

**There will be a meeting of the Board of Directors in public on
Wednesday 13 July 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 11 May 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 <i>The items in this section will be discussed with reference to the Integrated Report and other specific reports</i> 9.1 Improvement 9.2* Finance 9.3* Quality (including nurse staffing report) 9.4 Workforce 9.5 Access standards	For receipt
12.10	10*	Nursing and midwifery establishment review To receive the report of the Chief Nurse	For receipt
12.20	11*	CUH Together 2025 – Our Strategy To receive the report of the Director of Strategy and Major Projects	For approval
12.30	12*	Education, learning, training and development To receive the report of the Director of Workforce	For receipt
12.45	13*	Guardian of Safe Working quarterly and annual reports To receive the report of the Medical Director	For receipt
13.00	14*	Freedom to Speak Up six-monthly report To receive the report of the Director of Corporate Affairs	For receipt
<i>Items for information/approval – not scheduled for discussion unless notified in advance</i>			
13.15	15*	Board assurance committees – Chairs' reports 15.1* Workforce and Education Committee: 22 June 2022 15.2* Quality Committee: 6 July 2022 • Safeguarding annual report 15.3* Performance Committee: 6 July 2022 15.4 Remuneration and Nomination Committee: 6 July 2022	For receipt

Other items			Purpose
	16	Any other business	
13.20	17	Questions from members of the public	
	18	Date of next meeting The next meeting of the Board of Directors will be held on Wednesday 14 September 2022 at 11.00.	For note
	19	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).	
13.30	20	Close	

**Minutes of the meeting of the Board of Directors held in public on
Wednesday 11 May 2022 at 11.00 via videoconference**

Member	Position	Present	Apologies
Dr M More	Trust Chair	X	
Mr D Abrams	Non-Executive Director	X	
Ms N Ayton	Chief Operating Officer	X	
Dr E Cameron	Director of Improvement and Transformation	X	
Mr A Chamberlain	Non-Executive Director	X	
Dr A Doherty	Non-Executive Director	X	
Prof I Jacobs	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 K Alexander	Senior Physiotherapist (Item 45/22 only)
Dr J Bradley	Director of Research and Development (Item 54/22 only)
Prof C Deaton	Professor of Nursing, University of Cambridge (Item 54/22 only)
Dr A Gupta	Director of Postgraduate Medical Education (Item 53/22 only)
Ms K Kendrick	Physiotherapist (Item 45/22 only)
Mr G Parlett	Head of Non-Medical Education (Item 53/22 only)
Ms A Rowley	Head of Midwifery (Item 51/22 only)
Dr N Stutchbury	Lead Governor
Mr M Whelan	Deputy Trust Secretary (minutes)

41/22 Welcome and apologies for absence

There were no apologies for absence.

42/22 Declarations of interest

Standing declarations of interest of Board members were noted.

43/22 Minutes of the previous meeting

The minutes of the Board of Directors' meeting held in public on 9 March 2022 were approved as a true and accurate record.

44/22 Board action tracker and matters arising not covered under other agenda items

Received and noted: the action tracker.

45/22 Patient story

Lorraine Szeremeta, Chief Nurse, Kerry Alexander, Senior Physiotherapist, and Kate Kendrick, Physiotherapist, introduced the patient story. Through a video, Rhiannon told her story about the importance of rehabilitation as part of her patient journey.

Following the presentation of the patient story, the following points were made in discussion:

1. Board members acknowledged the importance of physiotherapy input into multidisciplinary team (MDT) discussions about patients, and the vital role of therapy input in reducing the risk of patients becoming deconditioned.
2. It was noted that work was ongoing to align therapy resources with demand and to work more closely with primary and community care providers. The Board acknowledged that, due to the specialist nature of rehabilitation services provided within the Trust, not all of these services could be provided in the community.
3. Community therapy services were under significant pressure. In some case, this could result in significant delays in the commencement of physiotherapy following discharge from hospital.
4. The patient story had referenced the ward environment in the hospital ("a grey room with grey walls") and it was questioned whether there was an opportunity to improve this. Clarification was provided that the reference was to Ward A4 where the patient had spent some time. It was recognised that there was an opportunity to improve the environment on this ward and it was noted that the patient's care had primarily been delivered on Ward J2, where the environment was better and included customisable space for patients.
5. Board members thanked Rhiannon for sharing her story and Physiotherapy colleagues for attending the meeting to discuss the story.

Agreed:

1. To receive the patient story.

46/22

Chair's report

Mike More, Chair, presented the report.

Noted:

1. Jonathan Nicholls, the former Registry of the University of Cambridge, had died on 15 March 2022. Jonathan was an influential member of the Council of Governors between 2007 and 2016, and was instrumental in supporting the Council through a number of challenging periods for the Trust. Board members expressed their sadness at this news and extended their condolences to Jonathan's family.
2. Professor Sharon Peacock was congratulated on her award of the Medical Research Council (MRC) Millennium Medal.

The Chief Executive invited the Chair to comment on his recent meeting with the new Chief Executive of Cambridgeshire County Council. The following points were made:

1. The Trust and the broader NHS were experiencing similar challenges to the social care sector, particularly in terms of the ability to recruit and retain staff.
2. The economic benefits of the Biomedical Campus had been emphasised.
3. Opportunities for additional partnership working had been discussed.

Agreed:

1. To note the report.

47/22

Report from the Council of Governors

Neil Stutchbury, Lead Governor, presented the report.

Noted:

1. The Lead Governors of the four NHS foundation trusts in Cambridgeshire and Peterborough had met with the Chair Designate of the Cambridgeshire and Peterborough Integrated Care Board (ICB) on 29 March 2022.
2. The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was currently represented on the Council of Governors through a partnership governor position. This role would expire on 30 June 2022, beyond which date CCGs would no longer exist. Governors had expressed support for representation from the ICB on the Trust's Council of Governors.

The following points were made in discussion:

1. The Chair would further discuss ICB representation on the Council of Governors with the Lead Governor.
2. Opportunities for involving governors in co-production were highlighted.

Agreed:

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

48/22

Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The Trust was moving into a new phase of operational response to the Covid-19 pandemic which was seeking to move the Trust back to a more normal operational model.
2. The Trust strategy was in the process of being refreshed. Ensuring that additional bed capacity was used most effectively was a key element of the strategy.
3. Continued organisational progress was conditional on maintaining strong financial performance.
4. The Trust was actively engaging in the development of the South Integrated Care Partnership (ICP).
5. There was a continued commitment to working beyond the system, in partnership with others, including across specialist providers in the eastern region.
6. The rising cost of living was recognised as a very significant concern for staff and the Trust was seeking to identify steps to support staff, including in relation to transport costs.

The following points were made in discussion:

1. It was important to continue to work closely with partners on the opportunities and benefits of the ICP for the delivery of improved patient care.
2. Assurance was provided that there would be a robust governance process supporting the transition to the ICP arrangements.

Agreed:

1. To note the report.

49/22

Performance reports

Quality (including nurse staffing report)

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

Noted:

1. Key areas of focus for the Quality Committee at its meeting on 4 May 2022 had been Emergency Department flow and the use of contingency areas across the organisation, and patient experience.
2. The number of PALS (Patient Advice and Liaison Service) contacts had increased by 50% and Friends and Family performance had also declined. The primary theme identified was waiting times.
3. The systems currently used to update patients on waiting times were largely manual and the Trust was exploring a potential digital solution to improve the quality of communication with patients on waiting lists.
4. Visiting arrangements in the majority of the hospital had been relaxed back to pre-Covid levels. Further work was being undertaken on arrangements for accompanying patients in the Emergency Department.
5. The number of wards and clinical areas reporting less than 90% nurse staffing fill rates had increased in the reporting period.
6. HSMR (Hospital Standardised Mortality Ratio) performance remained strong with a rolling average figure of 72 and an in-month figure of 65.
7. Covid-19 infection control arrangements had been reviewed and a number of changes had been made in recent weeks. The impact of these changes was being closely monitored.

Access

Nicola Ayton, Chief Operating Officer, presented the update.

Noted:

1. The Trust continued to experience significant operational pressures.
2. The range of procedures undertaken on a day case/23-hour basis had increased.
3. The Trust was working closely with system partners on the development of the South ICP.
4. During 2021/22, while the number of Emergency Department attendances had increased, the number of admissions had decreased. The change could be attributed to revisions to the urgent and emergency care pathway. Almost all elective specialities had achieved in excess of 95% of pre-pandemic activity levels in 2021/22.

Workforce

David Wherrett, Director of Workforce, presented the update.

Noted:

1. The Trust remained committed to reducing the vacancy rate to pre-pandemic levels.
2. 29 new nursing apprentices would commence the nurse apprenticeship programme in the near future, joining 256 other apprentices. The programme allowed individuals to gain a qualification while working, without incurring course fees.

3. A shortage of affordable accommodation locally was limiting the Trust's ability to recruit new staff, particularly internationally.
4. Over 1,100 nominations had been received for the first annual Staff Awards.

Finance

Mike Keech, Chief Finance Officer, presented the update.

Noted:

1. At the end of the financial year, the Trust had achieved a break even position. However, for technical accounting reasons, principally related to the re-valuation of property, plant and equipment, the Trust was expecting to report a deficit of around £14.6m in the Annual Accounts. The final position remained subject to audit.
2. The Trust had delivered a capital programme of £79.2m in 2021/22, which was in line with the plan. The availability of capital in 2022/23 and beyond was expected to be more constrained, with an indicative base budget of £32m.
3. For 2022/23, the national expectation was that providers would produce break even financial plans. However, there remained significant uncertainty in relation to the impact of inflation and higher than expected prevalence of Covid-19.

Improvement

Ewen Cameron, Director of Improvement and Transformation, presented the update.

Noted:

1. The Trust was continuing to work closely with the Institute for Healthcare Improvement. Recruitment for the next round of coaches and team training programmes had been initiated.
2. The Improvement and Transformation team continued to support a number of corporate priorities.

Following the presentation of the reports, the following points were made in discussion:

1. Clarification was sought on the reason for the drop in elective activity during March 2022 and whether performance was expected to improve in the short term. It was confirmed that elective activity had been negatively impacted by closed capacity and short-notice cancellations primarily due to Covid-19. There were currently no beds closed due to Covid-19 outbreaks, compared to around 100 during March 2022.
2. In response to a question on ITU capacity, the Chief Nurse confirmed that seven beds remained closed for safety reasons given staffing pressures. Assurance was provided that all possible steps were being taken to address the critical care staffing challenges.

3. Clarification was requested on whether plans were in place for Covid-19 booster vaccinations in autumn 2022. Board members were advised that a final decision on whether booster vaccinations would be made available to healthcare staff was awaited from the Joint Committee on Vaccination and Immunisation (JCVI). Assurance was provided that plans were being developed for the annual flu vaccination programme in the autumn.
4. The work on a more automated solution to improve the quality of communications with patients on the waiting list was welcomed. It was noted that the Trust was also looking at how this would link with the national 'My Planned Care' portal.
5. Board members welcomed the continued success of the apprenticeship programme and the opportunities it had provided to many individuals.
6. Concern was expressed about the significant impact on recruitment of the shortage of affordable accommodation. The Trust had a moral and in some cases a legal requirement to provide accommodation for new recruits. The potential opportunity to utilise accommodation at Waterbeach was currently being progressed. 99 units on the hospital site had previously been converted for office use and possibility of returning these to residential use was also being explored. The Board acknowledged that directly-provided accommodation could only be made available for a relatively short period of time and many employees struggled to enter the very competitive local housing market.

Agreed:

1. To receive and note the Integrated Performance Report for March 2022.
2. To receive and note the nurse safe staffing report for March 2022.
3. To receive and note the finance report for 2021/22 Month 12.

50/22

Strategy update

Claire Stoneham, Director of Strategy and Major Projects, presented the report.

Noted:

1. The report updated the Board on progress against the three priorities of the strategy:
 - Improving patient care
 - Supporting our staff
 - Building for the future
2. The Trust was continuing to build for the future with the continued development of major projects including the Cambridge Children's Hospital, the Cancer Research Hospital and the additional 'surge' capacity.
3. As noted earlier in the meeting, the Trust was actively supporting the development of the Cambridgeshire and Peterborough Integrated Care System, including the South ICP.

The following points were made in discussion:

1. An update was requested on fundraising for the major projects, recognising the importance of philanthropic donations for delivering both the Children's Hospital and Cancer Hospital schemes. Confirmation was provided that significant progress was being made on fundraising for both projects.

Agreed:

1. To note the progress made in recent months in delivering the Trust's strategy and the commitments for the coming months.

51/22

Ockenden report

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

Noted:

1. The report updated the Board on compliance against the 7 Immediate and Essential Actions (IEAs) from the initial Ockenden Report and provided a self-assessment of compliance against the 15 additional IEAs in the final Ockenden Report.
2. Opportunities for transferrable learning across the organisation from the Ockenden Report had been identified, with themes of governance, culture, clinical and compassionate leadership, bereavement care and education and training as areas of particular relevance.
3. A letter had been sent by NHS England and NHS Improvement to all NHS trust and NHS foundation trust Chief Executives on 1 April 2022 outlining the national response to the Ockenden report. The letter asked 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 four pillars of the Ockenden Final Report:
 - a. Safe Staffing levels
 - b. A well-trained workforce
 - c. Learning from incidents
 - d. Listening to families
4. The Trust's current self-assessment of compliance against the 15 additional IEAs was 79%.
5. The service was currently supporting the two existing Continuity of Carer teams to work in a hybrid model supporting the hospital and community services. No further Continuity of Carer team launches were planned until at least January 2023.

The following points were made in discussion:

1. Professor Ian Jacobs had taken on the role of the Maternity Board Safety Champion in succession to Dr Mike Knapton who had left the Board of Directors on 31 March 2022.
2. Board members recognised the positive progress to date against the 15 additional IEAs and sought clarity on plans to address the outstanding compliance issues. It was confirmed that action plans were being

developed to address the remaining gaps and updates on progress would be provided as part of the Maternity service's regular reporting to the Quality Committee.

3. It was noted that the relatively high number of post-partum haemorrhages directly related to the acuity of the patients treated by the Trust.
4. Given the very high number of potential metrics and information sources on Maternity services, ongoing work was required to ensure the provision of focused and effective assurance.
5. Training compliance was being closely monitored.
6. Confirmation was provided that the Trust worked closely with other system partners responsible for the provision of maternity services.

Agreed:

1. To note the findings and recommendations of the final Ockenden Report.
2. To 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.
3. To receive the CUH Maternity Service's self-assessment of compliance against the 15 additional IEAs included in the Final Ockenden Report.
4. To note the update on progress against the Maternity Self-Assessment Tool and the Trust's Maternity Improvement Plan.
5. To note the review undertaken by the service regarding provision and further roll out of Continuity of Carer, as detailed in the paper.
6. To note that a standing report on Maternity Services assurance was presented at each bi-monthly meeting of the Quality Committee.
7. To note that the Chief Nurse and the Medical Director would lead on implementing wider shared learning from the Ockenden Report across the organisation.

52/22

Annual staff survey results

David Wherrett, Director of Workforce, presented the report.

The following points were made in discussion:

Noted:

1. Concerns were expressed that only 20% of staff had indicated in the survey that the appraisal process was helpful. It was clarified that the figure was 20% of the 80% of staff who had received an appraisal. Nevertheless, it was agreed that this was a significant concern and further work was required to address the feedback and ensure that the appraisal process was of high value to all parties.
2. Significant concerns remained about the differential experience of different staff groups within the organisation across a range of areas in the staff survey. Board members agreed that understanding and

addressing these differential experiences should remain a key priority.

Agreed:

1. To note the findings of the annual staff survey 2021.

53/22

Education, learning and development

David Wherrett, Director of Workforce, Arun Gupta, Director of Postgraduate Medical Education, and Gary Parlett, Head of Non-Medical Education, presented the report.

Noted:

1. The annual General Medical Council (GMC) survey of trainees had recently closed and the results were expected to be released at the end of June 2022.
2. Health Education England (HEE) had commissioned additional training capacity for radiology and endoscopy.
3. The existing Surgical Training Centre at Melbourn was scheduled to close on 31 May 2022, with a new facility scheduled to open at the Quorum Business Park in the first quarter of 2023/24. In the interim, training would be provided in the Clinical School.
4. The Director of Postgraduate Medical Education would be leaving the role in September 2022.
5. A strong field of non-medical continuing professional development (CPD) applications had been received.
6. Six individuals had joined the Trust from Lebanon through a national programme.

The following points were made in discussion:

1. The Board thanked Arun Gupta for his leadership of Postgraduate Medical Education and wished him well for the future.
2. It was highlighted that the ability to release staff to undertake CPD, rather than the availability of funding, was the primary constraint on the level of CPD undertaken.
3. In response to a question, it was noted that the recruitment of international midwives was a relatively new development and would be reviewed and evaluated carefully.
4. Board members asked whether there were any implications for the Trust of the temporarily reduced access to training capacity. Assurance was provided that risks had been mitigated by deferring some of the larger training programmes until the expected opening of the new centre.

Agreed:

1. To note the report.

Research and development

Ashley Shaw, Medical Director; John Bradley, Director of Research and Development, and Christi Deaton, Professor of Nursing at the University of Cambridge, presented the report.

Noted:

1. The opportunity to update the Board on non-medical research was welcomed.
2. A framework for clinical academic leadership posts (50% clinical/50% research) for Nursing, Midwifery and Allied Health Professionals (NMAHPs) who were post-doctoral had been approved. Work was being undertaken with Human Resources to ensure that there was a consistent Trust-wide policy related to research fellowships for staff.
3. HEE East of England in collaboration with the Cambridge Academic Training Office (CATO) and the Norwich Academic Training Office (NATO) had agreed to fund two post-doctoral awards (50% research time for up to four years) for NMAHPs in the East of England.
4. The Annual NMAHP Research Conference had been held successfully on 6 May 2022, with around 135 people attending.

The following points were made in discussion:

1. It was highlighted that HEE East of England had funded a Chief Nurse Internship programme for Band 5 staff. The aim of the programme was to support the development of research skills while addressing one of the Chief Nurse's priorities.
2. Board members welcomed the actions outlined for improving the research awareness of staff.
3. The possibility of increasing the number of Clinical Academic Leadership posts beyond the two currently funded was suggested.

The following additional points were made by the Director of Research and Development:

1. The application for re-designation and funding for the National Institute for Health Research (NIHR) Cambridge Clinical Research Facility (CCRF) had been successful, with funding of £15,200,000 awarded from 1 September 2022 to 31 August 2027. This represented an uplift of 30% on current funding.
2. The proposal for re-designation and funding for the NIHR Cambridge Biomedical Research Centre (BRC) continued to progress, with Trust and University of Cambridge colleagues attending interviews on the application in early April 2022. The outcome was expected in the next few weeks.

The following points were made in discussion:

1. The University of Cambridge, and the Clinical School in particular, had performed very strongly in the latest Research Excellence Framework. A continued focus on strengthening the approach to data and information would be important in sustaining this position.

Agreed:

1. To note the report.

55/22 Learning from deaths

Agreed:

1. To receive and note the learning from deaths report for 2021/22 Q4.

56/22 Board Assurance Framework and Corporate Risk Register

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

Noted:

1. Of the 13 risks on the Board Assurance Framework (BAF), 9 were red rated.
2. The paper summarised the key changes to the BAF and the Corporate Risk Register (CRR) since the previous report to the Board.
3. Board assurance committees continued to receive and review the BAF and CRR entries for which they had an oversight responsibility.
4. Work continued on the development of medium-term risk trajectories aligned to the work on the refresh of the Trust strategy.

Agreed:

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

57/22 Board assurance committees – Chairs’ reports

Received: the following Chairs reports:

- Quality Committee: 4 May 2022
- Performance Committee: 4 May 2022

58/22 Any other business

There was no other business.

59/22 Questions from members of the public

Two questions were submitted from members of the public.

1. “You say (CEO 2.7) that ‘unstaffed contingency areas’ are being required to open and that they are compounding staff problems elsewhere. What are these areas, who is requiring their opening and why, and which departments are being depleted as a result?”

The Chief Operating Officer responded.

What are contingency areas?

1. When the Trust has insufficient capacity a decision is sometimes made to open areas that are typically not used for in-patients ('contingency areas'). These areas have included the Cardiology day case unit on K2, the hospital's day surgery unit and the discharge lounge. As of 9 May we are using ward G2 as contingency which provides an additional 13 overnight beds. This area had been utilised for patients awaiting an onward placement from the Emergency Department during the daytime and had not been expected to remain staffed overnight.
2. Whilst contingency areas were utilised pre-Covid during periods of unusual pressures, it is recognised that we are using these areas more frequently in light of increasing demand, managing our elective recovery, and the on-going impact of Covid.
3. Contingency areas do not have an out of hours staffing model and therefore require resourcing for doctors, nurses and AHPs once the decision has been made to open. Patients remain under the overall care of their ward consultant after relocating

Why do we open contingency areas?

1. The decision to open a contingency area is taken using a 'balance of risk' approach where we believe that the risks present in other areas of the hospital are unacceptable for our patients. Examples of these situations include crowding in the Emergency Department or where we are unable to create capacity on our critical care areas for our sickest patients. The decision is made by our Duty Director / On-call Director under advice from the Operations Centre.
2. Patients moved to contingency areas are predominately those who are either nearing the end of their pathway or already clinically fit for discharge, to enable these areas to close as soon as possible.

How do we staff these areas?

1. Site Safety meetings take place multiple times per day, led by a senior nurse, to review nursing and AHP staffing levels across the Trust and move staff between areas to fill any gaps in rotas where possible. When contingency areas are opened their requirements are taken into account at these meetings.
2. The staffing required for contingency areas depend on the size of the capacity being opened. In all cases we aim to following safe staffing guidance for staff-to-patient ratios.

3. Nursing, medical and AHP staff are typically drawn from one of the following sources:
 - Existing workforce moving from an area which has better staffing levels, identified at Site Safety meetings
 - Additional shifts advertised on the staff bank, sometimes using enhanced rates to attract uptake
4. The Operations Centre also has a dedicated pool of nursing and AHP staff it can draw on whose purpose is to be available to respond to urgent staffing pressures including the opening of contingency areas
5. Site Safety meetings ensure that the staffing requirements for contingency areas do not impact specific departments. However these do add further pressure to our overall workforce levels which have been significantly impacted by Covid.

2. “You say (CEO 6.3) that the current virtual ward capacity is just 30 ‘beds’ and you assured us at our meeting of 13 April that ‘introduction would be gradual over time and only as appropriate to and accepted by patients’. Now you report that there is a national requirement for 40–50 beds per 100,000 population, meaning provision of 134 virtual beds by October 2022 and 294 by October 2023. That is not gradual (8–10 new ‘wards’ in 18 months), it does not fit with your earlier undertaking and is very worrying.

Can we be assured that these ‘wards’ will be staffed on a proper rota of ward-assigned CUH medically-trained and qualified clinical staff and that there will be no use of private, agency or task-only-trained workers?”

The Director of Improvement and Transformation responded.

It is correct to say that our current virtual ward occupancy is in the region of 30-35 patients. It is also correct that the national ambition is for 40-50 patients per 100,000 population which we have reported on several previous occasions including in the Chief Executive’s report in March 2022. If these are to truly be patients who would otherwise have been in hospital beds (the intent), that is a very challenging ambition. We do not know yet what we believe will be possible but the growth in patients will be gradual initially as we recruit staff to work in the virtual ward and establish the patient groups that will benefit from this service. Our audits of inpatient wards are proving more optimistic than we had initially thought but there is still a long way to go before there are a substantially increased number of patients in our virtual ward. As we are currently establishing the workforce needs and model, I cannot give any indication as to how it will be staffed at this stage but will do as this is developed.

