non-Executive scrutiny, including of how we are working with and contributing to our campus and other partners. Significant discussion on CUHP and CUH masterplan took place in March 2022.
3. Strategy refresh considering partnerships as a major plank, including how we build capacity and capability internally to work as effective partners.
4. Involving partners in key CUH governance groups, particularly on major projects.
5. Executives participating in CBC Ltd working group on Campus development proposals and appropriate ICS and regional NHS groups.
6. Regular engagement with Government and other national bodies to assess how Cambridge is perceived. Cambridge Life Sciences Council being established, chaired by David Prior.
7. External input and expertise from NHS, academic and industry partners to provide independent advice and challenge.

opportunities to enhance and maximise the wider benefits of this key resource for research. 7. Supporting engagement between the Eastern Genomics Laboratory Hub and Illumina to address capacity challenges, broaden joint research projects and embed genomics fully within our programme of new hospital builds. 8. Broadening partnerships with industry and the University, including extending work with the Institute for Manufacturing (IfM) to RPH, CPFT, AZ, GSK, primary care and other NHS trusts across the East of England. Discussions to begin on broadening IfM type partnership to other areas of the University of Cambridge. 9. Work commenced with other trusts across the East of England on an emerging provider collaborative, focused on improving access to specialist care within the region, including in paediatrics and cancer.	

Gaps in control	Gaps in assurance
C1. National work to promote Cambridge's distinct contribution to the Covid response. C2. Buy-in and commitment from all partners to make the most of our collective opportunities, working through differences in priorities as they arise.	

Actions to address gaps in controls and assurances	Due date
C1a. Involving Campus partners in regional and national media.	Ongoing
C1b. Implementation of the Cambridge offer currently being planned.	Ongoing
C2a. Maximise in-kind contributions, including from CUH, to complement CUHP core team. Enhanced core budget agreed.	Completed
C2b. CUH strategy refresh includes strong focus on capacity and capability to invest in new partnerships.	June 2022
C2c. Further work on a clear 'manifesto' for Cambridge Life Sciences being undertaken, drawing in thought leaders from across the Campus.	Ongoing
C2d. Further work with University of Cambridge to extend partnerships to new areas.	Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	9	9	9	9	9	9	9	9	9	9	9	9	9

BAF risk	013	There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce, particularly in the context of the effects of the Covid-19 pandemic, which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.

Current risk rating: 16

Strategic objective	B2
Latest review date	April 2022

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Apr 21)	4	4	16
Current (Apr 22)	4	4	16
Projected (Jul 22)	4	4	16

Change since last month

⟺

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 007	20	Meeting workforce demand

Key controls

What are we already doing to manage the risk?

1. Staff Wellbeing Strategy in place.
2. Occupational Health offer with a range of services in place including health pre-employment support, health surveillance programme and management referral pathways.
3. Staff psychological wellbeing and support offer, collaborating with system partners (inc. CPFT), and complemented by Chaplaincy offer. Introduction of multidisciplinary ZIP team bringing together professions from across the Trust.
4. Covid-19 health risk assessment (Version 7) process in place, comprehensive Covid-19 in-house test and trace system and on-site vaccination programme. Range of measures to maintain a Covid secure environment under regular review.
5. Annual flu vaccination and Covid-19 booster vaccination programmes.
6. Established equality, diversity and inclusion networks and events promoting health and wellbeing.
7. Public health offer (lifestyle health checks, support and advice – smoking cessation, weight management).
8. 24/7 employee assistance programme (Health Assured) offering practical advice, counselling and support.
9. Support offer for redeployees returning to substantive areas of work and leadership support circle facilitation Trust-wide.
10. Scoping work on provision of staff amenities and agreement of initial schemes.

Assurances on controls

How do we gain assurance that the controls are working?

1. Management Executive oversight on key programmes of work via taskforce reporting and reporting on specific issues.
2. Reporting to Workforce and Education Committee.
3. Reporting to Health and Safety and Infection Prevention and Control Committees; and Covid-19 Secure Taskforce.
4. Safe Effective Quality Occupational Health Services (SEQOHS) independent accreditation.
5. Assurance update on staff Covid-19 vaccination to Quality Committee in May 2021 with subsequent updates, including on ethnic group breakdown.
6. National and local staff survey evidence on staff health and wellbeing and collation of learning from staff stories.
7. Reporting to Regional People Board via the Regional Health Safety and Wellbeing Group.

Gaps in control	Gaps in assurance
C1. Emerging impact of Long Covid and potential emergence of new variants - uncertain impact on CUH staff health and wellbeing. C2. National shortage of trained occupational healthcare professionals (clinical) resulting in inability to substantively recruit to posts and meet service needs. C3. Insufficient provision of staff psychological health support. C4. Inadequate provision of staff rest spaces and other amenities.	