60/22

Date of next meeting

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

61/22

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: 13.58

Board of Directors (Part 1): Action Tracker

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

Key to RAG rating:

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

Report to the Board of Directors: 13 July 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

13 July 2022

Board of Directors
Chair's Report
Mike More, Trust Chair

1. Introduction

- 1.1 The Chief Executive's report will cover a lot of detail but I would like to signal some of the big things which matter to me.
- 1.2 The well-being of staff is central to our mission and now rightly takes strategic importance, given the pressures and anxieties post (and continuing) - Covid and the emergent cost of living crisis. Cambridge is an expensive place to live and it is important that no-one takes our ability to recruit and retain staff for granted. I am pleased to see the Chief Executive and Executive Director colleagues giving high importance to this, covering short, medium and long-term measures which we can take.
- 1.3 Patient care: as we navigate through elective recovery, we are seeing concerns and anxieties by patients as a result of the delays and deferred treatment they have received over the last two years; we are experiencing pressure points across the whole hospital and continuing concerns in some specific areas such as the emergency care pathway and maternity services. These are not unique to CUH, nor always straightforwardly entirely within our control. But we need to be strong in our plans and strong on their delivery.
- 1.4 Getting our capital developments across the line: extraordinary work is being done by many to progress the Children's and Cancer Hospitals and also to get enhanced capacity including orthopaedic theatres in place as quickly as possible. Our objective across all these areas has always been to put forward very strong clinical and financial cases and we stand in a relatively good position and are engaging very strongly with philanthropic funders for Children's and Cancer.
- 1.5 Optimising the patient and population benefits of the creation of Integrated Care Boards, which took legal effect at the beginning of this month. This hospital has been an active contributor to the development of integrated and collaborative approaches to the provision of health and care services and to improving population well-being. The transition away from previous models has to be handled carefully but we should have high ambition for change as the current system does not optimise patient benefits.

- 1.6 Continuing to drive the research objectives of the campus. At the time of writing we await the Biomedical Research Council (BRC) determinations for funding our BRC activity over the next few years.

2. Meeting with members of the public

- 2.1 With Roland and Ian, I met with members of the public on 27 June 2022. The topics covered included infection prevention and control guidance, diversity and inclusion, the South Place and midwifery staffing levels.

3. 'You Made A Difference' Awards / People

- 3.1 I was pleased to attend a 'You Made A Difference' award event on 28 June 2022. There were 53 individual nominations were received and I would like to personally congratulate the winner, Charlie Arthur, Portering Supervisor.
- 3.2 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.

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.

CUH

Performance Committee
Audit Committee
Workforce and Education Committee
Addenbrooke's 3 Committee
Children's Board
New Consultant Development Programme
Council of Governors
Board of Directors
Long Service Awards
Retirement Awards
Medicine for Members: Obstetrics and Gynecology
Public Meeting with Chair and Chief Executive
'You Made A Difference' Awards
New Governor Inductions
CUH Annual Awards nominee celebrations

- 4.2 I attended the Cambridgeshire County Council Planning Committee to advocate for the Hauxton Interchange Park and Ride proposal by Junction 11 of the M11. It is vital as part of our way of continuing to recruit and retain staff and I am pleased that the Committee approved the proposal.
- 4.3 Ruth Greene has recently been re-elected as a member of the Council of Governors and throughout her time on the Council has been a passionate advocate of the interests of patients in the hospital. In addition to that she, is an active member of patient advisory groups where that same passionate contribution is her forte. She has been hugely generous in donating for the provision of the new all-electric patient courtesy bus (the Green-e Get Around) to help transport patients around this complex site. I was delighted recently, alongside Addenbrooke's Charitable Trust (ACT), to celebrate and mark Ruth's generosity and contribution to the hospital alongside other governors, Board members, other colleagues and members of patient advisory groups. I hope that Ruth knows that we, and future patients, are all in her debt.
- 4.4 I was pleased to attend events recently where we celebrated teams and individuals for their nominations in the new Annual Staff Awards. We know from the You Made a Difference Awards how important is public collective recognition of contribution to the life of the hospital by an individual or a team. We have exceptional people within the hospital, whose dedication, commitment and professionalism is central to our capacity to deliver high quality services and it is a matter of deep honour to be associated with colleagues whose contribution is so congruent with our Trust values of Together – Safe, Kind and Excellent. I look forward in coming weeks to further opportunities to say thank you.
- 4.5 With sadness I attended the memorial service for Jonathan Nicholls, who made a big contribution to the Council of Governors at a very difficult time for the Trust.
- 4.6 The Integrated Care Board (ICB) arrangements are now up and running. As CUH we will be giving a lot of attention to the South Integrated Care Partnership which will be the vehicle for connecting acute and primary/community provision in the south of the county.

The following related meetings have been held:

- ICS Board Non-Executive meetings
- System Partnership Board

4.7 Other meetings attended during this period include:

- Cambridge Biomedical Campus (CBC) Local Liaison Group
- Cambridge University Health Partners/CBC Stock Take Meeting
- I was glad to be part of a team who welcomed visitors from New South Wales to the campus.

5. Recommendation

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

Report to the Board of Directors: 13 July 2022

Agenda item	7
Title	Report from the Lead Governor
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

13 July 2022

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

1. Recent Governor meetings

- 1.1 We held a **Governor Seminar** on 7 June 2022 covering the Children's Hospital and an overview of other major projects. Shelly Thake, Chief Executive of Addenbrooke's Charitable Trust (ACT), gave an overview of how the hospital will look and Dame Mary Archer described the strategy for raising the required funds from philanthropists and the public. Claire Stoneham then gave an overview of other major projects, including the Cancer Research Hospital, the new wards and plans for improvements to the Emergency Department.
- 1.2 A **Governor Strategy** meeting was held on 10 May 2022. We received an update on the strategy refresh work, in preparation for the July Board meeting. The group discussed some of the priorities and the associated communications.
- 1.3 Governors met the NEDs at the **quarterly Governor/NED** meeting on 4 May 2022 and sought assurance on a range of issues, including the benefits and risks of the Integrated Care System, staff well-being, achieving cancer targets, maternity services and the new digital strategy.
- 1.4 Governors met at the **Governor Forum** on 17 May 2022. We invited one of our two new NEDs, Ian Jacobs, to join us to introduce himself and for governors to ask questions. He summarised his background and outlined some of the areas he particularly wants to focus on, then took questions from governors. A key area of Ian's expertise and of governors' interest is maternity services; Ian is taking the NED lead on the hospital's response to the Ockenden report.
- 1.5 The **regional lead governors** met on 1 June 2022, attended by Jane Biddle, Deputy Lead Governor, where lead governors shared best practice, including on the frequency of governor/NED meetings, how trusts consult with patients and the public, and moving back to face-to-face meetings.
- 1.6 The **Governors' Nomination and Remuneration Committee** and the **Trust Constitution Committee** held a joint meeting on 27 April 2022 to review the consultation process held by Neil Stutchbury and Julia Loudon on the options of whether to recruit a new Chair or to re-appoint the current Chair from April

2023. The committees agreed to propose the re-appointment of Mike More as Trust Chair until September 2025, bringing his total term as a non-executive director to 12 years. The meeting also discussed amendments to the Trust Constitution to enable Council of Governors to make the change, should it approve it. A meeting of the Council of Governors was held on 17 May 2022 to discuss the options, at which the Council agreed to re-appoint Mike More as Trust Chair until September 2025 and approved the amendment to the Trust Constitution. The full details of the process followed and the rationale for the decision are set out in a paper which was received by the Council of Governors at its meeting on 29 June 2022 (see below) and which is available on the Trust website.

- 1.7 The Council of Governors** met on 29 June and received an update from Nicola Ayton and Ashley Shaw on the rising numbers of Covid patients in hospital, efforts to reduce long waits for elective procedures, challenges in staff retention and the report from the recent CQC inspection of urgent and emergency care. Governors asked questions on staff well-being, virtual wards (including patient involvement), maternity services and operations cancelled on the day of the operation. As noted above, the Council of Governors described the process it carried out to consult on and evaluate the options for the appointment of the Trust Chair. The Council of Governors also approved the recommendations of the Governors' Nomination and Remuneration Committee on Chair and NED remuneration for 2022/23.

2. Upcoming Governor meetings

- 2.1 The next Governor Strategy Group meeting is scheduled for 18 July 2022.
- 2.2 The next quarterly meeting with the NEDs is on 20 July 2022.
- 2.3 The next Governor Forum is scheduled for 6 September 2022.
- 2.4 The next Governor Seminar meeting is scheduled for 20 October 2022. At this meeting, we hope to hear about patient experience and HealthWatch.

3. Other Governor activities

- 3.1 Governors have been discussing when would be prudent to return to face-to-face meetings. We are looking to hold the September 2022 Council of Governors' meeting face-to-face, with a site tour beforehand and a social event afterwards.
- 3.2 The regional lead governors of trusts in the South Integrated Care Partnership are planning a face-to-face meeting for all governors with the Chair of the Integrated Care Board, John O'Brien. This is planned for 26 October 2022 and more details will be issued nearer the time. This follows a similar meeting we had in 2019 with Mike More, Interim ICS Chair at the time.

4. Recommendation

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

Report to the Board of Directors: 13 July 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

13 July 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 July 2022 the Trust was caring for 106 inpatients with Covid, including 6 in critical care. While cases of serious illness and death caused by the virus are greatly reduced, infection rates have increased steadily across the county since the beginning of June 2022. The number of staff self-isolating has also been increasing.
- 1.3 The Trust has been able to join with the rest of the country in easing some of the restrictions which have governed our recent lives. Social distancing rules have been removed in most of the hospital, more beds have been reopened, and additional visiting has resumed. These are really important and significant steps in being able to provide the best possible care to our patients, as well as improving safe flow from the Emergency Department into the hospital for those who need to be admitted. However, in light of the more recent increase in infection rates, we have reinstated the requirement to wear face masks in patient-facing clinical areas, and we will keep the situation under close review.
- 1.4 The Trust continues to face operational challenges, in particular around staffing and access to care - but is making progress across all 5 areas of operational delivery.
- 1.5 Throughout the past two years, the Trust has continued to push forward in every area of the hospital, thanks to the fantastic efforts of clinical and corporate teams across the organisation. A refresh of the Trust Strategy has been undertaken to ensure we are prioritising the right areas as we plan for the years ahead. The three broad priorities remain the same: improving patient care, supporting our staff and building for the future. Further information can be found in Section 7 of this report and the separate agenda item for this Board meeting.

- 1.6 The Trust continues to support, shape and engage with broader developments including cost of living pressures, opportunities to support economic development, the legacy of Covid and health inequalities.

Part A

2. The five areas of operational performance

2.1 Quality

Areas of challenge

Staffing

- 2.2 The availability of nursing and midwifery staff in particular remains challenged. Operational pressures have led to contingency areas being required to remain open which has compounded the staffing challenges with staff being redeployed to these areas.
- 2.3 Areas of high concern remain the critical care units, where achieving recommended levels of nurse to patient ratios is challenging, the Emergency Department and maternity. Due to staffing constraints, PICU and NICU have been unable at times to admit regional referrals to the units. There have also been a number of occasions where the Rosie maternity unit has diverted women to other maternity units due to staffing concerns.
- 2.4 In order to mitigate the challenges with critical care staffing and 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 maintain critical care bed capacity at 52 beds rather than 59 beds while recruitment is ongoing to vacant positions.
- 2.5 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.
- 2.6 A full annual establishment review of nurse staffing has been conducted in line with national requirements. A separate report is being presented at this Board meeting. This review will be considered in the context of the capacity and staffing model for the hospital; as we open new capacity and consolidate some of our services into single locations.

- 2.7 A Birth Rate Plus review of maternity staffing has been conducted and is currently subject to the oversight process. In line with national guidance, a review of the roll out of the maternity continuity of carer model has been undertaken and further roll out has been paused until the staffing position improves.

Complaints and PALS (Patient Advice and Liaison Service) contacts

- 2.8 Both services are under pressure with increased complexity of contacts and high sickness rates coupled with vacancies, resulting in longer waits for responses. An external review of the service has been commissioned by the Chief Nurse to look at processes. Additional temporary staffing, reduced opening hours and development of an improvement plan is underway. In part the additional pressures relate to waiting times of patients for treatment.

Areas of Success

- 2.8 The Trust received the Joint Advisory Group (JAG) accreditation award for Gastrointestinal (GI) endoscopy services which demonstrates that best practice quality standards have been met. The Trust was notified of the award on 5 May following assessment in November 2021.
- 2.9 Hospital Standardised Mortality Ratio (HSMR) data in month (February 2022) was 60.2, and was 72.6 for the rolling annual average.
- 2.10 The Trust's 2021/22 Quality Account was submitted and published on time as per national requirements. This is available on the Trust website.

Compliance visits

- 2.11 The Human Tissue Authority (HTA) Stem Cell license (11066) inspection draft report was issued in June 2022. An action plan, and related risk assessments, is currently being progressed.
- 2.12 The HTA inspection of Transplant and organ donation and Human Application licenses report was received in June 2022. The corrective and preventative action plan has been sent to the HTA for approval with a target for completion set for September 2022.
- 2.13 The HTA inspection report under the Main theatres Human application license (Cardiovascular vessels, Ophthalmology, Plastics and Orthopaedics) is expected in early July 2022.
- 2.14 The Care Quality Commission (CQC) published the findings of its system-wide inspection of urgent and emergency care (UEC) services on 24 June 2022. For CUH, the final report highlights some evidence of

excellent, kind and compassionate care, with good multi-professional working. However, concerns relating to the timely and safe flow of patients throughout the hospital, which are already under the scrutiny of the Board and the Management Executive, were raised. Four 'must dos' and five 'should dos' were issued to the Trust and the overall rating for the UEC safe domain was reduced from good to requires improvement, in line with the Trust's own self-assessment.

- 2.15 An East of England Critical Care Peer Review has been carried out and factual accuracy has been completed with the Divisional Head of Nursing (Division A) and the Chief Nurse.

3. Access to Care

- 3.1 The four part operational strategy is making good progress, making best use of our refined model for emergency care, new capacity and our investment in day to day management of the hospital.
- 3.2 Over May 2022, higher COVID admissions and staff sickness due to COVID within the hospital and wider system have put greater pressure on our services including our urgent and emergency care pathways. Despite these pressures we have reduced the number of ambulances waiting to offload our patients for more than one hour from 10.6% of conveyances to 4.4%. This is significantly lower than the average rate for trusts in the East of England region of 13.0%. Throughout this period the focus of the Trust and wider system has been to support improvements for our emergency patients and to deliver our elective recovery programme. 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.
- 3.3 **Emergency Department (ED).** Overall ED attendances were 12,238 in May 2022, which is 1,405 (13.4%) higher than May 2019. This equates to a rise in average daily attendances from 348 to 395 over the same period. 1276 patients had an ED journey time in excess of 12 hours, compared to 159 in May 2019. Of these, 313 patients waited more than 12 hours from their decision to admit, compared to one in May 2019.
- 3.4 **Referral to Treatment (RTT).** The total RTT waiting list size increased by 784 in May 2022 to 55,881. Our Month 2 planning submission had forecast growth to 56,727 so we are currently lower than plan. Compared to pre-pandemic the waiting list has grown by 64%.

- 3.5 **Delayed discharges.** The Hospital Discharge Service Requirements guidance was updated on 31 March 2022. For April 2022 the Trust was reporting 5.9%, which is a decrease of 1.3%. The equivalent bed days for May 2022 is 1297, a decrease of 55 from April 2022. The decrease is not all due to a reduction of lost bed days but also an increase of occupied bed days in May. Within the 5.9%, 74% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 7 CCG's.
- 3.6 **Cancer.** In March 2022 two week wait suspected cancer referral demand continued at 118% compared to the baseline period in 2019. The number of patients waiting over 62 days on an urgent pathway has moved from 149 last month to 160 currently. 56% of the breaches relate to CUH only pathways.
- 3.7 **Operations.** Elective theatre activity in May 2022 delivered 84% of the May 2019 adjusted baseline. Taking account of the loss of the three A Block theatres from CUH capacity, the adjustment would bring the performance up to 94%.
- 3.8 **Diagnostics.** Scheduled diagnostic activity in May 2022 was up by 2% compared to the previous month. The total waiting list size increased by 980 to 15,712. The number of patients waiting over 6 weeks decreased by 644 during the month.
- 3.9 **Outpatients.** In May 2022 the Trust performed at above 100% of baseline for new and follow-up appointments respectively.

4. Finance – Month 2

- 4.1 The Month 2 year to date position for performance management purposes is a £3.9m surplus and is in line with our NHSE/I plan. The overall full year plan is to deliver a break-even financial position.
- 4.2 The following points should be noted in respect of the Trust's Month 2 financial performance:
- The month 2 surplus is due to the phasing of £4m of income receipts relating to the redevelopment of the Cambridge Biomedical Campus which were received in month 2 (in line with plan). The surplus at month 2 is offset in later months leading to a full year planned breakeven position.

- The Trust is currently delivering on its planned reduction in Covid-19 related expenditure with year to date costs of £4.5m. This remains an area of risk for the Trust and the health system as levels of Covid-19 increase in the community and will remain under review.
 - The Trust has recognised Elective Recovery Fund (ERF) income of £1.7m year to date based on a fair share allocation. This funding remains at risk as the final process for qualifying for and calculating the value of ERF has not yet been published at the time of this report.
- 4.3 The Trust has received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) and Orthopaedic Theatre Scheme (14.9m) and additional funding for theatre equipment (£5.1m). Together with capital contributions from ACT, this would provide a total capital programme of £65.9m for the year.

2022/23 CUH Financial Plan

- 4.4 The Trust, working closely with system colleagues, submitted an updated 2022/23 plan on 20 June 2022.
- 4.5 The previous plan submission included a forecast deficit of £33.4m for the Trust, driven by the following two factors:
- £17.6m of additional inflationary pressures above national funding
 - £15.8m of additional Covid-19 related costs above national funding
- 4.6 Further to this submission, £1.5bn of new national funding has been made available to support the costs of inflation. CUH's share of this fund has been agreed at £11.8m which has been included in the updated plan. In addition to this, the Trust has reviewed its assessment of inflation and based on information available to date, has revised its forecast to align with this funding.
- 4.7 Whilst there has been significant volatility in Covid-19 case rates, this is difficult to predict and case rates and costs at the point of the plan submission and costs more closely align with the 'low Covid' national assumption. The Trust's outlook for Covid-19 related costs has therefore been revised downwards to align with the funding available; however this remains a risk (for the Trust and across the NHS).
- 4.8 Taking these points into account the Trust's revised plan, submitted on 20 June, now includes a forecast breakeven position.

4.9 However, it should be noted that the following key areas of risk still remain and have been included as part of the overall plan submission, to be monitored in year:

- 1) Inflation pressures above the (revised) funded level
- 2) Covid-19 costs exceeding budgeted levels (e.g. due to an increase in Covid rates)
- 3) The receipt of forecast ERF income.

4.10 The following points should also be noted in respect of the 22/23 financial plan:

- The plan retains CUH support to our ICS of £11m to ensure that all ICS organisations can deliver break-even financial performance.
- The plan assumes that the impact of the final agreed Agenda for Change pay award being higher than the current funded assumption of 2% will be mitigated through an additional national funding allocation.

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. The CUH Annual Awards process continues to progress well with over 1000 nominations being considered.

Wellbeing

5.2 In recent years the Trust has worked closely with the national health and wellbeing team supporting in an advisory capacity. Most recently we have assisted as a stakeholder and contributor to the development of a national occupational health and wellbeing strategy which was launched on 20 June 2022.

5.3 A great deal of attention is being given to six initial priority areas under the 'good work' agenda led by an in-house executive led steering group.

The focus areas are:

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

- Hybrid working
 - Market forces – cost of living and working in Cambridge
- 5.4 The lack of availability and affordability of accommodation for staff continues to be concerning and we are seeing an impact on our ability to recruit and retain staff. An accommodation support officer is now in post to provide practical advice and assistance and continue to source accommodation in the local community.
- 5.5 To support staff travelling to work the Trust has introduced a reduction in the daily charge for staff to park onsite (until 31 March 2024). Staff now do not have to pay to use the local park and ride buses and further work is underway to reduce the cost of bus routes from elsewhere.
- 5.6 The issue of cost of living and working in Cambridge for NHS staff has been raised in the House of Commons by Anthony Browne, MP for South Cambridgeshire, following a visit to CUH and discussion about the impact it is having on staff.

Resourcing

- 5.7 33 nurses, four midwives and 17 healthcare support workers all new to CUH joined the Trust in May 2022 but, whilst strong recruitment pipelines are in place for nurses, midwives and HCSWs, the availability of hospital residential accommodation continues to restrict the number of recruits that can join each month. Plans are ongoing to address this.
- 5.8 In June 2022 CUH recommences a programme of face to face recruitment events, including attendance at the Cambridge Country show and a weekend Healthcare support worker one stop shop (where applicants can find out about the role, be interviewed and offered a job in one day). Whilst the resourcing teams have run events remotely throughout the pandemic we are very much looking forward to meeting prospective staff in person once more.
- 5.9 A project on E-rostering has commenced focusing on how staff are effectively deployed. The main priorities of the programme are to establish how well systems are being used to manage safe levels of staff and the levels compliance to national targets regarding rostering.

Ambition

- 5.10 Feedback from the recent staff surveys, focus groups, and lessons from the pandemic, has revealed the need for a considered approach to attract, develop, and retain our workforce.

- 5.11 It is against this backdrop that CUH has developed a Talent Management Strategy with tools to help teams identify talent (diverse skills and capabilities) available, to meet current and future service delivery.
- 5.12 In the short term, we aim to develop our employees for the roles they are in now and move into more senior roles. Whilst all posts are advertised, managers should consider if they have capability within their teams or across the organisation to cover vacancies in an emergency.
- 5.13 In the longer term, as the strategy develops, focused activities around creating an environment where talents 'come and grow', alongside other appropriate development packages and interventions, will require commitment and a considered approach to grow potential leaders from within.

Inclusion

- 5.14 To improve the access and implementation of recommended reasonable adjustments for staff, a new service has been launched centralising 'workplace adjustments' across the Trust. This will be led by OH and aligns well with the Purple Passport already in place across the organisation. Work to align around inclusion for patients, staff and our population continues

Relationships

- 5.15 CUH is committed to minimising the potential for staff harm, particularly where management processes may have been a contributing factor. To support our Just & Learning Culture work, the Trust has set up a Staff Incident Review process for a formal examination of staff incidents to sensitively understand the harm that has occurred. Through this reflective practice it is possible to identify important learning and determine which management policies and processes can be improved to minimise staff harm in the future.

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.
- 6.2 In relation to our work with the IHI on building improvement capability and capacity across our 11,000 staff, wave one of the improvement programme for teams culminated with a celebratory event on 6 May

2022, with 18 teams completing the programme. Wave one of the leading for improvement programme ended on 28 April 2022, with 10 senior leaders completing the programme.

- 6.3 Wave two of the improvement coach programme will commence on 22 June 2022 and to date 39 applicants (clinical and non-clinical) have successfully applied for places, which also includes a number of applicants from system partners (two from Royal Papworth Hospital and a further two from the South Integrated Care Partnership). The second wave of the improvement programme for teams and leading for improvement programme are currently being planned with the IHI.
- 6.4 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. 119 active improvement projects are logged on Life QI (an online system to track improvement projects), of which 32 are supported by members of the improvement and transformation team.

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

Urgent and emergency care (UEC):

- The overarching aim for the UEC Board is to improve patient flow through and out of the emergency department (ED) and medical assessment units (MAUs), by reducing 12-hour waits to no more than 2% by 31 March 2023. In addition, to minimise ambulance handover delays, ensuring that 95% of handovers take place within 30 minutes and 65% take place within 15 minutes, by 31 March 2023.
- The medical workstream improvement team is currently testing whether using EAU4 as a full assessment unit, with chairs and a waiting area, will increase the number of patients streamed directly from the ED and from GPs. This 6-week test of change restarted on 09 June 2022, following a pause in March 2022 due to capacity issues. The aim is to replicate the improvements made in the initial trial, which demonstrated an increased number of patients streamed to EAU4, a reduction in medical patients in the ED, as well as a reduced length of stay for medical patients in the ED and EAU4.

Virtual wards

- The overarching aim is for the Trust to implement 134 virtual ward beds by October 2022 and 294 virtual ward beds by October 2023.

- A number of design working groups (clinical pathways, e-Hospital, pharmacy, workforce and diagnostics) are developing processes to deliver a generic step down virtual ward pathway. Specialty teams will then build on the agreed generic pathway, to tailor it to the specific needs of their patients.
- Management within the virtual ward is being designed to replicate the standard of care on an inpatient ward as far as practicable. To further ensure quality and safety of the service, the virtual ward will be underpinned by robust clinical governance. To facilitate this, along with leading the day-to-day running of the service, a virtual ward clinical director, lead nurse and operations manager have been appointed.
- A prototype approach is being planned, whereby improvement teams will undertake tests of change to implement the clinical model and supporting infrastructure. Before going live with the service, mock patients and previous patients who are now well, will facilitate testing the processes. This approach will enable rapid learning in relation to what works and where processes need to be adapted before being implemented on a larger scale.
- A patient engagement strategy has been drafted, with a view to ensuring that patients and their carers input into both the design and implementation of the virtual ward service.

Outpatients:

- The overarching aims for outpatients are to increase new outpatient activity to 110% of 2019/20 activity levels, reduce outpatient follow up appointments by a minimum of 25% against 2019/20 activity levels, move or discharge 5% of outpatient attendances to patient initiated follow ups and deliver 16 specialist advice requests, including advice and guidance, per 100 outpatient first attendances by March 2023.
- The increase in new outpatient activity, which is currently 105% of 2019/20 activity levels, has been supported by the removal of social distancing requirements, returning to pre-pandemic outpatient clinic templates and improving the monitoring, reporting and utilisation of available outpatient clinic rooms.
- The improvement and transformation team has supported the formation of a new outpatient transformation programme board, with the purpose of agreeing Trust-level outpatient improvement targets and the prioritisation of resources to help address the identified

themes and issues. The team is currently scoping projects within all five divisions, as well as a number of cross-cutting themes (including further maximisation of clinic room utilisation), to support delivery of the overarching aims.

- 6.5 The improvement and transformation team also continues to work with colleagues from across the organisation, to ensure that productivity and efficiency schemes for 2022/23 are identified to meet an overall requirement of £51m. As at 14 June 2022, there remains an unidentified gap in schemes totalling £6.8m and work is ongoing to ensure that this gap is further reduced.

PART B

7. Strategy update

- 7.1 Following extensive engagement over recent months with the Board, governors, staff, patients and partners, the Trust has updated its strategy for the next three years. The strategy retains our three core priorities - improving patient care, supporting our staff, and building for the future - and has identified 15 commitments aligned to these priorities which will provide our focus as we move forward.
- 7.2 As part of the communication and implementation of the strategy, the Trust is developing a range of briefings, engagement events and materials for staff, patients and partners to share our vision and priorities.

Improving patient care

- 7.3 The Trust and other system partners have presented detailed information on how we will meet national targets including to restore services, meet new care demands and reduce care backlogs. The Trust has also commenced a five-year plan to identify longer term transformation opportunities.

Supporting our staff

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

Building for the future

Addenbrooke's 3

- 7.5 The focus of Addenbrooke's 3 remains on the delivery of projects within phases one and two of our four phase programme. We are working with Healthwatch to capture experiences from patients who have had an urgent attendance or admission to inform how services can be improved both now and in the future development of the acute hospital.
- 7.6 A new piece of work is currently being scoped out in partnership with a research team from the University of Cambridge that will aim to pilot, initially on a small scale, the creation of a 'digital twin' - a virtual version of the hospital that can be used to model and predict the impact of changes to processes including ideas for improvement. Having the infrastructure in place to implement a digital twin is a component of our phase two builds.
- 7.7 Phase one includes continuing work on the emergency department, histopathology and A block (neurosciences). Phase one is focused on addressing our highest risk areas. The Trust, underpinned by its strategy, has invested in its physical estates to create additional capacity and address specific risks relating to operating in an old estate including in respect of fire safety and statutory compliance. This has included the addition of 115 beds (across 3 surge units), all of which are expected to be available for use in the 2022/23 financial year. In addition, over the last 12-18 months, the Trust has been developing its plans for elective recovery. This has centred on the development of three additional theatres, utilising the available bed capacity in the 40-bedded surge unit, to create a ring-fenced surgical facility for elective orthopaedics. The remaining 75 beds (across two units) create long-term additional ward capacity (as opposed to Covid surge capacity) to support operational pressures, for example medically fit patients awaiting discharge, and decant capacity to allow statutory works to be undertaken.
- 7.8 Phase two (up to 2025) covers development of the Cambridge Cancer Research Hospital (CCRH) and Cambridge Children's Hospital (CCH).
- 7.9 In spring 2022 the CCRH passed its technical review by the government's New Hospitals Programme (NHP). This will enable the CCRH project to progress a step closer towards its goal of being one of the first new hospitals built, with planned construction completion in 2026. Focus now is on completing the Outline Business Case (OBC) which will articulate the planned outcomes and benefits of the project; this will be ready for submission to regulators in autumn 2022. In parallel, the project is starting to work on finalising the CCRH designs and creating a mobilisation plan for transfer of services to the building. This is a critical part of the next phase of the project as we move to Full Business Case (FBC) stage.

- 7.10 The CCH project received planning approval in March 2022 and is working towards submitting its OBC by October 2022. 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. The Trust is also working closely with the national NHP team to secure its position in the same cohort of the NHP as the CCRH. The project's fundraising campaign continues to make good progress and has recently received a significant individual gift.

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

- 7.11 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.
- 7.12 South ICP partners, including the Trust, continue to participate in the nationally commissioned Population Health and Place Development Programme. Alongside this, a consultation exercise, led by an experienced external facilitator, has identified the working practices, governance and resourcing required to support the South ICP's anticipated portfolio of work. We are now working to implement these recommendations, starting with changes to the South ICP's governance to ensure it can discharge the required oversight and decision making in future.
- 7.13 The Trust has agreed to act as host organisation for the South ICP and is establishing a Major Project to support this. The next phase of work, along with our partners in the South ICP, will involve identifying the opportunities for pathway integration that will deliver the greatest benefit for our local population. This is an important step in preparation for a system-led process to determine which services are delegated from the ICB to the South ICP.

Specialised Services

- 7.14 The Trust continues to work with six other trusts across the East of England, and the NHSE/I East of England team, to develop a Specialised Provider Collaborative (EoE SPC).

- 7.15 NHSE's Roadmap for Integrating Specialised Services within Integrated Care Systems was published on 31 May 2022, and the EoE SPC is engaging with ICSs and NHSE/I EoE to understand what this means for the East of England and to support preparation for delegation to ICSs. The Collaborative is also developing a response to the proposed methodology by which target allocations will be set for specialised services, which was published on 30 May 2022.
- 7.16 In addition, the Collaborative is focusing on identifying early opportunities for collaboration in specialised services which will improve quality of care, increase equity of access to care, deliver better value for money and/or improve staff experience and retention. Over the coming months we will seek to agree these early opportunities within the EoE SPC and with broader stakeholders, and to begin delivering measurable progress against them by the end of 2022/23.

Cambridge University Health Partners (CUHP)

- 7.17 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. We have participated in a range of events with local, regional and national partners to promote the next stage of development for the Cambridge Biomedical Campus and wider life sciences ecosystem.
- 7.18 The Trust continues to work with a range of partners on the Biomedical Research Centre, the Clinical Research Facilities and the regional Clinical Research Network.

8. Recommendation

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

Report to the Board of Directors: 13 July 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 May 2022.
Previously considered by	Performance Committee, 6 July 2022

Executive Summary

The Integrated Performance Report provides details of performance to the end of May 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 2.
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 May 2022.



Integrated Report






Quality, Performance, Finance and Workforce to end May 2022

Chief Finance Officer
 Chief Nurse
 Chief Operating Officer
 Director of Workforce

Report compiled: 30/06/2022

Key




Data variation indicators

-  Normal variance - all points within control limits
-  Negative special cause variation above the mean
-  Negative special cause variation below the mean
-  Positive special cause variation above the mean
-  Positive special cause variation below the mean

Rule trigger indicators

- SP** One or more data points outside the control limits
- R7** Run of 7 consecutive points;
H = increasing, L = decreasing
- S7** shift of 7 consecutive points above or below the mean; H
= above, L = below

Target status indicators

-  Target has been and statistically is consistently likely to be achieved
-  Target failed and statistically will consistently not be achieved
-  Target falls within control limits and will achieve and fail at random

Quality Account Measures

2022/23 Performance Framework

2022/23 Quality Account Measures					Mar 22	Apr 22	May 22			
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	May-22	85%	58%	50%	51%	⬆️	51%	N/A	47.5%
	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?	May-22	85%	55%	56%	33%	⬇️	43%	N/A	66.6%
	Serious Incidents - Is the evidence uploaded of good quality?	May-22	85%	55%	28%	29%	⬆️	29%	N/A	52.3%
	Serious Incidents - Was the action completed within the original timeframe?	May-22	85%	60%	28%	21%	⬇️	24%	N/A	51.6%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	May-22	20%	17.2%	17.0%	16.3%	⬇️	16.6%	15.3%	15.6%
	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)	May-22	80%	63.0%	65.6%	67.6%	⬆️	66.6%	69.6%	66.8%
	Same day emergency care (SDEC)	May-22	30%	22.3%	20.9%	21.3%	⬆️	21.1%	19.6%	20.6%
Patient Experience / Caring	Percentage of complaints responded to within initial fixed timeframe (30, 45, or 60 working days) or within agreed extension with complainant	May-22	90%	86.0%	91.4%	83.8%	⬇️	87.5%	85.0%	92.9%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	May-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%	41.5%	N/A	N/A	▪	N/A	N/A	21.5%
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%	
				Mar 22	Apr 22	May 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 May, as there is a vacancy in the Consultant Lead position - the months that are not reported upon will be retrospectively added in October when the vacancy is filled

SAFE: Serious Incident commissioning has in May,, though remains within normal variation

Quality Summary Indicators



Cambridge
University Hospitals
NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Mar 22	Apr 22	May 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)	May-22	0	0	0	1	↓	1	4	4
	E.Coli Bacteraemias (Total Cases)	May-22	50%over 3 years	41	31	41	↓	72	384	401
	C. difficile Infection (hospital onset and COHA* avoidable)	May-22	TBC	14	12	11	↑	23	123	128
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	May-22	100%	28.6%	50.0%	88.9%	↑	76.9%	33.8%	42.7%
	% of external visits where expected deadline was met (cumulative for current financial year)	May-22	80%	60.0%	0.0%	57.1%	↑	40.0%	46.7%	43.6%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	May-22	-	50.0%	0.0%	50.0%	↑	6.3%	17.2%	11.9%
	No national audit negative outlier alert triggered	May-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	May-22	85%	N/A	100.0%	N/A	↑	-	84.6%	85.4%
Rounded score										
Performance Framework - Quality Indicators Cont.				Mar 22	Apr 22	May 22				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
Nursing Quality Metrics	Blood Administration Patient Scanning	May-22	90%	99.8%	99.8%	99.3%	↓	99.5%	99.1%	99.3%
	Care Plan Notes	May-22	90%	96.3%	96.4%	96.8%	↑	96.6%	95.8%	95.9%
	Care Plan Presence	May-22	90%	99.9%	99.9%	99.9%	↑	99.9%	99.6%	99.7%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	May-22	90%	63.9%	59.5%	58.9%	↓	59.2%	63.1%	61.7%
	Nurse Rounding	May-22	90%	97.2%	97.1%	97.2%	↑	97.2%	96.6%	96.6%
	Nutrition Screening	May-22	90%	99.6%	99.5%	99.6%	↑	99.5%	99.6%	99.5%
	Pain Score	May-22	90%	75.9%	76.5%	77.8%	↑	77.2%	77.4%	76.4%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	May-22	90%	59.6%	61.6%	61.1%	↓	61.3%	64.0%	62.1%
	PEWS Score Recording	May-22	90%	86.2%	86.6%	86.1%	↓	86.4%	86.6%	86.4%
	NEWS Score Recording	May-22	90%	74.7%	73.9%	77.2%	↑	75.6%	74.4%	74.2%
	VIP									
	VIP Score Recording (1 per day)	May-22	90%	89.2%	88.9%	89.8%	↑	89.3%	91.2%	90.5%
	PIP Score Recording (1 per day)	May-22	90%	99.2%	99.3%	99.3%	↓	99.3%	99.2%	99.3%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	■	0	0	0
	Number of overdue complaints	May-22	0	5	3	6	↓	9	29	36
	Re-opened complaints (non PHSO)	May-22	N/A	6	3	3	↓	6	74	63
	Re-opened complaints (PHSO)	May-22	N/A	1	0	0	↓	0	4	2
	Number of medium/high level complaints	May-22	N/A	31	16	20	↓	36		246

Operational Performance



Cambridge
University Hospitals
NHS Foundation Trust

POD	Performance Standards	SPC	National Ambition	Internal Ambition	Ambition due by	In Month Actual	Actual	Productivity and Efficiency	SPC	In Month Actual	Actual
Urgent & Emergency Care More information on page 15	Ambulance handovers <15mins		65%		Immediate	30%		Non-elective LoS (days, excl 0 LoS)		9.1	
	Ambulance handovers <30mins		95%		Immediate	80%		Long stay patients (>21 LoS)		202	
	Ambulance handovers > 60mins		0		Immediate	113		Elective LoS (days, excl 0 LoS)		5.4	
	12hr waits in ED (type 1)		2%		Immediate	11%		Discharges before noon		16%	
Cancer More information on pages 17,18	Cancer patients < 62 days		85%		Immediate	77%		Theatre sessions used		1308	
	28 day faster diagnosis standard		75%	84%	Immediate	81%		In session theatre utilisation		83%	
	31 day decision to first treatment		96%		Immediate	94%		atient Attendances		22%	
Outpatient Transformation More information on page 21	Advice and Guidance Requests		16%	11%	Mar-23	10%					
	Patients moved / discharged to PIFU		5%	2%	Mar-23	2%					
Diagnostics More information on page 19	Patients waiting > 6 weeks		5%		Mar-25	38%					
	RTT Patients waiting > 78 weeks		0	0	Mar-23	447					
RTT Waiting List More information on page 16	RTT Patients waiting > 104 weeks		0	0	Jul-22	27					

Key / notes

Bar charts show data over the past 12 months, current month is highlighted depending on performance: green = meeting national standard, amber = meeting internal plan, red = not meeting standard or plan

SPC variances calculated from rolling previous 12 months

Acute Priorities Delivery

2021/22 Performance Framework



Elective Inpatient Activity

83%	In Month Actual
75%	In Month Plan
80%	YTD Actual
72%	YTD Plan



Elective Daycase Activity

108%	In Month Actual
102%	In Month Plan
106%	YTD Actual
101%	YTD Plan



Emergency Admissions

3,346	In Month Actual
3,743	In Month Plan
6,486	YTD Actual
7,365	YTD Plan



New Outpatient Activity

103%	In Month Actual
94%	In Month Plan
100%	YTD Actual
96%	YTD Plan



Follow Up Outpatient Activity

112%	In Month Actual
115%	In Month Plan
112%	YTD Actual
119%	YTD Plan



Diagnostic Activity

103%	In Month Actual
109%	In Month Plan
103%	YTD Actual
111%	YTD Plan



RTT Clockstops (All)

96%	In Month Actual
97%	In Month Plan
92%	YTD Actual
99%	YTD Plan



RTT Clockstops (Admitted)

81%	In Month Actual
82%	In Month Plan
80%	YTD Actual
82%	YTD Plan



RTT Clockstops (Non admitted)

101%	In Month Actual
101%	In Month Plan
96%	YTD Actual
104%	YTD Plan

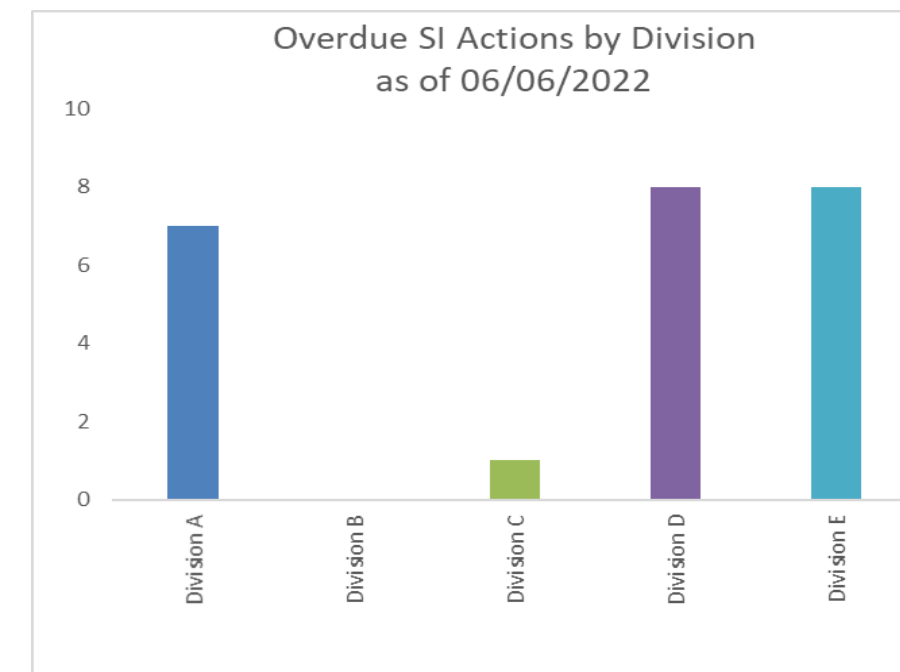
Key / notes
% compared to 19/20 activity

Serious Incidents

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Apr 18 - May 22	month	-	1367	1401			-	The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Oct 19 - May 22	month	2%	1.9%	1.8%				There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Jun 18 - May 22	month	-	10				-	10 Serious Incidents were declared with the CCG in May 2022, which is 6 above the previous month but within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	May 18 - May 22	month	100%	50%	60%				2 Serious Incident were due to the CCG in May 2022, 1 of which was submitted within the 60 day target.

	STEIS SI Sub-category	Title	Actual Impact	Div.	Ward / Dept.
SLR134858	Slips/trips/falls	Sub Opt Care of a Deteriorating Patient / Fall	No Harm	Division C	Ward J3
SLR135202	Sub-optimal care of the deteriorating patient	Cardiology Risk Group patients	No Harm	Division D	Cardiology Outpatients
SLR135276	Hospital acquired Pressure Ulcer	HAPU Paeds	Severe / Major	Division E	Clinic 6
SLR137583		Obstetric Team Referral	Severe / Major	Division E	Delivery Unit
SLR138474	Diagnostic incident including delay meeting (including failure to act on test results)	Foreign Body in eye	Severe / Major	Division D	Clinic 14
SLR139258	Diagnostic incident including delay meeting (including failure to act on test results)	Delay in CT imaging	Death / Catastrophic	Division E	Ward C2
SLR139355	Diagnostic incident including delay meeting (including failure to act on test results)	Delayed neurosurgery review - visual field loss	Severe / Major	Division D	Clinic 43
SLR139387	Slips/trips/falls	Patient Fall NOF	Severe / Major	Division D	Ward J2
SLR139552	Hospital acquired Pressure Ulcer	NICU nasal cannulae injury	Moderate	Division E	Neonatal Intensive Care Unit
SLR140434	Surgical/invasive procedure incident	Wrong skin lesion removed- gynae	Moderate	Division E	Theatres - Rosie

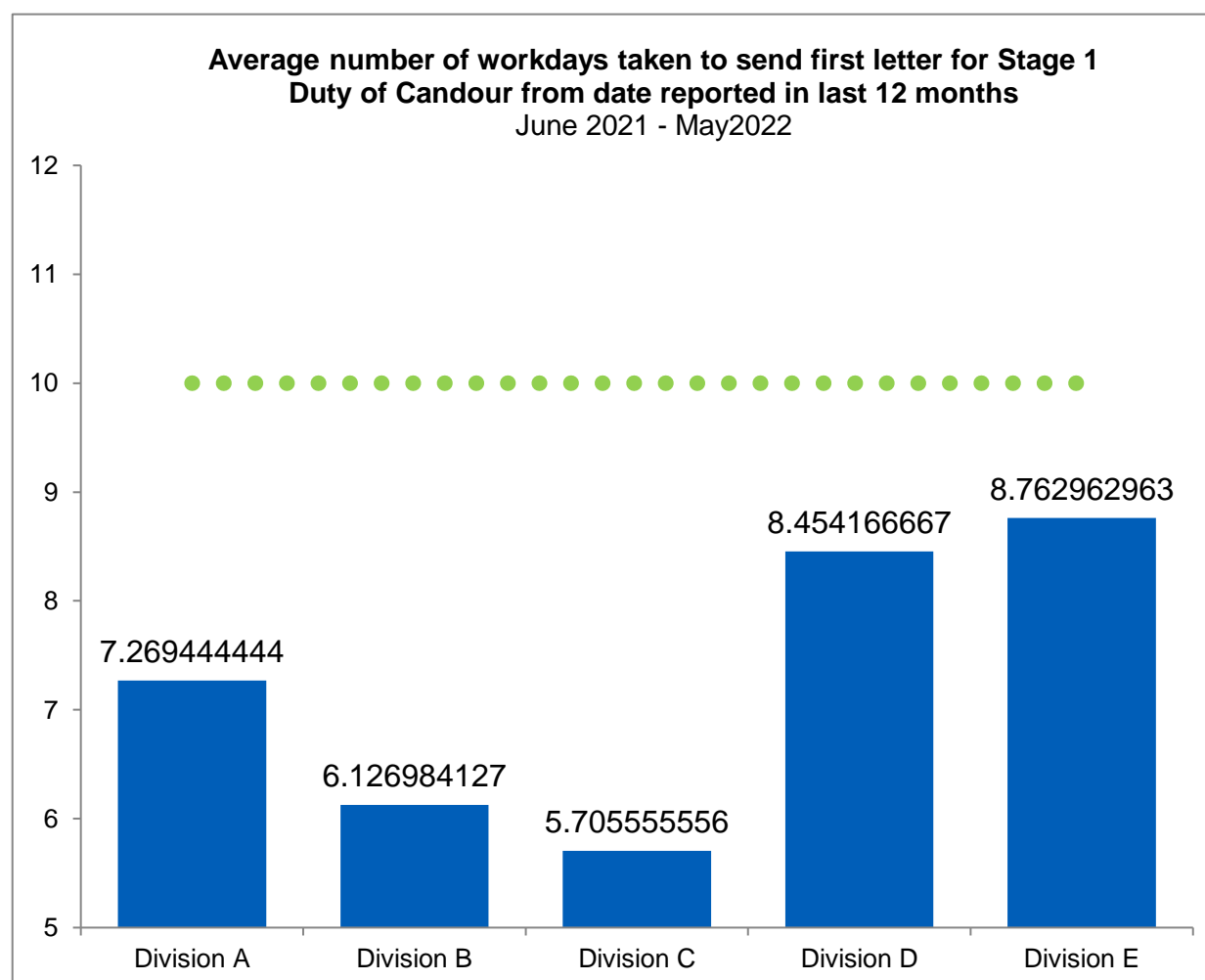
Summary: The number of patient safety incidents remains in normal variance. Moderate harm incidents remain below the 2% target but this is not statistically significant. Based on the 60 day target 2 Serious incident investigations were due to the CCG, however due to investigator availability only one of these was submitted within 60 days. The Patient Safety Improvement team continues to investigations for all serious incidents relating to HAPUs and patient falls or when the Divisional team are unable to allocate an investigator. 10 SI investigations were commissioned at SIERP and SI Action plan closures continue to be supported by the monthly SIERP Action Assurance Meeting and collaboration with the CCG.



Duty of Candour

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Apr 19 - May 22	month	100%	67%	67%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Apr 19 - May 22	month	100%	86%	68%		-		The system may achieve or fail the target subject to random variation.

Safety and Quality



Executive Summary

Trust wide stage 1* DOC is compliant at 85% for all confirmed cases of moderate harm or above in May 2022. 67% of DOC Stage 1 was completed within the required timeframe of 10 working days in May 2022. The average number of days taken to send a first letter for stage 1 DOC in May 2022 was 6 working days.

Trust wide stage 2** DOC is compliant at 100% for all completed investigations into moderate or above harm in May 2022 and 86% DOC Stage 2 were completed within 10 working days.