Actions to address gaps in controls and assurances	Due date
C1. Situational awareness, call-back service and monitoring. C2. Development of workforce plan including talent management ('grow your own' programmes). C3. Implementation of psychological support programme following May 2021 investment case approval. C4. Management Executive has received and reviewed costed options, and Capital Advisory Board has allocated funding for initial schemes to be progressed. Initial schemes being implemented.	Ongoing November 2022 Implementation commenced in August 2021 Ongoing

Risk score	Apr 21	May 21	Jun 20	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
	16	16	16	16	16	16	16	16	16	16	16	16	16

Annex 1: Trust risk scoring matrix and grading

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	**Extreme**
8 – 12	**High**
4 – 6	**Medium**
1 – 3	**Low**

Annex 2: Trust objectives, July 2020

Theme	Objective
A. Improving patient care	A1. Safely restore all the services we provide both as a local hospital and a specialist teaching hospital for the East of England, and prioritise those patients with greatest clinical need in reducing waiting lists.
	A2. Work with our partners to maximise our capacity to treat both Covid and non-Covid patients in hospital and in the community, enabled by technology.
	A3. Provide consistently high standards of patient care and experience in and outside the hospital using agreed clinical standards and protocols, embedding a culture of sustainable continuous improvement, and maintaining a safe environment.
B. Supporting our staff	B1. Ensure that we have sufficient numbers of appropriately skilled and trained staff to deliver our plans now and in the future.
	B2. Provide a comprehensive package of support to keep our staff safe, engaged, healthy and able do their jobs to the best of their abilities.
	B3. Develop further actions to achieve greater equality and diversity in the CUH family across all the protected characteristics.
C. Building for the future	C1. Develop and secure national support for the next major stages of the business cases for the Cambridge Children's Hospital and Addenbrooke's 3.
	C2. Develop an Integrated Care System across Cambridgeshire and Peterborough that improves our population's health, outcomes and experience within the available resources.
	C3. Play a leading role with partners on the Cambridge Biomedical Campus in the national Covid-19 research effort and powering economic growth through life sciences.

NHS
Cambridge University Hospitals
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CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Quality Committee	**DATE OF MEETING:**	4 May 2022
CHAIR:	Sharon Peacock	**LEAD EXECUTIVE DIRECTOR:**	Chief Nurse / Medical Director
RECEIVING BOARD / COMMITTEE:	Board of Directors, 11 May 2022		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5. 5.1	**Lead Executives' Report and Patient Safety and Experience Overview** <u>Lead Executives' Report</u> 1. The Chief Nurse and Medical Director presented the report to the committee. 2. Positive feedback had been received from the Learning Disability and Independent Voice Review. Good and coordinated care had been demonstrated across the organisation with a few areas for improvement highlighted, which will be closely monitored by the Learning Disabilities team and included in the overarching improvement plan. 3. The Paediatric and Neonatal Decision Support and Retrieval Team (PaNDR) went live on 1 April 2022 for the whole of East of England. 4. CUH has been designated as a national centre for haemoglobinopathies for both children and adults by NHS England.	Information/ Assurance	BAF 001/002	N

5.2	5. The overall numbers of Covid-19 cases have reduced but the Trust continues to have three wards dedicated to Covid-19 capacity. 6. Crowding in the Emergency Department continues to remain a key issue for the Trust. A number of actions to address the crowding concern are in progress. <u>Patient Safety and Experience Overview</u> 1. The report covered the period up until the end of March 2022. 2. Normal variance in the amount of patient safety incidents had been reported. 3. Patient experience indicators for 2021/22 were reviewed by the committee. It was concluded that data indicates satisfaction with the service overall, but with lower scores seen in the Emergency Department, likely relating to the crowding and flow concerns, plus the continuing effects of the pandemic.			
6.	**Quality Account update and quality priorities for 2022/23** 1. The committee noted the proposed priorities and indicators for the 2022/23 Quality Account.	Information/ Assurance		N
7.	**Sepsis update** 1. The committee noted the improvements in compliance with the Sepsis Six Standards within the Emergency Department and inpatient areas, and on-going work to further improve the detection and treatment of patients with sepsis.	Information/ Assurance	CR38	N
8. 8.1	**Maternity** <u>Maternity Update</u> 1. The maternity service remains on track to deliver eight of the 10 safety actions for Year 4 of the Maternity Incentive Scheme. Two of the 10 safety actions are at risk. These relate to data extraction and quality associated with the Maternity Services Data Set and staff	Information/ Assurance		N

	redeployment on the ability to achieve the 90% compliance threshold for Multi-professional training. A training recovery plan is in place.			
8.2	<u>Ockenden Report</u> 1. The Ockenden final report from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022. The report follows on from the first report published in December 2021. 2. The Trust received confirmation of 90% compliance with the seven original Ockenden immediate and essential actions (December 2020), following submission of evidence against the nationally mandated Ockenden assessment criteria, including 100% compliance in immediate and essential actions one and two. 3. The service have undertaken a gap analysis against 15 additional immediate and essential action's and have self-assessed full compliance with five. 4. Of the 104 individual actions within the 15 immediate and essential actions the service can evidence compliance with 82 actions and partial compliance with 22 of the actions. 5. Overall the current self-assessed full compliance is 79% with plans in place for the remaining 21%.			
9.	**Infection Control BAF** 1. The Quality Committee noted the gap analysis and the Trust's evidence of assurance against the updated infection control framework. 2. A patient placement guidance was developed to support plans for cohorting patients with winter viral infections. 3. Installation of more than 50 air scrubbers to improve air quality had taken place.	Information/ Assurance	CR07a/40	N

	4. A regular audit programme of Infection Prevention and Control practice including hand hygiene and PPE practice, including donning and doffing, continues within the clinical setting.			
10.	**Clinical Audit Annual Report** 1. Throughout 2021/22 the Trust met the national and regulatory requirements. The team has also successfully upgraded key processes and procedures to support clinical projects in the organisation. 2. Throughout 2021/22 the team successfully developed improvements in the assessment of guidance published by the National Institute for Health and Care Excellence (NICE) with colleagues in pharmacy, finance and members of the Joint Drugs and Therapeutics Committee.	Information/ Assurance		N
11.	**Board Assurance Framework (BAF) and Corporate Risk Register**. 1. The committee received and noted the current version of the Board Assurance Framework and Corporate Risk Register.	Information/ Assurance		N