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

Indicator definitions:

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

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

Falls

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Jun 19 - May 22	month	-	148	137..17		-	-	There were a total of 148 falls (inpatient, outpatient and day case) in May 2022. The Trust has returned to normal variance after breaching its upper control limit in January 2022
Inpatient falls per 1000 bed days	Jun 19 - May 22	month	-	3.96	4.29			-	There were 140 inpatient falls in May 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	Jun 19 - May 22	month	-	0.11	0.06			-	There were 4 falls categorised as Moderate or above harm in May 2022. 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	Jun 19 - May 22	month	90.00%	87.20%	84.90%				There were 4 falls categorised as Moderate or above harm in May 2022.
Falls KPI: patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Jun19 - May 22	month	90.00%	16.20%	6.60%				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	Jun19 - May 22	month	90.00%	23.70%	12.40%				The goal of > 90% has not been reached since data collection started. Since February 2022 there has been a significant increase, however compliance remains low.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Jun19 - May 22	month	90.00%	67.70%	72.70%				The goal of > 90% has not been reached since data collection started. Compliance is within normal variation

Executive Summary

It has been identified that some minor changes are required to the existing Falls Risk Screening and an EPIC change request has been submitted in relation to this. However this was given a priority 3 level and this has been challenged as the changes link to both an SI and an inquest. A review has been scheduled for the next EPIC design authority meeting.

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

The current KPI's related to Lying and Standing Blood Pressure, confusion care planning and provision of walking aids will continue to be the focus for the next year as compliance remains low.

KPI compliance will be one of the main focus areas for the new Falls Advocates. They will be producing a monthly ward level report on compliance and actions plans for improvement from July 2022.

Hospital Acquired Pressure Ulcers (HAPUs)

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Feb 18 - May 22	month	-	27	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 - May 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 - May 22	month	-	13	10		-	-	Category 2 and above HAPU is within normal variance.
Pressure Ulcer screening risk assessment compliance	Feb 18 - May 22	month	90%	81%	80%		-		PU screening risk assessment compliance remains below the target of 90%. A QI plan is in progress to implement ward based training to increase compliance.
KPI downward trend of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2022	Apr 19 - May 22	month	9	13	9		-		KPI 2021-2022 - to decrease number of category 2 and above HAPU as a result of early reporting of category 1. Reporting for category 2 and above HAPU has remained static and within normal variance for the last period, this KPI was not achieved.

Exec Summary

- Pressure ulcer incidence remains within normal variance.
- Compliance of screening remains below target.
- Quality improvement plan in place..

Sepsis

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - May 22	Monthly	95%	67%	55%		-		Compliance with Sepsis 6 delivered within 60 Mins is at 67%. Elements of the sepsis 6 bundle that have impacted on the overall compliance this month is Antibiotic administration (87%) and Blood Cultures (80%)
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - May 22	Monthly	95%	87%	71%		-		Average door to needle time was 74 mins for May 22 and improvement of April . 2 audits impacted on this average time because door to needle time in those particular audits exceeded 2 hours. The average time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was 24 mins. In 66% of audits the time between the patient triggering sepsis and antibiotics being prescribed was under 30 mins. The average time between antibiotic prescription and administration was 23 mins, in 53% of the audits antibiotics were administered within 15 Mins of being prescribed. The average prescription and administration time of antibiotics together was 47 mins an improvement on April.
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Apr 20 - Feb 22	Monthly	95%	40%	22%		-		There will be no inpatient data until Sept/Oct 22 due the sepsis inpatient lead not starting until sept 22
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Apr 20 - Mar 22	Monthly	95%		65%		-		There will be no inpatient data until Sept/Oct 22 due the sepsis inpatient lead not starting until sept 22
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Sep 20 - May 22	Monthly	95%	93%	90%		-		The average prescription and administration time of antibiotics together was 95 mins. 46% of audits exceeded antibiotics within an hour when prescription and administration are calculated together.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Apr 20 - Feb 22	Monthly	95%	80%	69%		-		There will be no inpatient data until Sept/Oct 22 due the sepsis inpatient lead not starting until sept 22

Executive Summary:

Please note that there will be no inpatient data until October 22 as the new clinical lead for inpatient sepsis is starting in post in september.

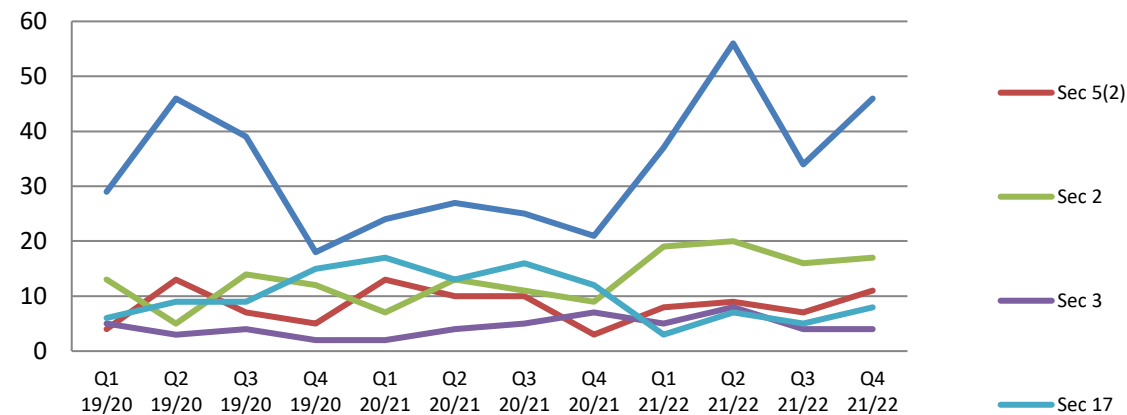
The overall compliance of the sepsis 6 bundle being delivered in 60 mins is dependant on all elements of the bundle being compliant within 60 mins, therefore one or two elements can impact on the overall compliance. Please see breakdown table above with the elements highlighted in yellow and each elements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

Themes from the data are:

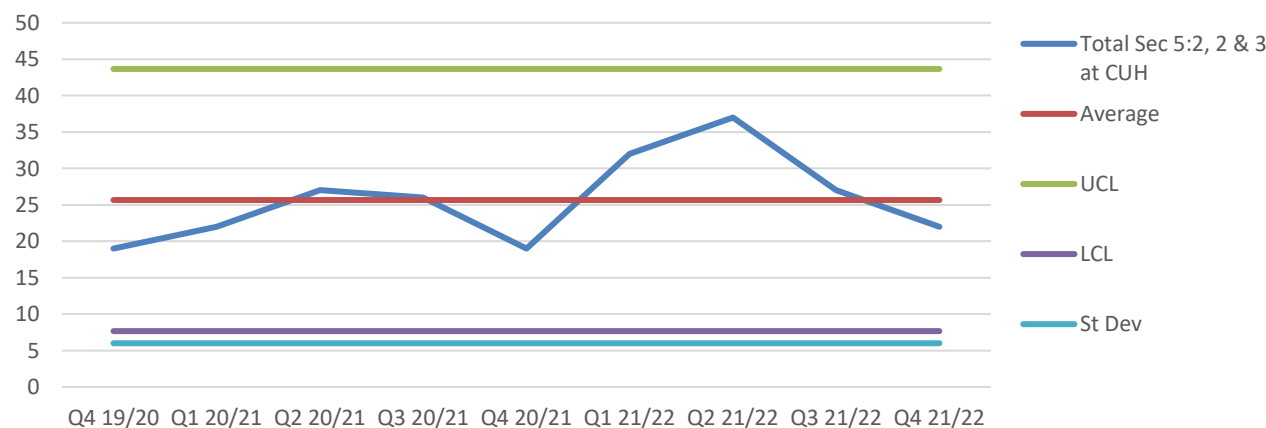
Delay in initial observations , Delay in review , Patient in Ambulance bay corridor for 87 minutes . This has most likely led to delay in assessment and management , Patient was in area C sitting area with no trolley space , Antibiotics were prescribed in time but no trolley space in Ambulance bay corridor to give treatment (PAT space) to give treatment , Patient presented with some abdominal pain and hypotension , team were more fixated on intra abdominal pathology needing CT and theatre and therefore not diagnosed/managed as sepsis.

Mental Health - Q1 2022/23

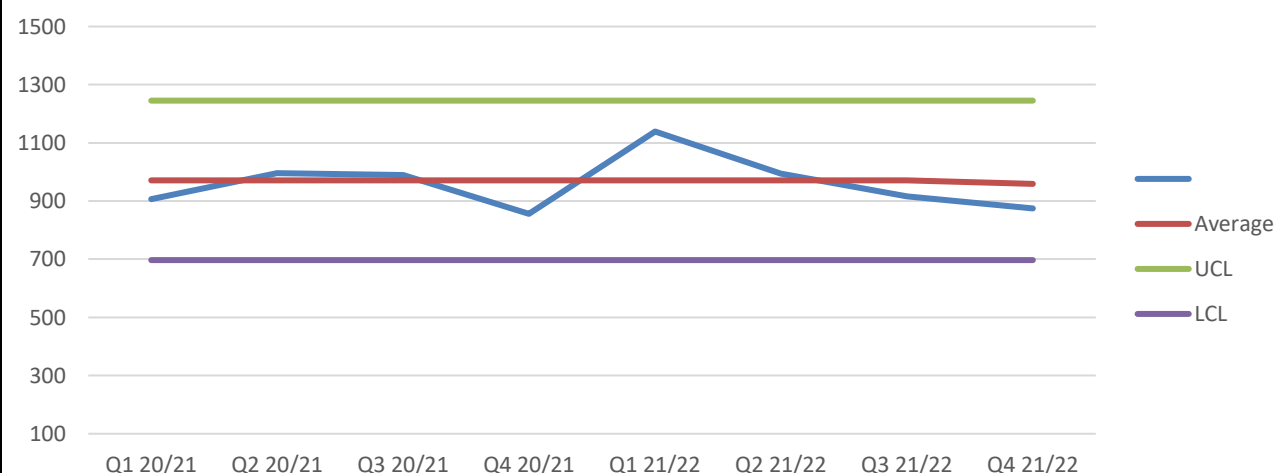
ALL MHA Detention Activity CUH
Q1 19/20-end Q4 21/22



Control Chart: Numbers of patients detained to CUH Under the MHA (Sections 5(2) 2 and 3)
Q4 19/20 to end Q4 21/22



MH Presentations to Emergency Department Q20/21 to end Q4



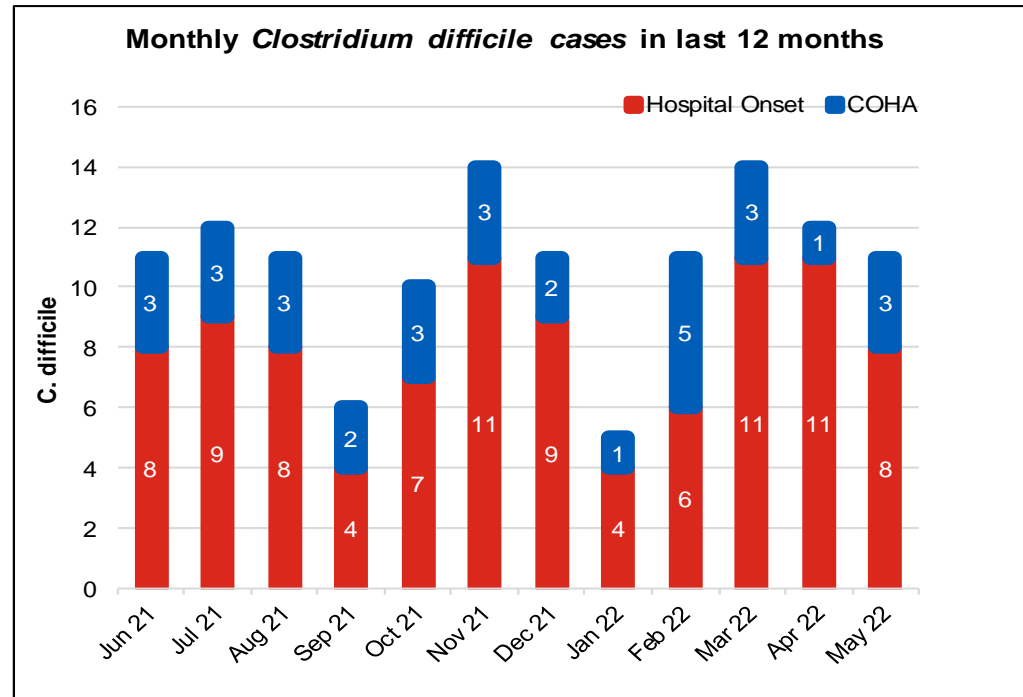
Narrative

- The number of section 136 patients coming through ED at CUH in May 2022 (13) shows a steady increase in numbers from the low base of Q3 in 2021. The figures for Q1 so far are comparable with the same period last year. The overall usage of the MHA remains consistent with EAU5 (7) having the highest number of patients.
- One issue of note is the use of prolonged section 17 leave particularly in relation to a CAMH patient who was subsequently placed on a community treatment order (CTO). This has prompted discussions in relation to the management of similar situations in the future.
- The number of people presenting to ED (334) at CUH with a M/H need in May 2022 shows a 21% increase from April 2022 (263). The number of adults presenting (292) was the highest since January of this year.
- 17 CAMHs patients were admitted representing 40.5% of the total who presented and this is the highest conversion rate since 47.3% were admitted in November 2021 (26 patients)
- In overall terms from Jan-May 2022 there has been a substantial fall in the number of patients with a mental health need who have been admitted to our wards in comparison to the same period a year ago.
- For adults the number has fallen from 217 patients in 2021 to 170 in 2022, a 22% decrease.
- For younger adults the number has reduced from 86 patients in 2021 to 68 in 2022, a 20% decrease.

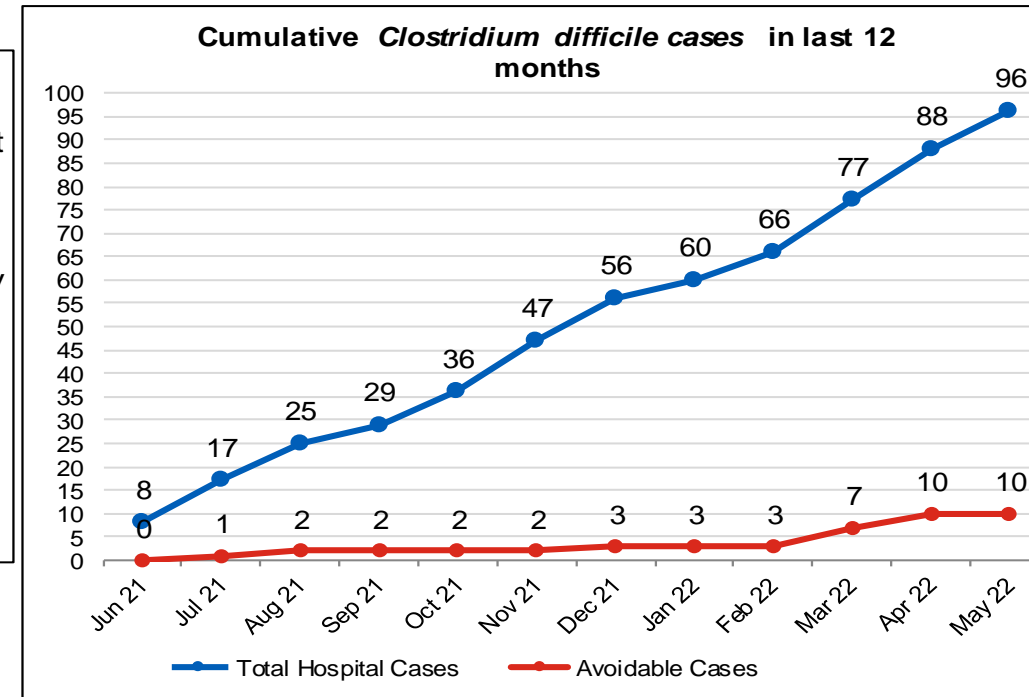
Ongoing work:

- The M/H team have been allocated substantive funding for both the M/H lead and M/H specialist nurse posts and the specialist post is currently out to advert.
- Work has been undertaken to revise both the ligature point policy and the anti ligature assessment tool at CUH. Assessments have been completed in the 7 areas that have the highest mental health activity in the hospital. These assessments will need to be repeated in a year as per policy or if the areas concerned have any environmental changes before then. Action plans to mitigate some of the issues raised are now in place,
- Interface meetings between mental health and CUH for both adult and younger peoples services are continuing. 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.

Infection Control



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



CUH trend analysis

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

- 1 case (unavoidable) hospital onset MRSA bacteraemia in May 2022
- 1 case (unavoidable) hospital onset MRSA bacteraemia year to date

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

- 8 cases of hospital onset *C. difficile* and 3 cases of COHA in May 2022.
- 19 hospital onset cases and 4 COHA case year to date. 11 cases unavoidable, 3 avoidable and 9 pending.

MRSA and *C. difficile* key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 88.4% in May 2022 (86.7% in April 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to April 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 May 2022 (92.3% in April 2022).
- The latest *C. difficile* rate comparative data (12 months to April 2022) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.

Fit Testing compliance for substantive staff



Cambridge
University Hospitals
NHS Foundation Trust

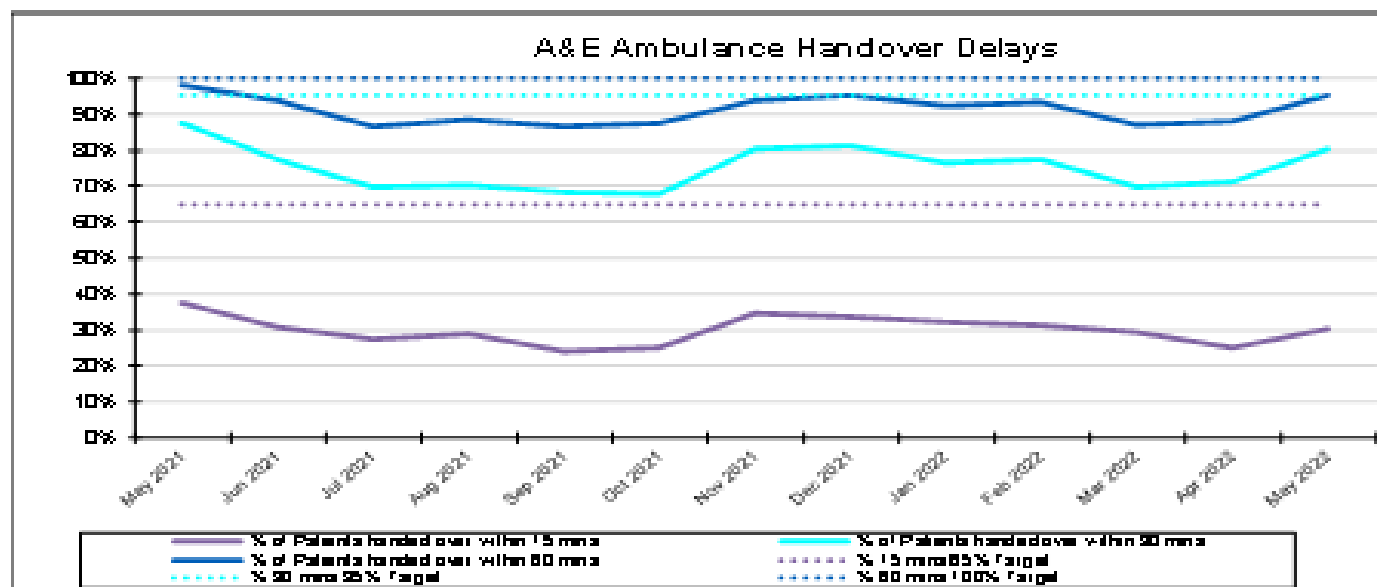
Fit Testing compliance for substantive staff

Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	No. Staff requiring testing	Total protected staff	% Total staff protected	No. Staff requiring testing	Total protected staff	% Total staff protected	No. Staff requiring testing	Total protected staff	% Total staff protected	No. Staff requiring testing	Total protected staff	% Total staff protected	No. Staff requiring testing	Total protected staff	% Total staff protected	No. Staff requiring testing	Total protected staff	% Total staff protected	No. Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	6	4	67%	-	-	-	130	90	69%	1	1	100%	-	-	-	-	-	-	137	95	69%
Additional Clinical Services	-	-	-	184	126	68%	67	51	76%	102	88	86%	75	51	68%	56	38	68%	484	354	73%
Allied Health Professionals	-	-	-	53	25	47%	117	94	80%	1	1	100%	-	-	-	-	-	-	171	120	70%
Estates and Ancillary (Porters and Security Personnel only)	63	63	100%	5	2	40%	1	1	100%	-	-	-	-	-	-	-	-	-	70	66	94%
Medical and Dental	-	-	-	138	69	50%	84	68	81%	167	123	74%	107	63	59%	132	93	70%	628	416	66%
Nursing and Midwifery Registered	-	-	-	513	378	74%	25	19	76%	232	208	90%	151	119	79%	278	242	87%	1199	966	81%
Total	69	67	97%	893	600	67%	424	323	76%	503	421	84%	333	233	70%	466	373	80%	2689	2017	75%

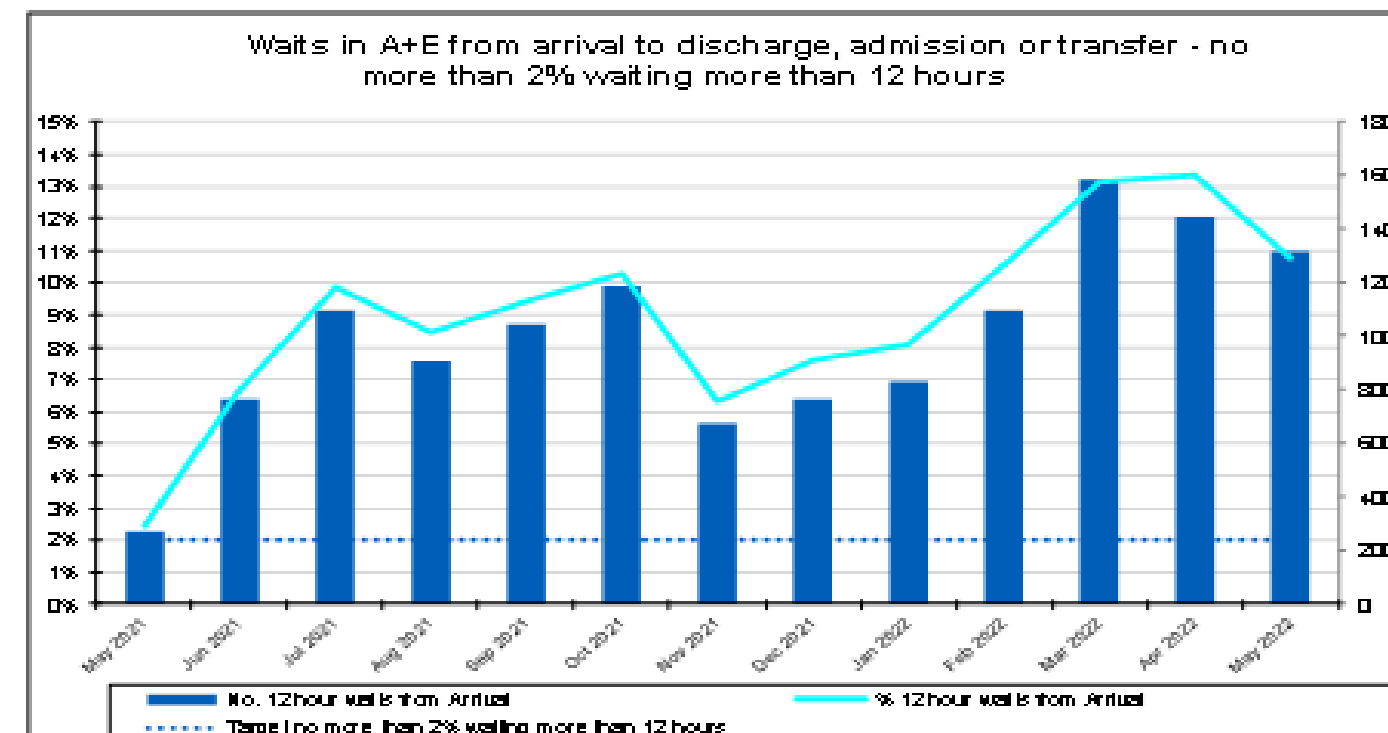
The data displayed is at 22/06/22. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place 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. We have noted that Division A compliance appears to be dropping and will meet with the clinical teams to discuss how compliance can be approved

Ambulance Handovers & 12 Hr Waits From Arrival

Operational Performance



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
No. of Patients not handed over within 30 mins	478	507	615	544	697	646	485
No. of Patients not handed over within 60 mins	151	127	201	159	300	265	113



ED attendances: Total attendances in May were 12,238, 1,450 (+13.4%) higher than May 2019. This equates to a rise in average daily attendances from 348 to 395. The majority of this increase was due to paediatrics which increased by 38.1% (757) compared to May 2019. 1,276 patients had an ED journey time in excess of 12 hours compared to 159 in May 2019. Of these, 313 patients waited more than 12 hours from their decision to admit compared to 1 in May 2019.

Our conversion rate for type 1 & 3 attendances decreased to 21.8% (excluding patients that are streamed to EAU4 or N2) compared to 31.8% in May 2019.

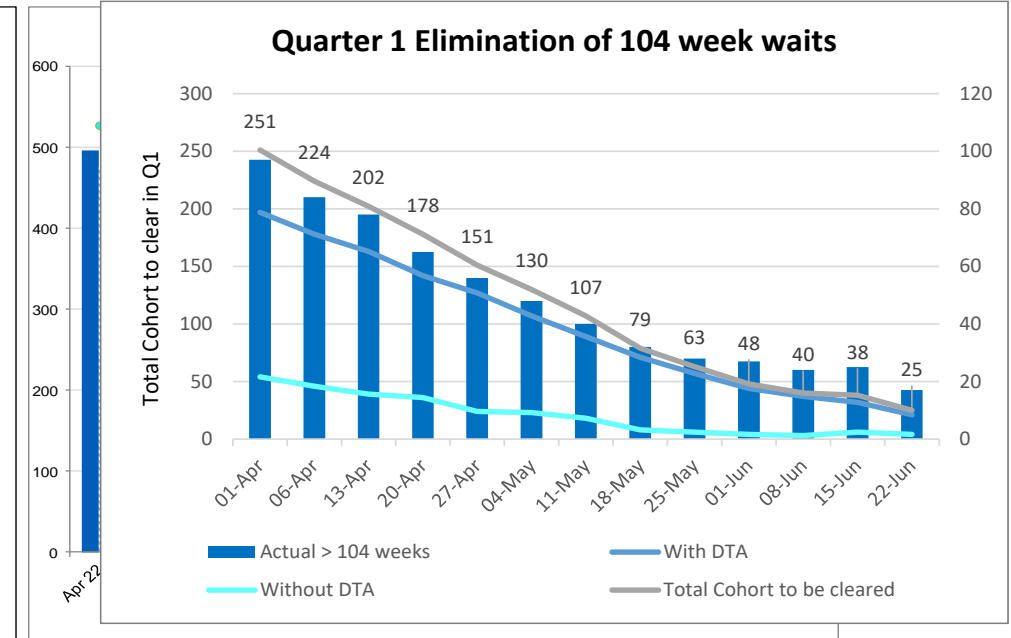
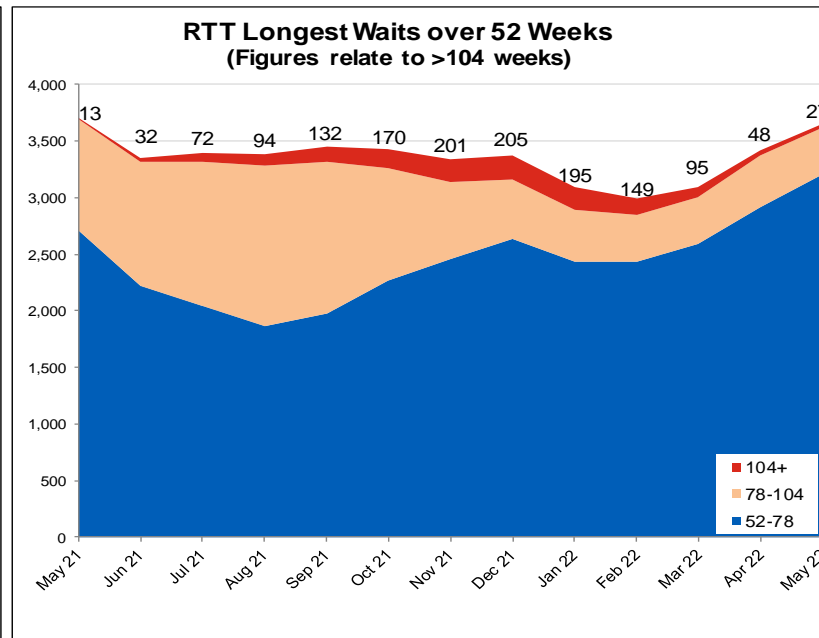
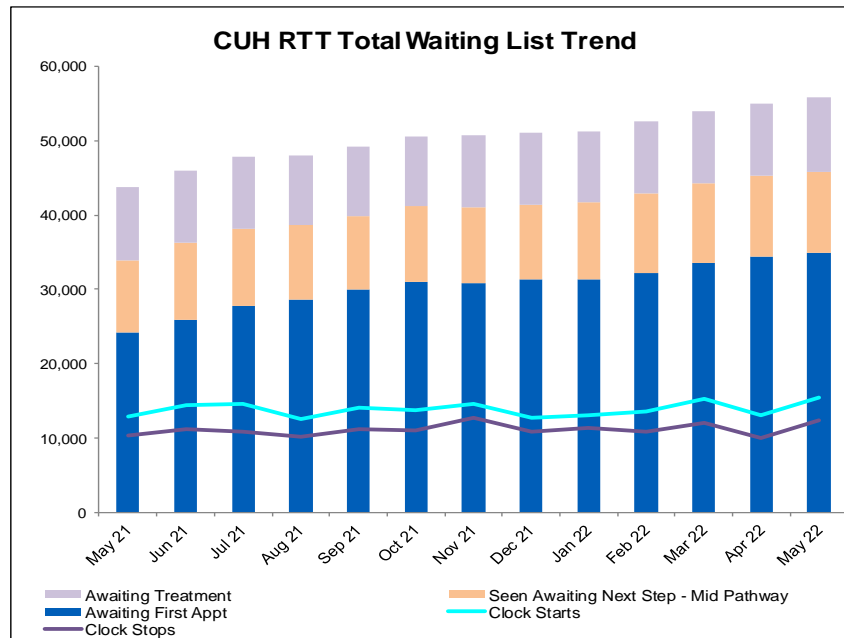
Streaming: We continue to work as an organisation on programmes to reduce the length of stay in the department. During May 4,351 patients were streamed to the Urgent Treatment Centre (UTC). In addition we streamed 939 patients from ED to our medical assessment units on wards N2 and EAU4, 328 patients to SAU and a further 91 patients were streamed to other assessment units, including CAU, Max fax and Gynae clinics. There is a dedicated clinician based at the front door and the ambulance bay, with the aim to stream patients to other parts of the organisation or healthcare system.

Ambulance handovers: In May 2022 we saw 2,458 conveyances to CUH which was a decrease of 15.1% (-436) compared to May 2019. Of these 30.3% of handovers were clear within 15mins vs. 57.9% in May 2019, 81.7% of handovers were clear within 30mins vs. 93.5% in May 2019, 95.6% of handovers were clear within 60mins vs. 99.1% in May 2019.

Actions being undertaken by the Emergency Department to reduce ambulance handover delays and 12hr waits:

- The ED Coordination Hub is now fully operational and acts as the central point of focus for escalation and coordination in the Emergency Department. A new escalation plan has been developed to support the Hub to reduce delays in patient journeys. Plans are in place to extend the Hub to work out of hours and on weekends
- We are developing a new triage model, for which our first workshop took place in June. The new model will include our approach to triage, assessment times and patient experience
- The first trial of 'call before you convey' for the ambulance service was undertaken in June during which ambulance crews were able to contact our GP liaison line before they conveyed to the hospital. The aim of the trial was to determine whether we are able to stream patients to the alternative services before they reach the Emergency Department or establish whether the patient can safely be managed at home. An update on the outcomes of this trial will be included in next month's report
- A 'missed opportunities' audit was completed involving Emergency Medicine, Acute Medicine, NHS England and the CCG, in which ED attendances were reviewed to identify whether alternatives to the ED were appropriate for these patients. Feedback will be presented to the UEC Taskforce in the coming weeks to highlight opportunities that could be realised in Urgent and Emergency Care pathways
- A business case to increase the number of emergency medicine physicians has been approved. This will result in an increase in doctors on shift to support faster treatment times. Recruitment is taking place over the next 6 months.

Referral To Treatment - (RTT)



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

- eliminate waits over 104 weeks by 1st July 2022 and maintain this position throughout 2022/23 (except where patients choose to wait longer)
- eliminate waits over 78 weeks by April 2023
- develop plans that support an overall reduction in 52 week waits where possible

The total waiting list size grew by 784 in April to 55,881. Our Month 2 planning submission had forecast growth to 56,727 so we are currently 1.5% lower than plan. Compared to pre-pandemic the waiting list has grown by 64%.

The number of patients joining the RTT waiting list (clock starts) were 6.2% higher than last month, and 6.4% higher than May 2019. We had forecast continued referral growth of 2.3% above 2019 baseline so this higher level of demand will be driving the waiting list up. Clock starts (referrals) represented 27% of the total waiting list size in the month. Patients waiting to commence their first pathway step accounted for 62% of the total.

The number of RTT treatments delivered increased in May representing 96.3% compared to May 2019. Non-admitted stops increased to 101% of baseline, with admitted stops lower at 81.5%. The total treatments were 11% higher than April and equalled our submitted planning levels overall. Despite the larger waiting list the clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) reduced to 19 weeks with this improved treatment rate.

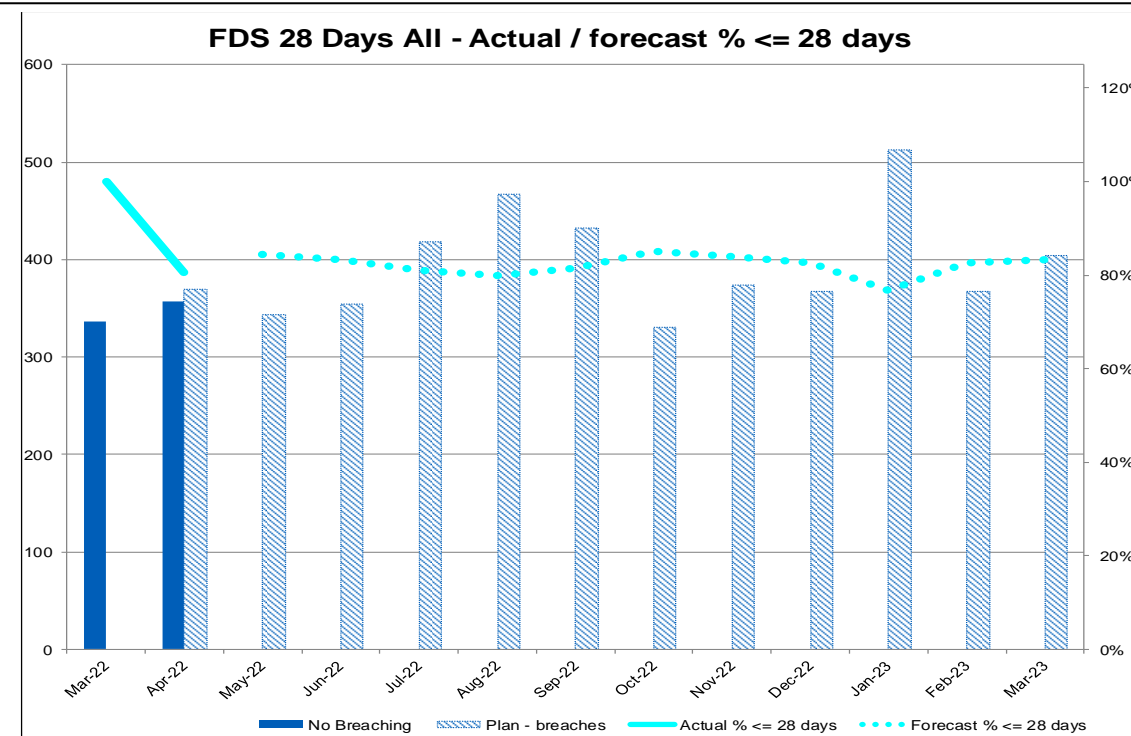
The 92nd percentile total waiting time increased to 49 weeks. For admitted patients only we saw a further reduction to 61 weeks. This therefore reflects lengthening delays in the non-admitted stage of the pathway. The volume of patients waiting over 52 weeks increased by 235 to 3,652 compared to a plan of 3,184. 746 patients in total were treated who had waited over a year but this did not keep pace with the higher rate of patients reaching 52 weeks. 60% of the growth in 52 week waits in the last 2 months is attributed to Cardiology and Rheumatology whom we have raised as our long wait risks to ICS system partners to explore mutual aid opportunities.

The volume of patients waiting over 78 weeks decreased by 49 to 447, compared to a plan of 350.

Good progress was made on the elimination of waits over 104 weeks which reduced to 27 from 48 the prior month. The aim for Quarter 1 is to treat all patients who would reach 104 weeks by the end of July, allowing for a one month buffer against the absolute target. Having started at 251 on 1st April, we have reduced this cohort to 25 as at 22nd June with seventeen patients outstanding plans by the end of Q1. Ten of these are either patient choice or for clinical reasons (i.e. COVID +ve). Our next internal step down is to drive to achieve 94 weeks by end of July. ENT is the greatest risk.

Nationally the RTT waiting list continues to rise, reaching 6.5 million in April 2022 with a 45 week 92nd percentile waiting time and 5% waiting over 52 weeks. CUH has 6% over 52 weeks which is 7th highest of the 14 Acute Trusts in EoE. At 12.7% over 52 weeks, Norfolk and Norwich remains the greatest challenge in the Region for long waiting patients. We remain third highest amongst the Shelford Group with Manchester

Cancer Standards 22/23	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Qtr 3 - 21/22	Qtr 4 - 21/22	Apr-22
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	78.9%	74.8%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	35.5%	21.7%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	94.3%	93.7%
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%	93.7%	75.1%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	89.0%	82.9%
31 Day - Combined	96%				94.2%	87.0%
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	81.3%	81.5%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	94.6%	93.2%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	64.5%	65.0%
FDS - Combined	75%				80.6%	80.6%
62 Day from Urgent Referral with reallocations (85%)	85%	75.4%	75.1%	73.2%	73.0%	77.3%
62 Day from Screening Referral with reallocations (90%)	90%	68.6%	55.0%	68.9%	61.4%	59.5%
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	51.2%	74.2%	85.7%
62 Day Reallocations - Combined	85%				67.7%	75.6%



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

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

2WW breaches in Breast remained very high in April with further deterioration in performance to 74.8%. Over 350 pathways exceeded 2 weeks for Breast in the month. This reflected an average wait of 18 days for patients rather than within 2 weeks. The performance is improving significantly for May and June with 50% less patients exceeding the standard. The Faster Diagnosis Standard in Breast is still delivering high performance at 93.2% within 28 days. The posts for the substantive increase to the Breast Unit staffing have been successfully recruited to and will be commencing over the forthcoming months. The National performance was higher in April for both 2ww and 2ww SBR at 79% and 62.3% respectively.

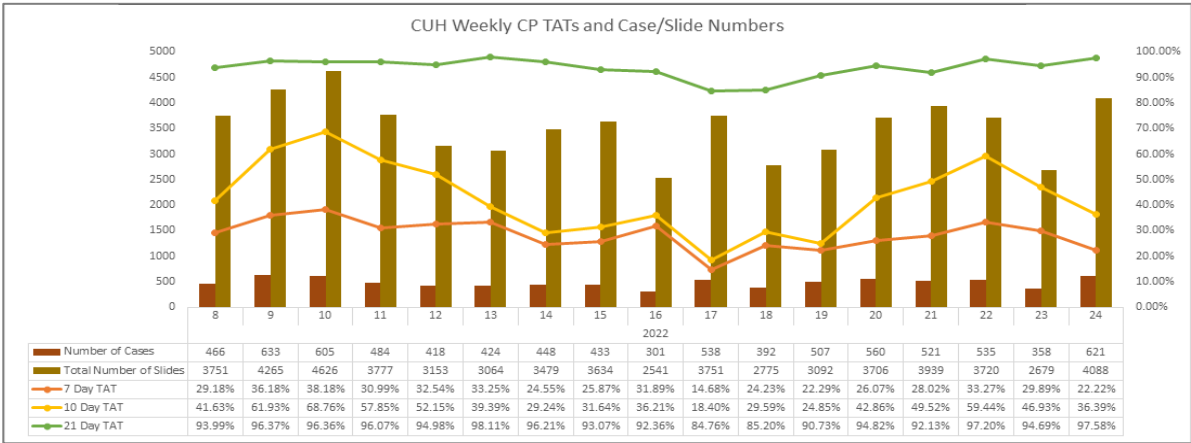
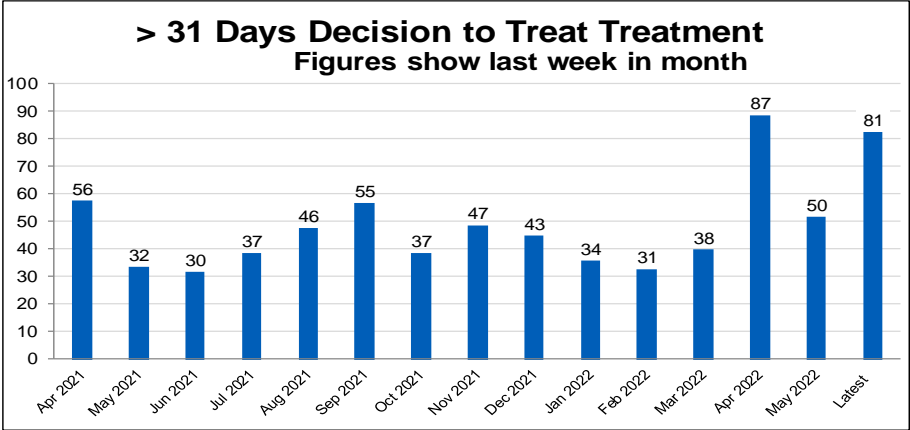
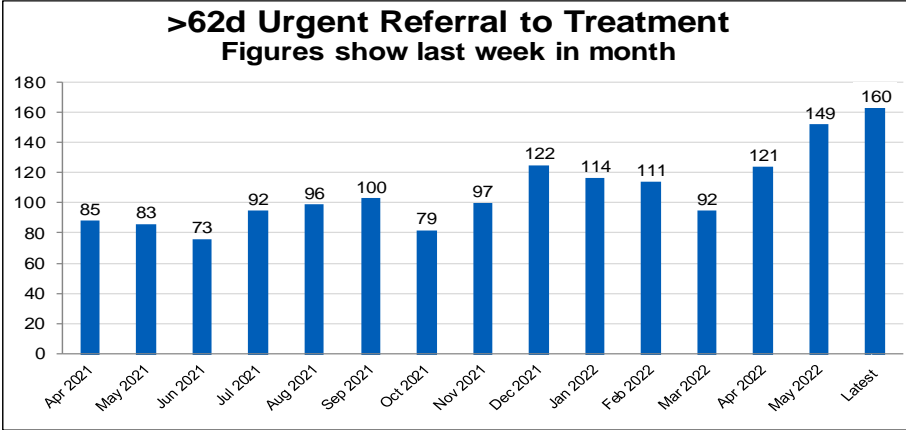
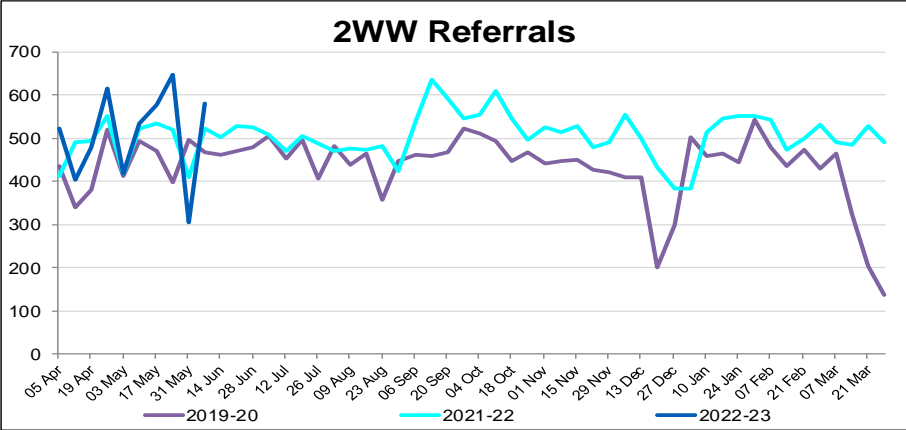
Our combined performance on the Faster Diagnosis standard within 28 days for is ahead of target of 75%. National average is 70.8% for FDS in April, with CUH amongst only 25 out of 137 providers achieving over 80%.

The 62 day Urgent standard performance improved in April to 77.3%. This was ahead of performance Nationally of 65.2%. There were 39 accountable breaches of which 28 were CUH only pathways. 11 of these delays were provider initiated delays, including six sighting histology turnaround delays. Nine were due to late referrals of which 4.5 were treated within 24 days of transfer. Breaches spanned 12 cancer sites, with the highest volumes by site being Urology with 13.5, then Lower GI with 9 and Breast with 8.5.

The 62 day screening standard incurred nine breaches this month and performance dropped down to 59.5%. The breaches were equal across Breast and Lower GI screening pathways. National performance was higher at 72.8%.

The 31 day FDT standard was not achieved in April but at 93.7% remained ahead of National performance of 92.7%. The subsequent surgery standard also dropped to 82.9% but was above National of 82.2%. Elective cancellations resulted in ten breaches, including cancellations due to bed availability and COVID related absence.. A further 19 breaches were due to surgical capacity across eight different cancer sites. As reported last month we have now seen the consequence of the CT replacement in Radiotherapy. This has resulted in a drop in subsequent radiotherapy performance for a second month to 75.1%. This impacts the Breast and Prostate pathways with an average wait of 37 days for those exceeding the standard. We expect performance to recover from June.

18 pathways waited >104 days for treatment in April. Eleven were shared pathways referred between day 52 and 769. Seven CUH pathways exceeded 104 days. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. No cases have required escalation to the harm review panel this month.



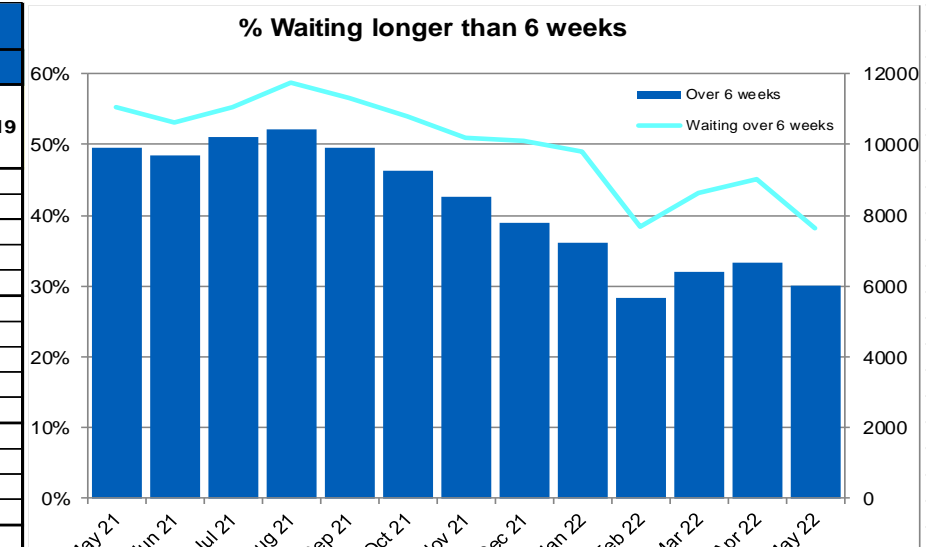
Current position

2WW suspected cancer referral demand continued at 118% over the past four weeks compared to the same baseline period in 2019. Skin and Lower GI have both had weeks in the last month with the highest ever 2ww referrals received in a week, peaking at 198 for Skin and 116 for Lower GI. The Lower GI demand is likely associated with the media coverage and awareness linked to the late Dame Deborah James. The Skin services in particular are struggling to meet this demand with high 2ww breaches running into July as a consequence. The System is reviewing the approach to Teledermatology to support this pathway.

The number of patients waiting >62 days on an Urgent pathway continues on a deteriorating trend up from 149 last month to 160 currently. 56% of the breaches are CUH only pathways. 42% of patients do not yet have a confirmed cancer diagnosis. 30% have treatment scheduled. Urology, Skin, LGI , and Gynaecology have the highest backlog for CUH only pathways. Histopathology delays continue to have a significant impact on performance currently and turn around for reports over the last month only rose to 33% within 7 days (see TATs trend graph above). The Trust has now committed to the relocation of the service to a new facility on Discovery Drive, which although a long term project, will undoubtedly support the retention and recruitment of staff. Vacancy rates continue at 17%, but use of bank staff in junior grades is mitigating the gap to 8.6%. A detailed review of the current position at CUH and Regionally was discussed at the Operational Taskforce. With the lack of short term actions to improve histopathology turnaround, all cancer sites have been asked to look at what would be required to reduce the 2ww initial attendance down to 7 days to gain critical time at the start of the diagnostic pathway. This too will be challenging with the high demand currently. CUH had a planning trajectory to recover 62 day backlog to 93 by the end of June so we are significantly off trajectory. KLOE via the Cancer Alliance to the National team continue weekly.

The number of patients waiting over 31 days reduced at the end of May but have risen sharply in June back to 81. 72% are scheduled for treatment. 44% are still suspected . The increases in the last month have been in Skin, HPB and Urology Prostate, for both brachytherapy and surgery. Teams have been asked to review their demand and capacity for the major cancer surgical cases, and there is evidence of high peaks in weekly demand for robotic prostatectomy which would on average equate to an additional day of theatre capacity per week compared to previous run rate. An assessment will be made as to whether this is recoverable in the short term with available capacity or if mutual aid will be required with the support of the Cancer Alliance. HPB will be undertaking the same review, but have made some progress securing planned anaesthetic sessions to support TAE procedures in Interventional Radiology without interrupting theatre capacity.

Change from previous month:		May-22							
		Waiting List				Scheduled Activity		Total Activity	
		Total Waiting List	Variance from Feb 2020	% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from May-19 Baseline	Total Activity	Variance from May-19 Baseline
Imaging	Magnetic Resonance Imaging	3163	61%	37.7%	7	2377	95.4%	2811	97.6%
	Computed Tomography	2637	154%	50.5%	15	2670	98.6%	5736	105.2%
	Non-obstetric ultrasound	3718	98%	31.5%	5	3626	104.4%	4363	101.9%
	Barium Enema	53	71%	7.5%	3	40	80.0%	49	98.0%
	DEXA Scan	1029	59%	23.9%	4	681	130.2%	681	126.6%
Physiological Measurement	Audiology	686	103%	43.9%	6	404	94.6%	404	94.6%
	Echocardiography	2468	155%	61.3%	12	1235	88.9%	1644	93.0%
	Neurophysiology	154	-43%	1.9%	2	219	54.3%	225	53.4%
	Respiratory physiology	88	267%	61.4%	11	17	53.1%	17	50.0%
	Urodynamics	243	161%	52.7%	9	52	83.9%	52	83.9%
Endoscopy	Colonoscopy	531	-1%	0.0%	2	503	122.7%	512	121.0%
	Flexi sigmoidoscopy	140	32%	0.0%	2	88	118.9%	117	118.2%
	Cystoscopy	228	-3%	18.0%	5	361	85.1%	374	86.8%
	Gastroscopy	574	-1%	1.9%	2	666	109.0%	723	103.3%
Total Diagnostic Waiting List		15712	80%	38.2%	8	12939	98.9%	17708	100.8%



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

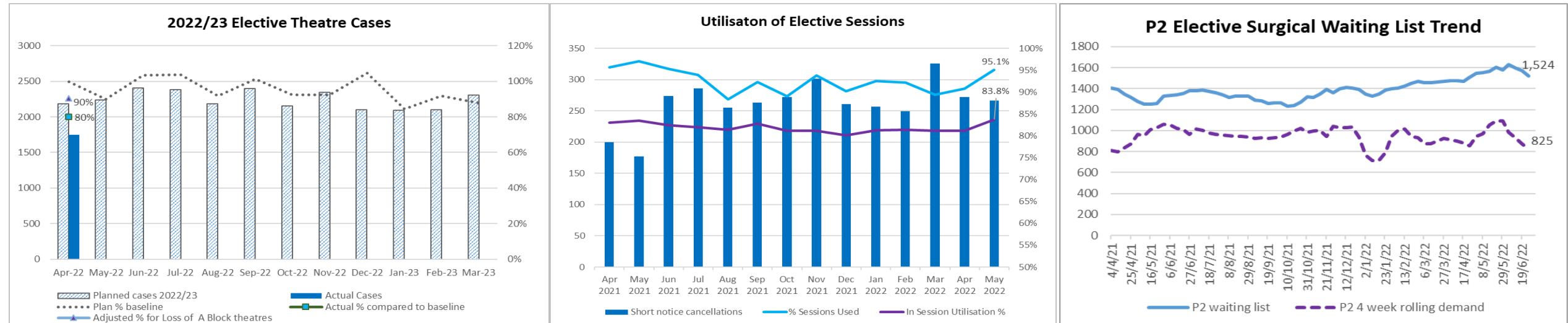
Total diagnostic activity in May delivered to 101% of May 2019 baseline. Scheduled activity only, which addresses our waiting list, delivered 98.9% of baseline. Total activity was up by 2% compared to the prior month. The total waiting list size increased by 980 to 15,712. However the volume of patients waiting over 6 weeks decreased by 644 this month improving to 38.2% > 6 weeks. The Mean waiting time reduced to 8 weeks. Nationally published data for April 2022 shows National performance of 28.4%, and CUH were 3rd worst in the Region at 45.1%.

Imaging is 67% of the diagnostic waiting list. Imaging activity overall achieved above baseline activity levels for total and scheduled activity, and was 1% up on the previous month. The main concern in month was the further growth in the MRI and Ultrasound waiting lists, 465 and 399 respectively.

- **CT** have renewed their recovery trajectory and with the scanner replacement now complete we have a recovery trajectory of October 22. This is aided by access to an additional mobile CT for the system based at NWAFT from August, and access to a day of local Independent sector capacity. Maximising core capacity due to social distancing relaxation has also helped. There is some risk around the need to relocate the mobile unit to support the Cath Lab replacement date to be confirmed. CUH CT remains the slowest to recover in the Region followed by ENHT at 56.8%.
- **MRI** continues on a deteriorating trajectory until August when the replacement scanner will be operational. From this point, and with increased access to contrast MRI scans on the mobile unit based at NWAFT, the service will be on trajectory to delivery by December 22. A further magnet replacement is due this year and plans to mitigate any loss of capacity must be in place. CUH MRI % recovery is fourth worst in the Region with QEHL the highest at 76.8%
- **Dexa** have also been able to maximise core capacity with the relaxation of social distancing measures. If access to community capacity can continue at the rate of 40 per month they have a recovery forecast of October 2022.
- **Ultrasound** is the highest a pressure across the ICS with NWAFT in a worse position in the system at 44.9%. CUH capacity is insufficient to meet demand even with weekend sessions in place and the continued use of staff from an AQP to support off-site locations. Approx. 50 scans per week are required from the additional system capacity in Primary Care locations just to meet demand. If that capacity can deliver 100 per week then recovery could be achieved by the end of the calendar year. System colleagues have been asked to clarify the uplift in system capacity this will facilitate and also to support a hard stance on GP Direct Access referrals utilising that capacity. Internally a productivity project is being taken forward to maximise core capacity and provide cross cover for absence. A solution has now been found to relocate Ultrasound during the thrombectomy enabling works so that risk has been mitigated.

Physiological measurement Echocardiography showed improvement in activity and waiting list in May following the reintroduction of Insourcing mid month. Escalated bank rates have been agreed until September. This will increase from 2 rooms to 3 from July. Given the very long trajectory through to January 2023, the service still wishes to pursue further Insourcing with additional providers but the supply chain disruptions mean procurement do not currently have the resourced to support another tender. Workforce case is in preparation for increasing the echo workforce to sustainably address the significant demand/capacity gap. Despite having the poorest >6 week % recovery at 61.3%, CUH is 5th worst in the Region with Bedford up at 85.9%.

Endoscopy The service achieved 3.5% for > 6 weeks in May. Only cystoscopy within Gynaecology still has a long wait issue to address and they are forecasting a recovery trajectory of October. The increasing volume of Lower GI cancer referrals does impact the wait for lower priority elective and surveillance procedures and this is being closely monitored.



Elective theatre activity in May delivered 84% of the May 2019 baseline. Taking account of the loss of the three A Block theatres from our capacity, this would bring the performance up to 94%.

Our plan for May 2022 was to deliver 90% of baseline so we fell short by 155 operations. However we did demonstrate good improvements in productivity in the month, achieving our target of 95% of sessions used, with in-session utilisation improving to 83.8% which is the highest since before the pandemic.

Short notice cancellations in elective sessions reduced in May. At 266 cases, they equated to 491 hours of theatre time. Only 7% were directly attributable to COVID due to either staff or patients testing positive, but 24% were cancellations for other clinical reasons. 15% were due to bed availability and 15% due to emergency/trauma cases taking priority. 14% were short notice cancellations by patients. The impact was again highest across Ophthalmology with 46 cancellations, followed by Neurosurgery, Urology, Paed Surgery and Orthopaedics ranging between 25-28 each.

Ely saw improvement in month up to 83% in session utilisation and the highest volume of operations in a month for 13 months. Sessions used still provide opportunity at 75.5% this month. Pain management, Orthopaedics and Plastics cancelled the highest number of sessions. Cambridge Eye Unit stepped back up to 94% sessions used, but in session utilisation whilst improved only hit 78%. They have commenced their HVLC cataract session in June.

The weekend elective activity in May was only 29 elective cases. Willingness from staff to support weekend sessions is still not forthcoming, and we will be discussing theatre staffing at the Operational Taskforce to consider what actions could be taken.

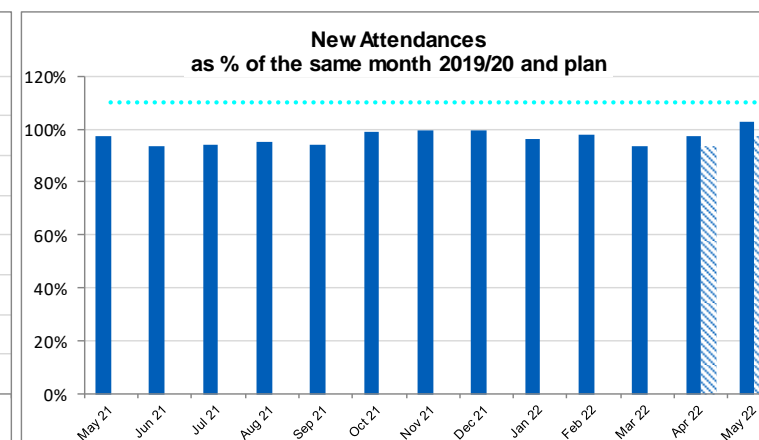
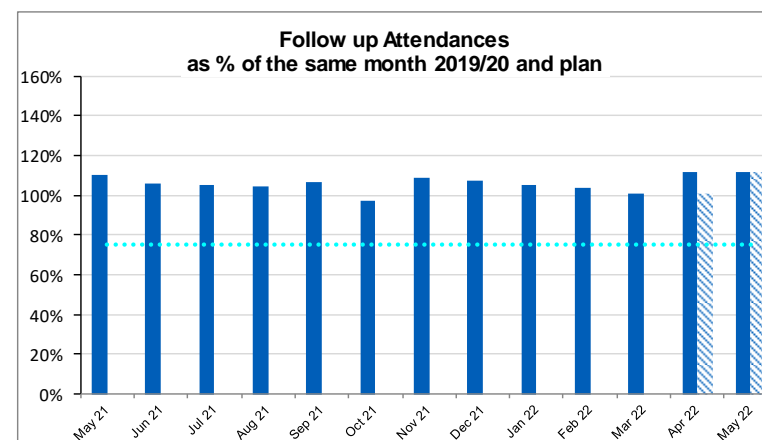
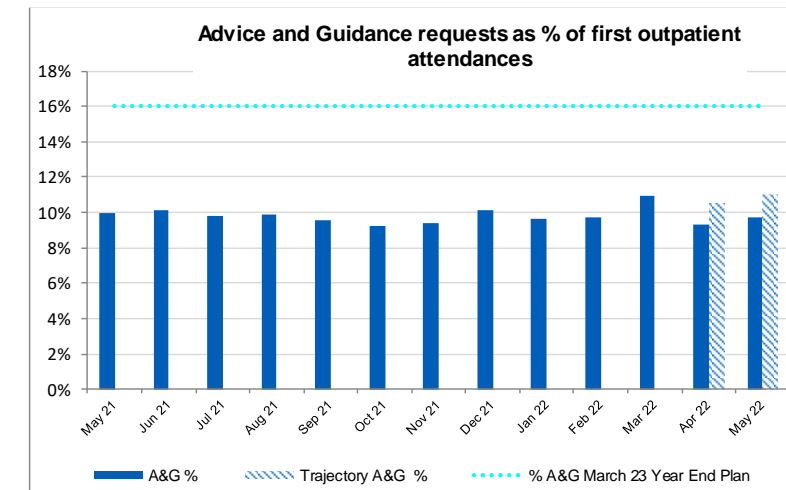
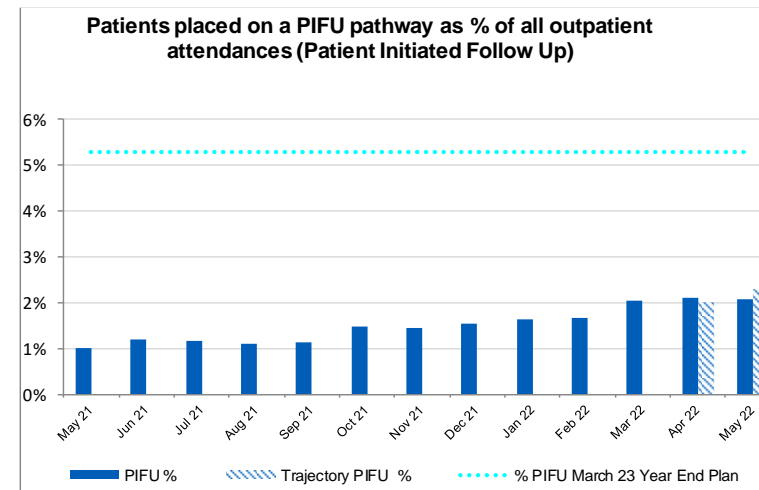
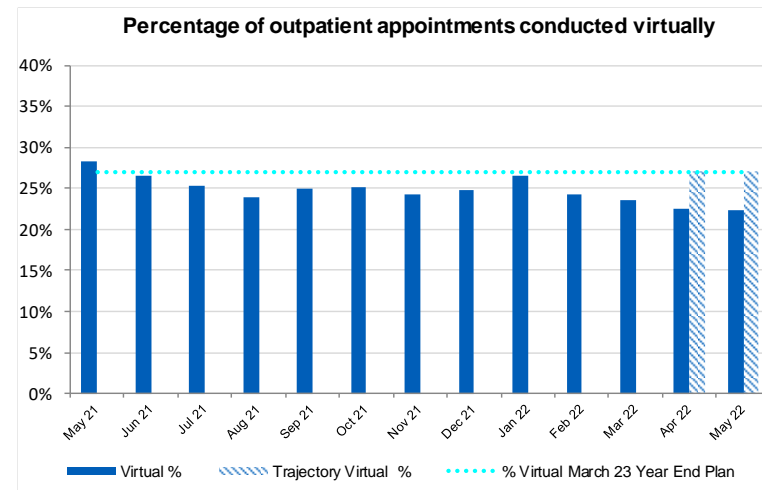
The number of P2 patients awaiting surgery has reduced to 1524. The rolling four weekly demand has however reduced to a greater extent than the waiting list, so we have still seen a growth in the volume waiting over 4 weeks by ~100 in the month up to 900. Orthopaedics, Urology and Neurosurgery, Ophthalmology and Paediatric Surgery are the services with the highest volume of P2 cases, and the highest volumes overdue. The Surgical Prioritisation group continues to prioritise theatre allocation in accordance with the demand and backlog of the P2 priority.

The Cambridge and Peterborough System had a review visit from the GIRFT National High Volume Low Complexity Programme team led by Professor Tim Briggs on 29th June. James Wheeler presented an overview of our governance structure for the programme at CUH through the Surgery programme Board, and specialty leads updated on their progress and challenges with delivering the productivity and efficiency goals set by GIRFT. Key messages included:

- C&P System continue to demonstrate increases in HVLC elective activity compared to baseline with CUH delivering higher recovery than NWAFT.
- Day case rates are following national median, but CUH rates have plateaued. Tonsillectomy and Lap chole day case rates need to be specific areas of focus and were challenged heavily.
- Surgical patients waiting > 52 weeks continue to show a downward trend with ENT and Urology having the largest long waiters across the system.
- The C&P theatre utilisation is in top/best decile but still below the GIRFT target of 85%.
- Orthopaedic LOS for Hip and Knee replacement, day case rates and joints per list were a particular focus as no improvement had been evidenced since the last review and this was a commitment linked to the investment in the Elective Orthopaedic Unit. Prof Andrew McCaskie has offered to take a lead on GIRFT metrics across the system.
- < 2 day LOS for vaginal hysterectomy remains below benchmark.
- Urology bladder tumour resection day case rates are above benchmark and shared learning with NWAFT was advised. Conversely Ureteroscopy rates are best performing at NWAFT.
- The progress with HVLC cataract lists was acknowledged but more needs to be done to overcome constraints of achieving higher than 8 per 4 hour list.
- Professor Briggs reiterated his support for the Elective Orthopaedic Unit. He stressed the need for a faster pace of improvement in the metrics month on month and also that although good work was evident at

Outpatients

Operational Performance



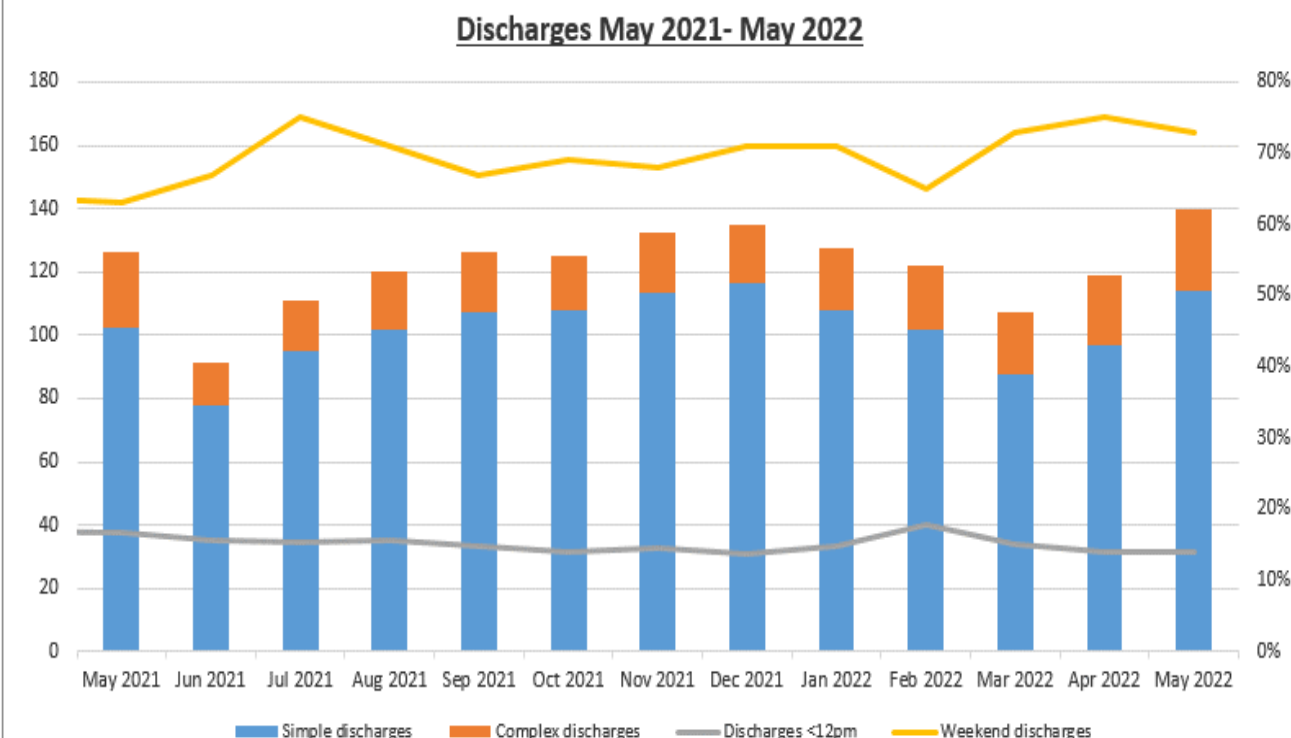
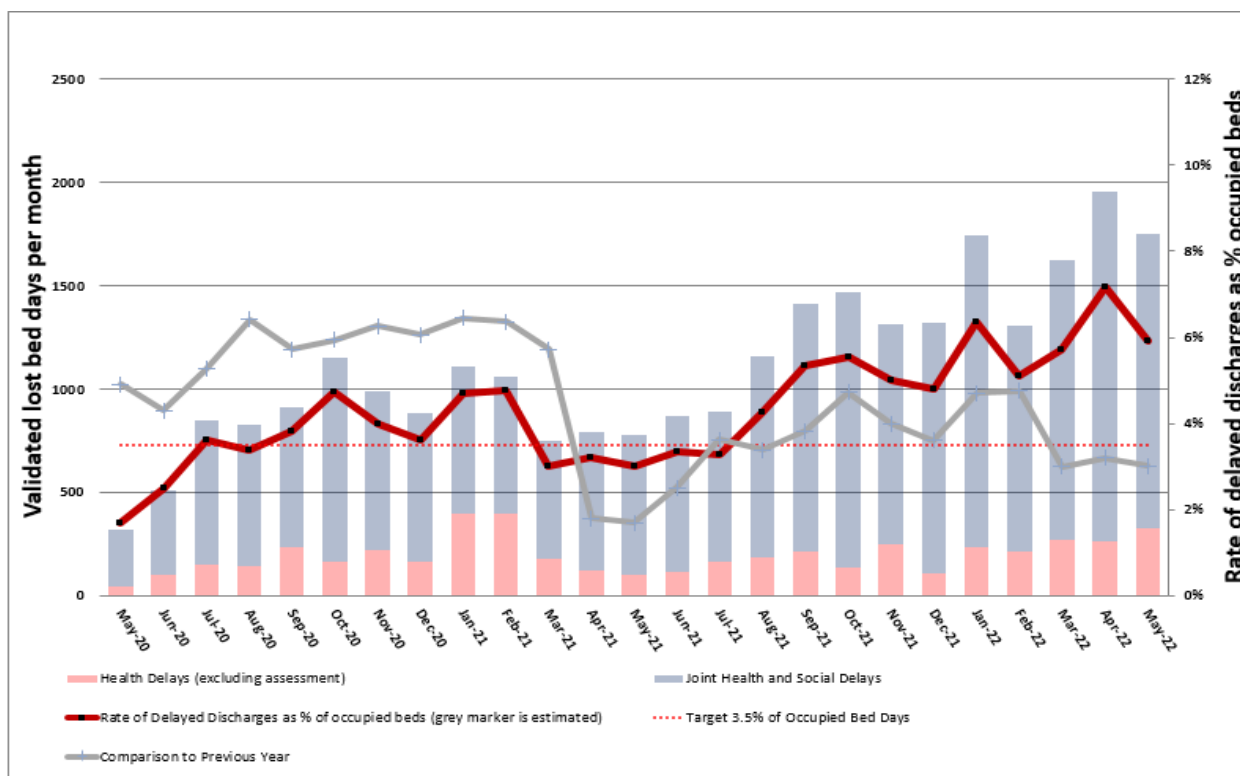
Outpatients continued to build on the plans and objectives of the Outpatient Improvement Programme launched in April. May saw outpatients deliver above 100% of the pre-Covid baseline for new appointments for the first time since December. We delivered 105% of baseline activity, with specialties such as Transplant, Cardiology and Dermatology leading the way. Gynaecology, ENT and Physiotherapy are amongst the worst performers. All services are reviewing their templates to ensure the right mix of new and follow-up appointments are available as well as adding additional clinics. Some shortfalls are due to staffing shortages.

We continue to over-perform with follow-up appointments, which is an ongoing area of focus of the group. All services are reviewing templates and validating follow-up waiting lists. Where suitable patients are moved to PIFU pathways. Due to the overdue follow-up backlog actual numbers of follow-ups are unlikely to reduce, but we should see progress in the number waiting.

With virtual consultations we struggle to meet the 25% target, and the outpatient team is discussing with low-performing specialties what help can be given to improve this. For example, we are exploring virtual group clinics in a few specialties, as well as simple interventions such as ensuring access to computers and headset equipment within clinical areas.

We continue to perform strongly with PIFU which was 2.8% in May. Trauma and Orthopaedics is one of the best performers increasing from 8% in January to 15% in May. This is down to reviewing waiting lists and discussing alternative methods of management with patients. Physiotherapy and Pain Management are other excellent performers. Some areas yet to embrace the process, most notably Midwifery, Cardiology and Endocrinology. All services have been asked to restart discussions with clinical teams about adopting.

Delayed Discharges



The Hospital Discharge Service Requirements guidance was updated on March 31st 2022. For this May 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 May 2022, we are reporting 5.9%, which is a decrease of 1.3% from the previous reporting month. The decrease is not all due to a reduction of lost bed days but also an increase of occupied bed days in May. Within the 5.9%, 74% 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 May (1297) this has been a small decrease from April (-55) but still a stark change from February where we reported 745 lost bed days (increase of 74%).

For out of county patients, we continue to see a sustained elevated number of CCGs that our patients are from and waiting care provision however we have seen a decrease in overall lost bed days which have fallen by 24% from April (601) to May (455).

For the total delays (local and 'out of area') within April for Care Homes were 48% equating to 846 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 23.7% of the total lost bed days for the month, at 416. This is a decrease from April, where we reported 574 lost bed days due to domiciliary care.

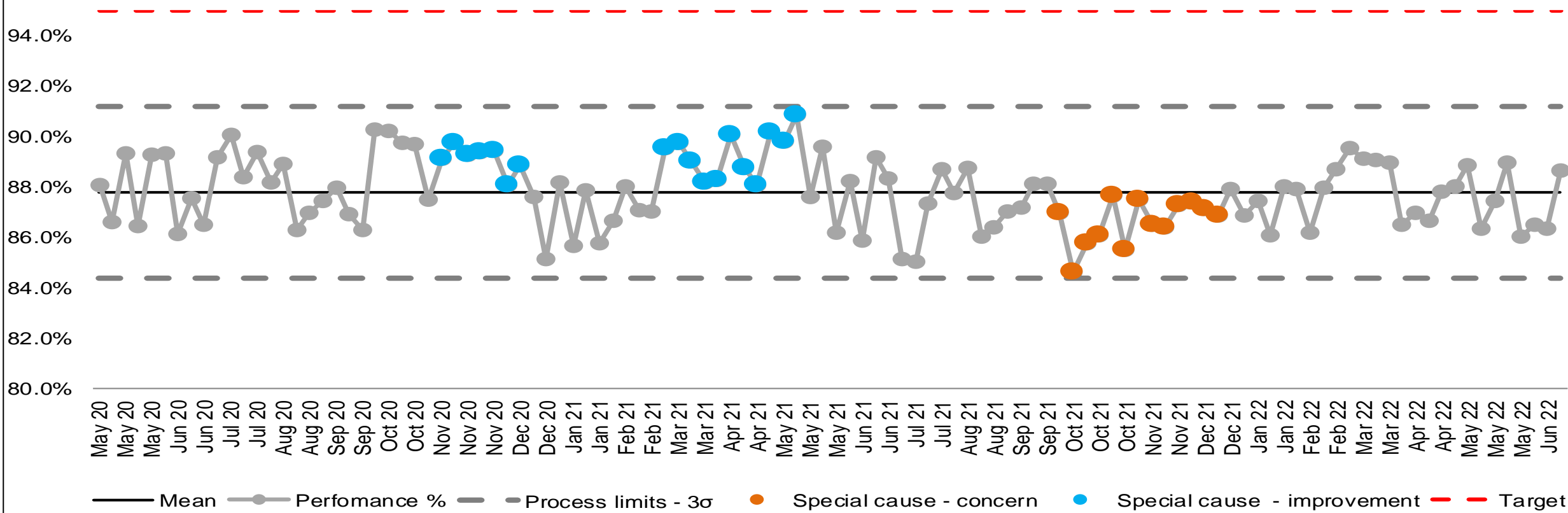
For community bedded intermediate care (inclusive of waits for national specialist rehabilitation units), the overall lost bed days is currently at 293, a slight increase since April (263 lost bed days reported).

The national hospital discharge funding ceased in March 2022 and there has been a noticeable increase in delays for patients awaiting care provision post discharge. It is unlikely that there will be a significant consistent step change in the reduction of lost bed days per month until there is further system development of 'discharge to assess' pathways.

Discharge Summaries

Operational Performance

Weekly: Letters - discharge summary- starting 03/05/20



Discharge summaries

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











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

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

Patient Experience - Friends & Family Test (FFT)

The good experience and poor experience indicators omit neutral responses.

Patient Experience

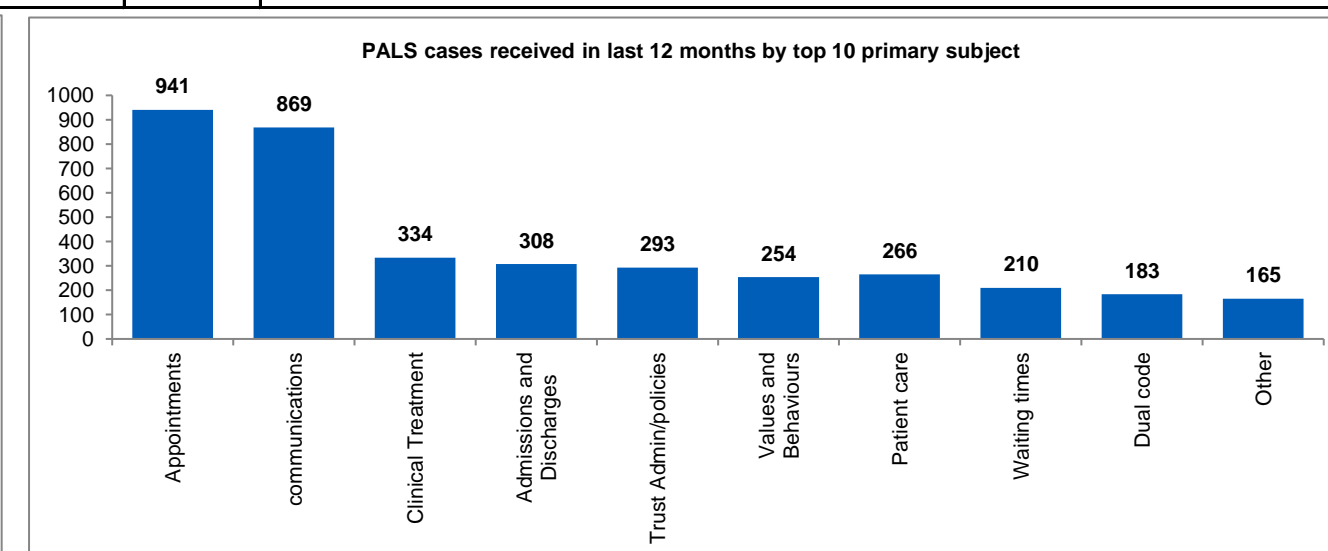
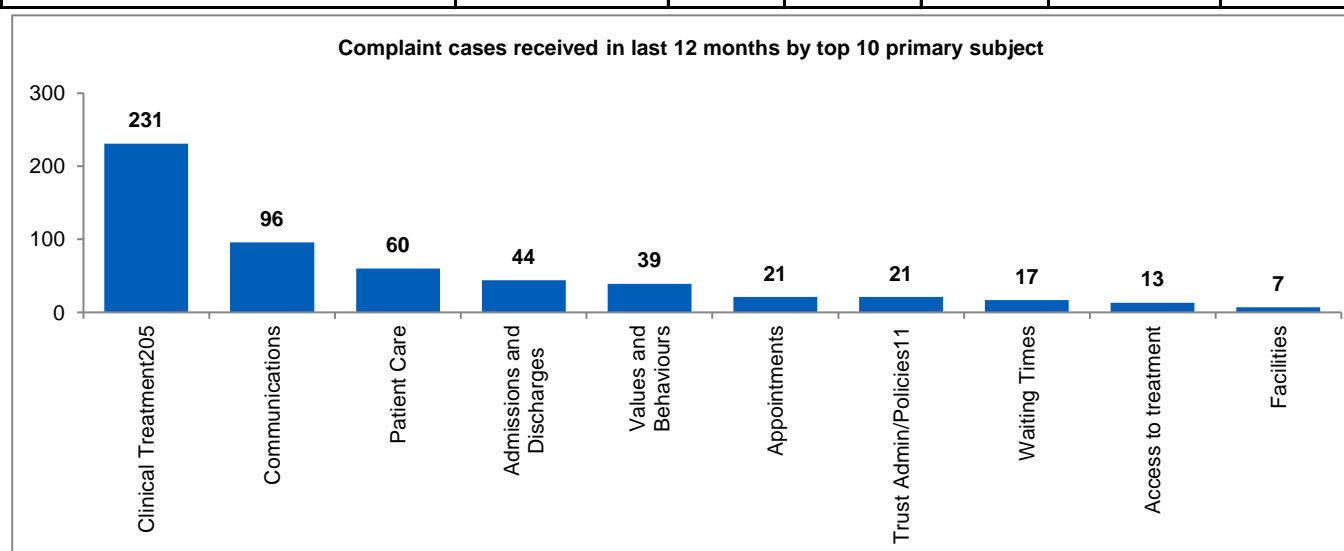
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - May 22	Month	-	96.6%	95.9%		-	-	For May, there was a 2% improvement in the Good score from 94.3% in April to 96.6%. The Poor score remained the same. The number of responses increased by over 200 compared to April, and is the highest # of responses since Covid, but still lower than pre-pandemic numbers of 850-950. FOR MAY: there were 656 FFT responses collected from approx. 4,005 patients.
FFT Inpatient poor experience score	Jul 20 - May 22	Month	-	1.5%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - May 22	Month	-	95.4%	95.5%		-	-	For May, both the Good score and Poor score did not change compared to April and both scores are very good. Very few comment cards are being collected in paediatric clinics so this data is mainly adult. FOR MAY: there were 7,901 FFT responses collected from approx. 36,869 patients.
FFT Outpatients poor experience score	Apr 20 - May 22	Month	-	2.4%	2.1%		-	-	
FFT Day Case good experience score	Apr 20 - May 22	Month	-	96.6%	96.9%		S7	-	For May, there was a 1% improvement in the Good score and a small decrease of 0.6% in the Poor score compared to April. FOR MAY: there were 1397 FFT responses collected from approx. 5,373 patients.
FFT Day Case poor experience score	Apr 20 - May 22	Month	-	1.5%	1.6%		-	-	
FFT Emergency Department good experience score	Apr 20 - May 22	Month	-	74.9%	86.8%		SP	-	For May the Good score continued to decrease and is now 74.9%, which is 4.5% lower compared to April. The Poor score increased by 1% compared to April. These scores are now the lowest Good/highest Poor since FFT started. The May scores were impacted by the paed FFT; 14% decrease in Good score /5% increase in Poor score. The adult ED FFT scores remained about the same: 75.1% Good / 16.3% Poor. FOR MAY: there were 1418 FFT responses collected from approx. 7,054 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 - May 22	Month	-	15.3%	8.0%		SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - May 22	Month	-	93.3%	95.4%		-	-	FOR MAY: Antenatal had 23 FFT responses; 95.7% Good score / 4.3% Poor score, both improved from April. Birth had 72 FFT responses out of 459 patients; 97.2% Good score / 1.4% Poor score, both improved from April. Postnatal had 201 FFT responses, the majority from LM (158 FFT with 93% Good / 1.9% Poor), Birth Unit (27 FFT with 77.8% Good /11.1% Poor) and DU, Sarah & COU 100% Good. 1 FFT from Post Community ; 100% Good. MAY overall Good score increased by 1.5% and Poor score decreased by 0.7% compared to April.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - May 22	Month	-	2.7%	1.7%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In May 11wards did not collect any FFT data.

Overall FFT, the scores improved in May, but ED scores continued to decline. In April it was adult ED FFT that did not do well, and for May it is paediatric FFT data that did not do well. Maternity scores improved in all areas including Birth and Postnatal, however the number of birth FFT responses remain very low from the delivery unit. They had 24 FFT responses from 377 patients. Lady Mary continues to be very strong in collecting FFT from about 50% of the patients.

PALS and Complaints Cases

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	May 19 - May 22	month	-	71	48		-	-	The number of complaints received between May 2019 - May 2022 is higher than normal variance.
% acknowledged within 3 days	May 19 - May 22	month	95%	99%	94%		-		70 out of 71 complaints received in May were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	May 19 - May 22	month	50%	22%	33%		-		37 complaints were responded to in May 22, 8 of the 37 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	May 19 - May 22	month	80%	84%	92%		-		31 out of 37 complaints responded to in May were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	May 19 - May 22	month	-	35%	35%		-	-	There were 25 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	May19 - May 22	month	-	7	40		-	-	There were 7 compliments logged for May 22. (This figure is low due to administration staff shortages)

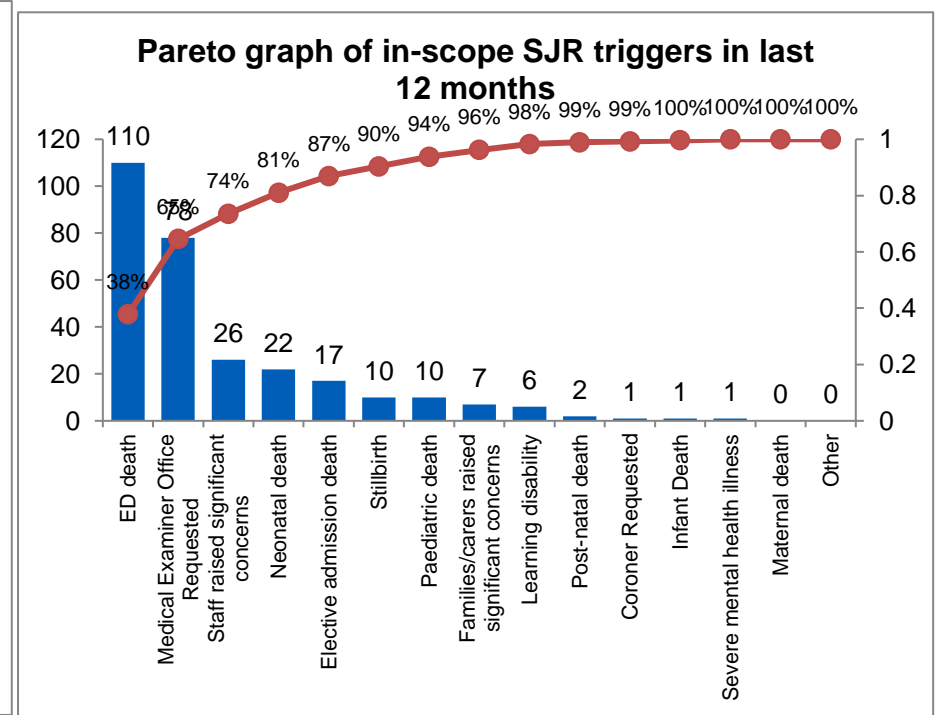
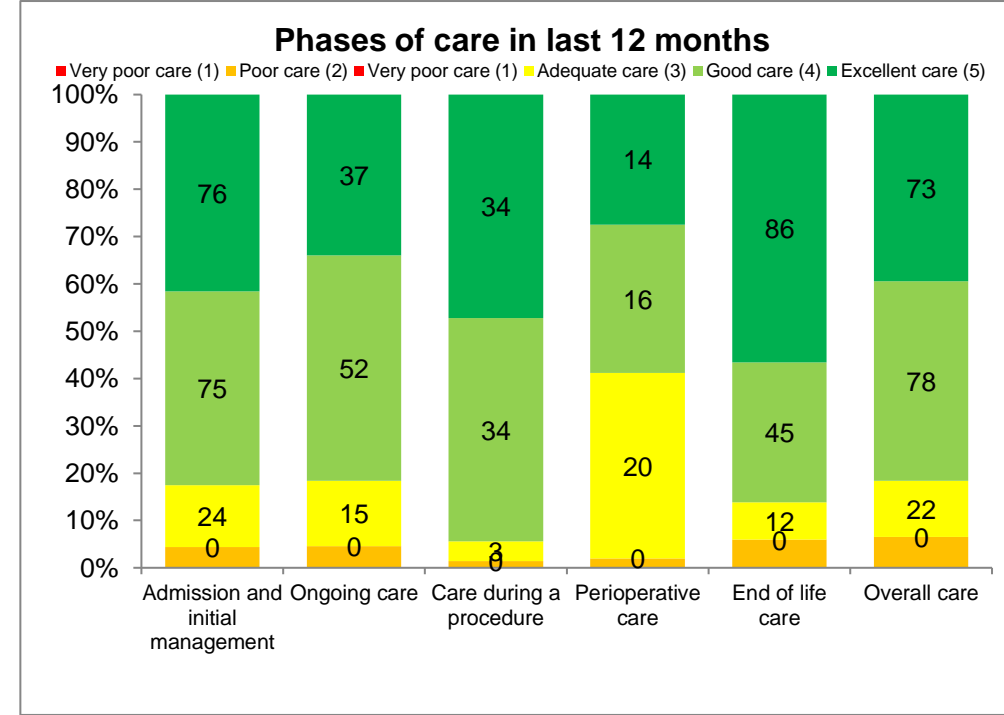
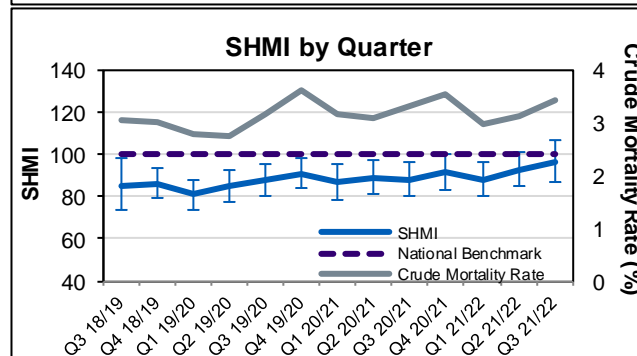
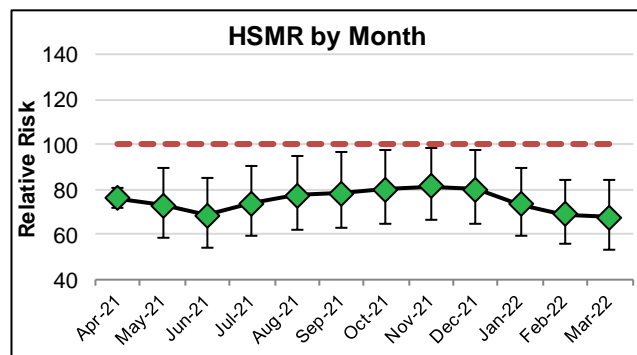


PHSO - There were no cases accepted by the PHSO for investigation in May 2022. **Completed actions** During May 2022, a total of nine actions were registered and allocated to the appropriate staff members. These actions were as a result of all complaints closed between 1 and 30 April 2022. Two of these actions were as a result of grade 1 and 2 complaints and the other seven actions were as a result of grade 3, 4 and 5 complaints. A total of four of these actions have already been completed within their allocated timescales. There are currently five actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in May 2022, have been completed in time.

Learning from Deaths

Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - May 22	month	-	9.75	8.33		-	-	There were 167 deaths in May 2022 (Emergency Department (ED) and inpatients), of which 8 were in the ED and 159 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 - May 22	month	-	20%	19%		-	-	In May 2022, 28 SJRs were commissioned and 6 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - May 22	month	-	1	0.73		-	-	There was 1 unexpected/potentially avoidable deaths serious incident investigations commissioned in May 2022.



Executive Summary

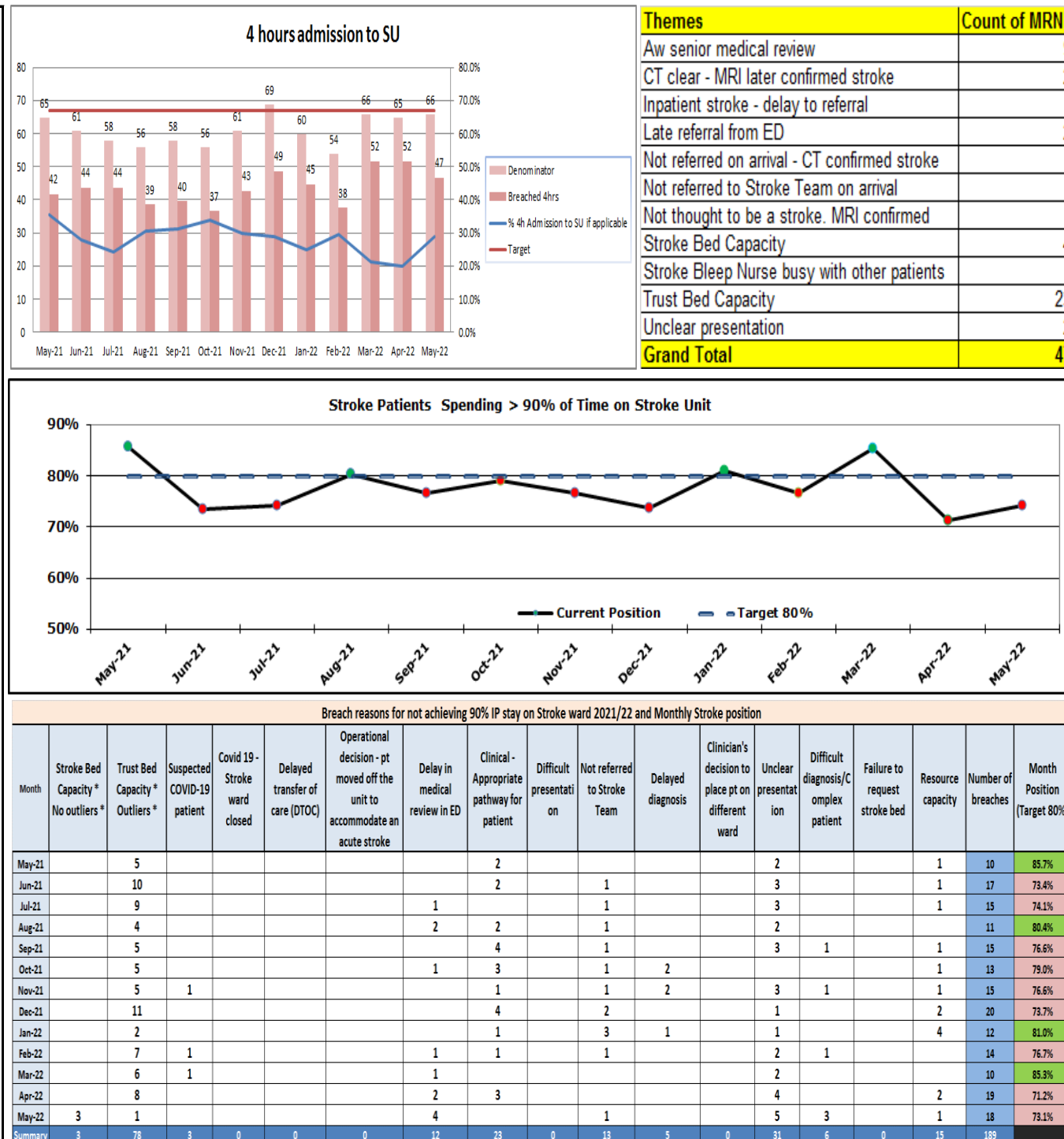
HSMR - The rolling 12 month April 2021 to March 2022) HSMR for CUH is 74.82, this is 5th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 90.51.

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

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

Stroke Care

Stroke Measures



90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for May = 73.1%

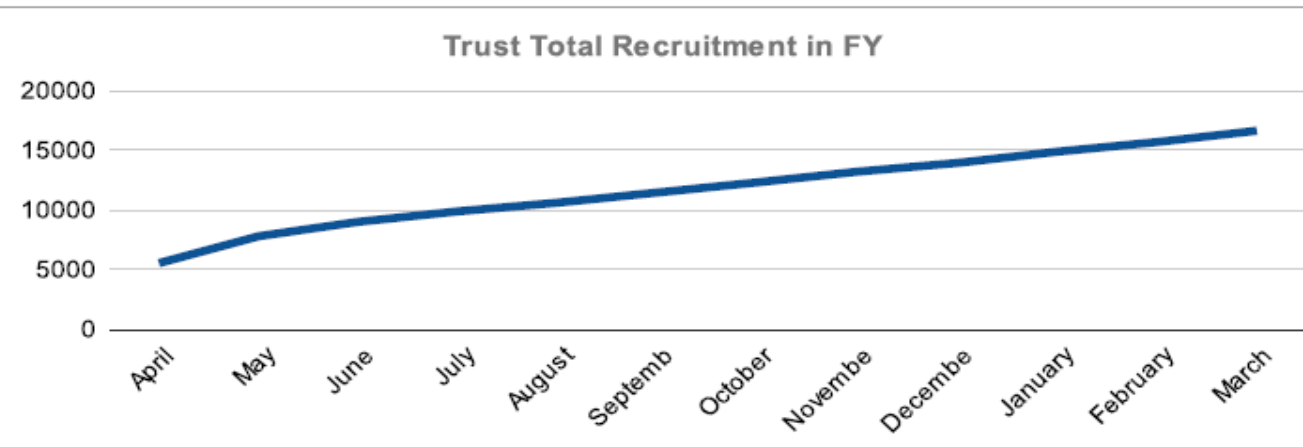
'Unclear presentation' (5) was the main factor contributing to breaches last month, with a total of 18 cases in May 2022.

4hrs adm to SU (67%) target compliance was not achieved in May = 28.8%

Key Actions

- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit continues to see and host a high number of outliers. Due to Trust challenges with bed capacity the service is unable to ring-fence a bed at all times. Instead it is negotiated on a daily basis according to the needs of the service and the Trust.
- As of August 2021 the service has been in discussion with the Operations directorate about formally re-introducing the ring-fencing of beds.
- The Mixed-sex HASU bay on R2 has opened week commencing 02/05/22. Performance will be closely monitored, to date there have been 1 breach of SSA policy.
- National SSNAP data shows Trust performance from Jan - Mar 2022 at Level B.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasing treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.
- The TIA service are planning to resume their ambulatory service in Clinic 5 as it has been confirmed there is capacity available for this. This will hopefully lead to a reduction in ED attendances and an improvement to TIA metrics.

Clinical Studies



Total Recruitment FY 2021 - 2022

16,642

Recruiting Studies at FY End 2021 - 2022

Open

305

Closed

68

Suspended

2

Total

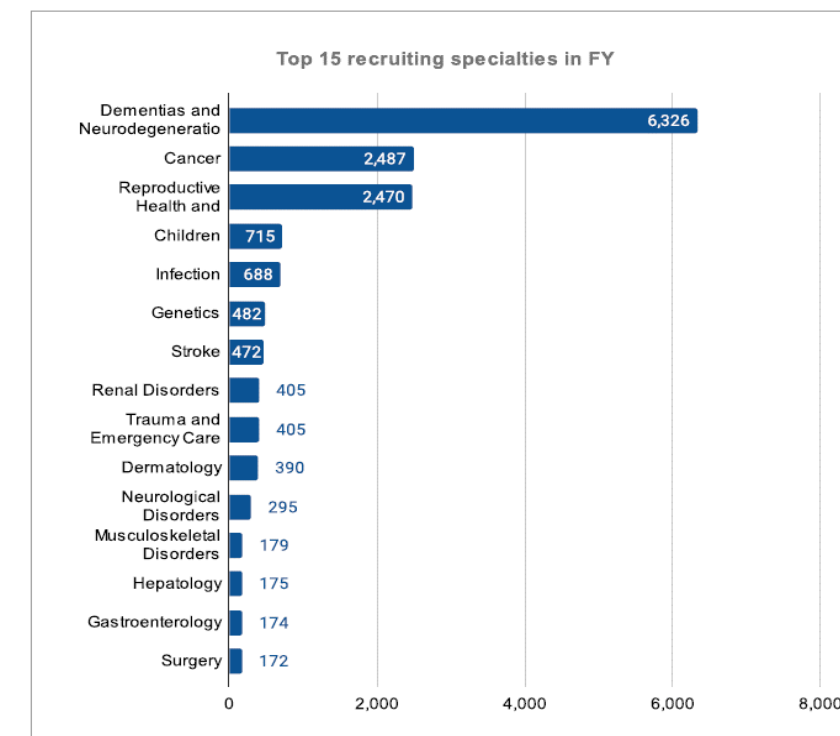
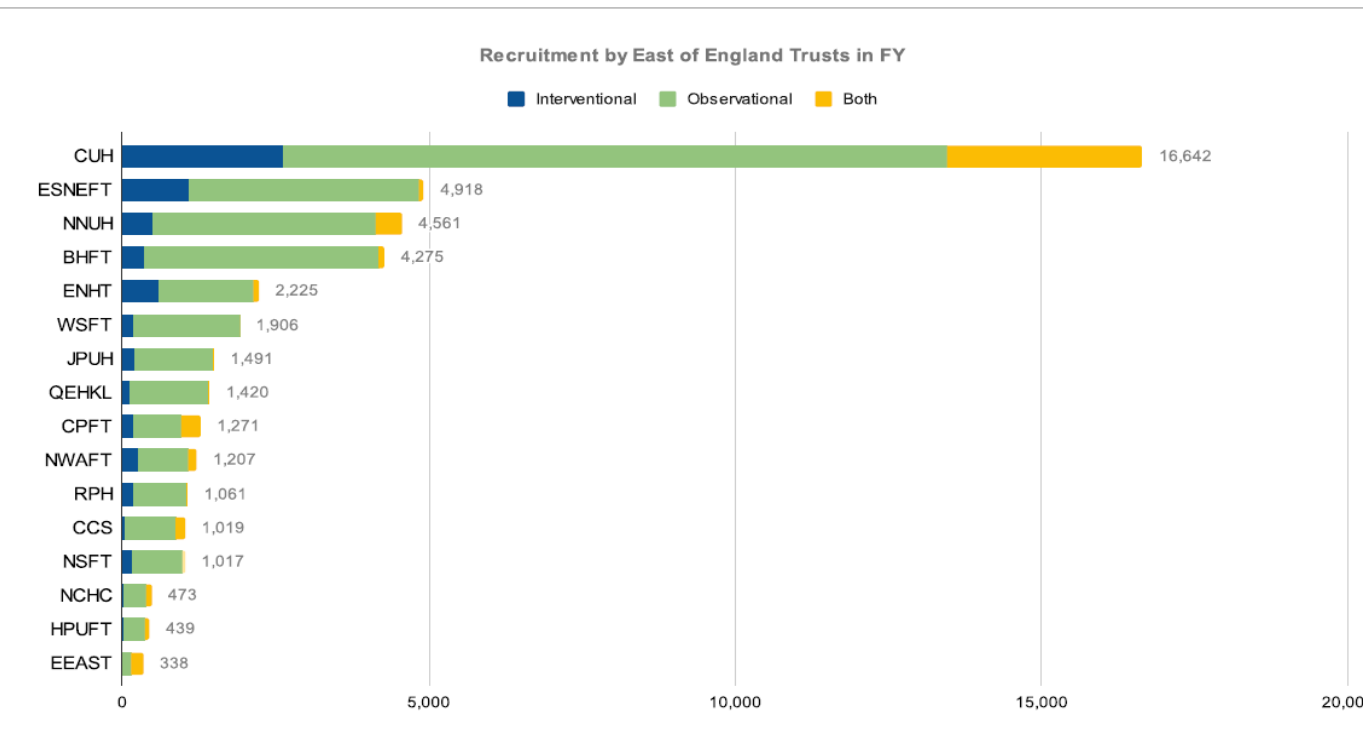
375

Commercial

298

Non Commercial

77



Situation as at end of March 2022

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

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

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

* There were 375 recruiting studies, of which 298 were Commercial, and 77 Non-Commercial.

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

Maternity Dashboard

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

LMNS: Cambridgeshire and Peterborough

Reporting period: May 2022

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

CQC DOMAINS

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

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

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

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

92.5% (2021)

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

Total Births	Total Bookings	1:1 Care in Labour
469	615	98.69%

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	0.65%	
	≤36+6 weeks		7.89%	
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	6.62%	
	Caesarean	4.3%	6.67%	
Term admissions to NNU (all levels)		<6%	4.9%	
3 rd & 4 th degree tear	SVD (unassisted)	Unassisted 2.8%	2.2%	
	Instrumental (assisted)	Assisted 6.8%	7.1%	
Right place of birth (born outside a tertiary centre)		Number of births = 0	0	
Smoking at time of delivery		≤6%	5.02%	
Percentage of women placed on CoC pathway		≥35% (March 21)	29% (Apr)	
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	10.8% (Apr)	
	Area of deprivation		4.7% (Apr)	

KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)
Outstanding	BR+ Recommendation	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's	%age of total staff	
Good									
Requires Improvement									
Inadequate									
	1:23.4	1:25.4	100%	85 %	81	0	32.14 WTE	15%	67%

Incident Reporting

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

Datix	Unactioned	Open > 30 days	Incidents Graded as Moderate and Above	Maternity Serious Incidents	Maternity Never Events	Coroner Ref 28	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
								All	Term	Intrapartum		Early	Late	Direct	Indirect
CUH	0	7	3	1	0	0	1	2	1	1	0	0	0	0	0

Maternity Measures

Maternity Dashboard



Cambridge
University Hospitals
NHS Foundation Trust

Maternity Measures

Assessed compliance with 10 Steps-to-Safety – Year 4 – (inc. reasons for non compliance, mitigation and actions)		
	Please identify unit	CUH
1	Perinatal review tool	
2	MSDS	Compliance with the minimum CQIM requirements due to data quality ratings. Mitigation required for out of area non compliance. Robson group criteria cannot be met as LSCS rate still included in data set. Escalation within exec summary.
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 end of 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 (83%)
5	Reducing pre-term birth	Fetal fibronectin machines training planned 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

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	<ul style="list-style-type: none"> None received this month
	CUH: Top 3
2. Themes from Datix (to include top 3 reported incidents/ frequently occurring)	<ul style="list-style-type: none"> Implementation in care – delayed care in particular medication and observations Maternity clinical babies requiring NICU admission and pph Staffing levels
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	<ul style="list-style-type: none"> Lack of escalation to obstetric team with COVID 19 in main hospital HSIB case no care omissions identified
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	<ul style="list-style-type: none"> Cross border communication and storage of paper notes from other trusts
5. Themes / main areas from complaints	<ul style="list-style-type: none"> Delays in care and assistance Communication Appointment access and scheduling
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	<ul style="list-style-type: none"> Visiting reinstatement ('new normal') RMNVP Chair met with new board level safety champion for maternity services Neonatal voices face to face event planned for July
7. Evidence of co-production	<ul style="list-style-type: none"> Rainbow clinic guidance production Maternal medicine hub implementation
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-about	<ul style="list-style-type: none"> Self rostering pilot Maternity safety improvement group feedback from compliance. Community service Sit Rep submitted daily and manager of the day attends community daily zoom.
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	<ul style="list-style-type: none"> Set up cross border working groups with a further 3 organisations. LocSSIP for instrumental deliveries published Quality improvement ideas generated from the maternity safety improvement group re: deliveries within an hour of transfer.

Maternity Dashboard

Maternity Measures

Workforce																		
Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	450	518	464	480	502	476	422	447	431	455	421	469	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	94.08%	92.30%	87.74%	78.79%	87.20%	76.47%	70.65%	73.21%	76.89%	73.05%	71.40%	69.90%	Project group in place to review data set for bookings in Epic. Booking data currently includes all transfers of care at later gestations which would automatically not meet the KPI as transferred after 12+6.
Source - CHEQS	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	521	474	465	509	492	650	562	612	582	720	654	615	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	52.00%	54.44%	56.25%	52.50%	53.58%	51.47%	50.47%	47.42%	52.43%	51.42%	49.16%	48.82%	Plans to reintroduce 36 week clinic in Rosie Birth Centre for all women
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	0.44%	2.50%	1.50%	2.5%	1.99%	0.84%	1.18%	1.56%	2.08%	1.53%	1.42%	1.7%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	12.66%	14.47%	17.02%	15.41%	12.94%	13.86%	15.16%	14.76%	16.93%	14.5%	11.87%	14.92%	Transfers from the RBC all appropriate. Plans to reintroduce 36 week clinic in Rosie Birth Centre for all women
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	34.09%	34.31%	35.12%	31.56%	31.91%	30.32%	33.73%	34.47%	30.16%	31.61%	31.80%	31.87%	Normal variation, valid indications within criteria.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	16.00%	12.16%	10.77%	12.7%	14.94%	12.18%	10.9%	11.18%	10.67%	10.32%	9.02%	11.94%	
Source - EPIC	National CS rate (planned & unscheduled)			C/S rate overall		32.00%	33.20%	32.97%	34.79%	31.47%	36.34%	38.62%	41.38%	36.89%	38.24%	41.80%	39.23%	Service evaluation underway. RAG rating removed as per NHSE&I recommendation. Robson group caesarean section differentiation being implemented within MSDS dataset to better review outcome data as LSCS is a process measure.
Source - EPIC	Smoking at delivery - Number of women smoking at the time of delivery	< 6%	> 8%	% of women Identified as smoking at the time of delivery	Rosie KPI's	2.28%	6.50%	5.47%	3.60%	5.05%	7.31%	6.26%	4.79%	5.89%	6.95%	3.37%	5.02%	
Workforce																		
	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:25.5	1:26.7	1:27.6	1:27.5	1:26.1	1:26	1:27.3	1:27.5	1:27	1:26.2	1:27.2	1:25.4	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 month average)	Finance	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	1:23.4	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	4.80%	5.00%	5.10%	5.46%	5.82%	6.21%	6.41%	6.43%	6.62%	6.87%	7.22%	7.59%	This is reported 1 month behind from CHEQ's. Sickness absences related to S.A.D (stress anxiety and depression) is increasing. PMA support available and bid in place for funds to psychological support. Priority project for senior leadership team.
Source - CHEQs	Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>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%	87.80%			Data not available for April and May (reported 2 months behind).
Source - PD	Education 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%	61.28%	60.91%	Training recommenced in February 2022. Trajectory for 80% compliance by end of June 2022.
Source - K2	Education and Training - Training Compliance for all staff groups: K2	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff passed competence threshold of 80%.	PD		77.70%	77.03%	82.18%	79.50%	70.30%	77.89%	76.39%	76.12%	79.85%	81.00%	83.39%	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	92.92%	92.80%	92.30%	92.00%	90.80%	90%	90.30%	90%	89.90%	89.40%	89.70%	89.20%	Trust cancellation of training until end of January 2022 - e learning compliance mitigation plans in place to increase compliance.

Maternity Dashboard

Maternity Measures

Maternity Morbidity																	
Source - QSI5	Eclampsia	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	
	Maternal Sepsis						TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Benchmark to be allocated from dashboard review ETA June 2022.
Source - QSI5	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	1	1	0	0	0	0	0	1	2	0	1
Source - QSI5	PPH≥ 1500 mls	< 3%	> 4%		CHEQS	2.44%	2.12%	3.87%	3.38%	3.58%	1.93%	5.92%	6.48%	7.31%	4.21%	5.70%	6.77%
Source - QSI5	3rd/ 4th degree tear rate vaginal birth	<5%	>6%		Risk Report	3.26%	1.37%	3.22%	2.23%	4.46%	4.93%	2.72%	0.38%	2.21%	1.81%	2.05%	2.48%
Source - QSI5	Direct Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	
Risk																	
Source - QSI5	Total number of SIs	0	>1	Serious Incidents	Datix	0	0	0	0	0	0	0	0	0	0	0	1
Source - QSI5	Information Governance	0	>1		Datix	0	1	0	0	0	0	0	0	0	0	0	0
Source - QSI5	Clinical	0	>1		Datix	0	0	0	0	0	0	0	0	0	0	0	1
Source - QSI5	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	0	0
Neonatal Morbidity																	
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	2.31%	1.92%	1.61%	1.59%	2.19%	2.05%	2.72%	2.70%	3.32%	3.24%	4.52%	3.90%
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrace 2021)	Risk report	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	1.26/1000	0.42/1000
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	3.00	3.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	1.00	3.00	2.00
Source - EPIC	Number of birth injuries	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	1
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.88%	0.57%	2.58%	1.04%	1.40%	0.41%	1.42%	1.11%	0.46%	1.09%	0.47%	0.42%
Source - EPIC	Term admissions to NICU	<6.5	>6.5	NHSE/I	Risk Report	7.10%	5.21%	5.16%	6.04%	6.97%	5.04%	7.34%	5.90%	6.49%	6.57%	4.27%	4.90%
Quality																	
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward divers included	Rosie Diverts	5	5	1	6	4	4	0	1	4	3	4	7
	1-1 Care in Labour	>95%	<90%	Excluding BBA's	Rosie KPI's	100%	99.80%	99.78%	99.57%	99.79%	99.78%	99.52%	99.78%	98.83%	98.65%	100%	98.69%
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	81.46%	81.45%	82.05%	83.05%	84.84%	79.35%	84.09%	83.10%	83.01%	79.59%	82.89%	81.22%
Source - EPIC	VTE	>95%	< 95%		CHEQs	99.38%	99.37%	99.14%	99.28%	99.87%	99.81%	99.24%	99.13%	99.59%	99.32%	99.9%	99.96%

Trust performance summary - Key indicators

Financial Performance



Trust actual surplus / (deficit)

n/a	Actual (adjusted)*
n/a	Plan (adjusted)*
£3.9m	Actual YTD (adjusted)*
£3.9m	Plan YTD (adjusted)*



Covid-19 expenditure and system Covid-19 funding

n/a	Covid actual in month
n/a	Covid plan in month
n/a	Covid funding in month
£4.5m	Covid actual YTD
£4.2m	Covid plan YTD
£3.6m	Covid funding YTD



Net current assets
(£50.9m)
(£51.7m)

Debtor days
16
n/a



Cash
£187.6m
£186.5m
EBITDA
£11.0m
£11.0m

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

	Payables performance (YTD) **	
Actual	82.4%	Value
Plan	86.5%	Quantity
This month		
Previous month		

Cash and EBITDA

Actual
Plan
Actual
Plan



Capital expenditure

n/a	Capital - actual spend in month
£2.6m	Capital - actual spend YTD
£4.0m	Capital - plan YTD



Elective Recovery Fund (ERF)

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

n/a	ERF forecast actual in month
n/a	ERF plan in month
£1.7m	ERF forecast actual YTD
£1.7m	ERF plan YTD

Legend £ in million In month YTD

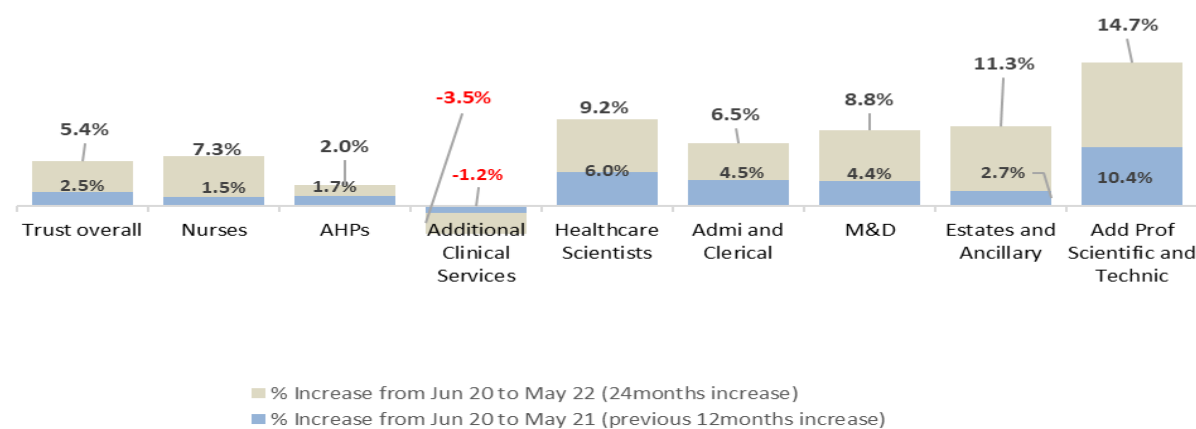
* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.
n/a – The Trust is reporting a cumulative position at Month 2 so in month metrics are not provided this month

Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth
	Jun-21	May-22		Jun-21	May-22	
Add Prof Scientific and Technic*	232	244	↑ 5.2%	214	223	8 ↑ 3.9%
Additional Clinical Services	1,985	1,935	↓ -2.5%	1,824	1,777	-47 ↓ -2.6%
Administrative and Clerical	2,385	2,403	↑ 0.8%	2,177	2,203	25 ↑ 1.2%
Allied Health Professionals*	729	724	↓ -0.7%	644	639	-5 ↓ -0.8%
Estates and Ancillary	337	369	↑ 9.5%	327	356	29 ↑ 8.9%
Healthcare Scientists	620	639	↑ 3.1%	580	600	19 ↑ 3.3%
Medical and Dental	1,603	1,668	↑ 4.1%	1,517	1,578	62 ↑ 4.1%
Nursing and Midwifery Registered	3,624	3,799	↑ 4.8%	3,318	3,490	171 ↑ 5.2%
Total	11,515	11,781	↑ 2.3%	10,602	10,865	263 ↑ 2.5%

% Change Since June 2020



Admin & Medical Breakdown

Staff Group	Jun-21	May-22	FTE 12 Month growth	
Administrative and Clerical	2,177	2,203	25	↑ 1.2%
<i>of which staff within Clinical Division</i>	1,082	1,086	4	↑ 0.4%
<i>of which Band 4 and below</i>	779	760	-20	↓ -2.5%
<i>of which Band 5-7</i>	217	232	15	↑ 7.0%
<i>of which Band 8A</i>	39	47	8	↑ 21.4%
<i>of which Band 8B</i>	5	7	2	↑ 34.6%
<i>of which Band 8C and above</i>	41	39	-2	↓ -4.4%
of which staff within Corporate Areas	872	880	7	↑ 0.9%
<i>of which Band 4 and below</i>	248	246	-2	↓ -1.0%
<i>of which Band 5-7</i>	415	416	0	↑ 0.1%
<i>of which Band 8A</i>	73	83	10	↑ 14.1%
<i>of which Band 8B</i>	56	52	-4	↓ -6.9%
<i>of which Band 8C and above</i>	80	83	3	↑ 3.9%
of which staff within R&D	223	237	14	↑ 6.1%
Medical and Dental	1,517	1,578	62	↑ 4.1%
<i>of which Doctors in Training</i>	590	640	50	↑ 8.5%
<i>of which Career grade doctors</i>	260	242	-18	↓ -7.1%
<i>of which Consultants</i>	666	696	30	↑ 4.5%

What the information tells us: Overall the Trust saw a 2.5% growth in its substantive workforce over the past 12 months and 5.4% over the past 24 months. Growth over the past 24 months is lowest within the Additional clinical services group at -3.5% and highest within Add Prof Scientific and Tech at 14.7%. 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